



## Business Package Insurance For Cafes/Restaurants/Take-away Food Renewal Declaration

Please review/update the following details and specify your requirements for renewal

Name of Insured:

Trading Name:

Policy No.

ABN:

Period of Insurance:

Contact Name:

Contact Phone Number: Phone:

Mobile:

Contact Email:

Web Address:

Business Description:

Year established:

Situation(s) Address:

Current Insurer:

### **Required Details** (This section must be completed)

Total Number of Staff Full time:

Total Number of Staff Part time/Casual:

Estimated annual wages to Employees: \$

Estimate Annual Gross Turnover: \$

Year the building was constructed:

If built prior to 1970, when was it last re-wired?

Is the building heritage or national trust listed? Yes No

Flood Cover: (NOTE: only available with some insurers) Yes No

### **Sums Insured**

#### **Property Damage Section**

Building Sum Insured:

**Current Year**

**Renewal Year**

\$

\$

Contents Sum Insured:

\$

\$

Stock Sum Insured:

\$

\$

**Business Interruption Section****Current Year****Renewal Year**

Gross Profit - Annual Amount

\$

\$

Indemnity Period:

12 Months

12 Months

18 Months

18 Months

24 Months

24 Months

Increase in Cost of Working:

\$

\$

Claims Preparation Costs:

\$

\$

**Theft Section****Current Year****Renewal Year**

Contents including Stock:

\$

\$

Contents excluding Stock:

\$

\$

Stock in Trade:

\$

\$

Cigarettes/Tobacco:

\$

\$

**Money Section****Current Year****Renewal Year**

Money Cover:

\$

\$

**Glass Cover Section****Current Year****Renewal Year**

Internal/External Fixed Glass:

Yes

No

Yes

No

Illuminated Signs:

Yes

No

Yes

No

**Machinery Break Down Section****Current Year****Renewal Year**

Number of Units:

Blanket machinery cover limiting any one loss:

\$10,000

\$20,000

\$10,000

\$20,000

Optional Deterioration of Stock:

Yes

No

Yes

No

\$

\$

**Electronic Equipment Section****Current Year****Renewal Year**

Computers &amp;/or Office Equipment:

\$

\$

Laptops:

\$

\$

**General Property Section****Current Year****Renewal Year**

Unspecified tools and general items:

Limit any one loss:

\$

\$

List Specified Items:

1.

\$

\$

2.

\$

\$

## Public & Products Liability Section

	<u>Current Year</u>		<u>Renewal Year</u>	
Limit of Liability:	\$10,000,000		\$10,000,000	
	\$15,000,000		\$15,000,000	
	\$20,000,000		\$20,000,000	
Do you require a higher limit of Property in Your Care Custody and Control than provided?	Yes	No	Yes	No
If yes, what amount is required?	\$		\$	
Does the business engage in labour hire or sub-contractors?	Yes	No	Yes	No
If so, how many contractors?				
What are your expected annual payments to them?	\$		\$	
Describe the work normally carried out by Contractors/Labour Hire:				
Do they carry their own Public Liability Insurance?	Yes	No	Yes	No

## Product Information

### Imports

	<u>Current Year</u>		<u>Renewal Year</u>	
Do you intend to import or manufacture goods?	Yes	No	Yes	No
List Product/s	Country Imported		Annual Value of Imports/ Manufactured Products	

### Exports

	<u>Current Year</u>		<u>Renewal Year</u>	
Do you currently or intend to Export Goods/ Products	Yes	No	Yes	No
List Product/s	Country Imported		Annual Value of Exports	

## Construction Details (This section must be completed)

Please review and tick the relevant boxes regarding the insured property

### Building Construction:

#### Roof:

Concrete	Masonry	Asbestos	Fibro
Glass	Tile/Slate	Iron/Steel/Aluminium on Wood	
Iron/Steel/Aluminium on Steel	Other:		

#### Walls:

Brick Veneer	Double Brick	Glass	Steel/Metal/Iron
Concrete	Timber/Wood	Fibro	Asbestos
Extended Polystyrene/ Sandwich Panelling (EPS)			Tilt up Concrete Panels

#### Floors:

Concrete	Wood	Tile	Other/Mixed:
----------	------	------	--------------

How many levels is the building?

How much Expanded Polystyrene (EPS) does the premises contain (e.g. Cool Room)?

0%      1% - 14%      15%- 19%      20% - 29%      >30%

## Protection Details

**(This section must be completed)**

Please review and tick the relevant boxes regarding the insured property

### **Fire Protection Provided:**

Sprinkler	Hose Reel	Fire Extinguisher	Fire Alarm
Heat Detector	Fire Blankets	Smoke Detector - monitored	
Smoke Detector - not monitored		None	

### **Security Protection Provided:**

Window Bars/Grills	Locks on all external windows without bars	Dead Locks on doors
Security Fencing	CCTV System Installed	Back to Base - mobile
Back to Base - security	Electronic keypad/swipe card access	Local Alarm
Roller Shutters	Security Patrol	External Lighting
None		

## Interested Parties

Please review and or list any Interested Parties

### **Name of Interested Party**

### **Nature of Interest**

## Claims Declaration

In the last 5 years, have you made any claims on an insurer for loss or damage?

Yes      No

### **Date of Loss**

### **Cause of loss**

### **Amount claimed**

## Cafe/ Restaurant/ Take-away food Sales

### **Current Year**

### **Renewal Year**

Is the business a licenced venue?	Yes	No	Yes	No
Is there Dining in?	Yes	No	Yes	No
What is the seating capacity?				
Is there a Pizza Oven?	Yes	No	Yes	No
Are there deep fryers or any wok cooking?	Yes	No	Yes	No

If yes, what is the total number of litres of oil used for deep frying?

If yes, do all Deep Fryers have an automatic suppression unit and/or exhaust extraction system?	No	Both	No	Both
	Exhaust Extraction		Exhaust Extraction	
	Auto Suppression		Auto Suppression	
Are deep fryers thermostatically controlled and fitted with an automatic over-temperature cut out device?	Yes	No	Yes	No
Are range hoods and ducts cleaned professionally at least every six months?	Yes	No	Yes	No
Are filters cleaned twice monthly?	Yes	No	Yes	No
Is Ducting units cleaned by contractor or staff?	Staff	Contractor	Staff	Contractor
Are there wet chemical and/or dry chemical B(E) fire extinguishers and fire blankets in place and serviced every 6 months?	Yes	No	Yes	No

I/We hereby declare that the estimated figures supplied reflect a reasonable expectation for the next policy period.

**Insured Signature**

**Date**

**Insurer Conditions for all Cooking Risks**

1. Each deep frying unit is fitted with an effective automatic thermostatic cut-off switch;
2. At least one fully charged Dry Powder Extinguisher of not less and 2kg capacity or one fully charged BCF Extinguisher of not less than 1.8kg capacity is mounted in the area in which frying operations are carried out, and which is serviced in accordance with relevant Australian Standards.;
3. At least one fire blanket of approved design is situated in the area which frying operations are carried out;
4. All filters are cleaned at least every 2 weeks; and
5. All exhaust flues (ducting) are cleaned by a professional contractor at least once every 12 months.

In all other respects, the Policy terms, conditions and exclusions remain unaltered.