

Coversafe Insurance Brokers

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Commercial Property Owners 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:				
<u>Required Details</u> (This section must	be completed)			
Estimate Annual Gross Turnover:		\$		
Year the building was constructed:				
If built prior to 1970, when was it las	st re-wired?			
Is the building heritage or national trust liste	ed?	Yes	No	
Flood Cover: (NOTE: only available with some	e insurers)	Yes	No	
Please list all Tenants below				
Tenant	<u>Business Type</u>	Business a	activities carried out a	at premisis
1.				
2.				
3.				
4.				
5.				

Sums Insured

Property Damage Section	Current Year		Renewal Year	
Building Sum Insured:	\$		\$	
Landlords Contents Sum Insured:	\$		\$	
Business Interruption - Loss of rent	Current Year		Renewal Year	
Total Annual Rental Income	\$		\$	
Indemnity Period:	12 N	Ionths	12	Months
	18 N	Ionths	18	Months
	24 N	Ionths	24	Months
Additional Increase in Cost of Working:	\$		\$	
Claims Preparation Costs:	\$		\$	
Theft Section	Current Year		Renewal Year	
Theft:	\$		\$	
Glass Cover Section	Current Year		Renewal Year	
Glass Cover Section	Current Year Yes	No	<u>Renewal Year</u> Yes	No
		No No		No No
Internal/External Fixed Glass:	Yes		Yes	
Internal/External Fixed Glass: Illuminated Signs:	Yes		Yes	
Internal/External Fixed Glass: Illuminated Signs: Machinery Break Down Section	Yes		Yes	
Internal/External Fixed Glass: Illuminated Signs: Machinery Break Down Section Number of Units:	Yes Yes <u>Current Year</u>		Yes Yes <u>Renewal Year</u>	
Internal/External Fixed Glass: Illuminated Signs: Machinery Break Down Section Number of Units:	Yes Yes Current Year \$10,000		Yes Yes Renewal Year \$10,000	
Internal/External Fixed Glass: Illuminated Signs: Machinery Break Down Section Number of Units:	Yes Yes Current Year \$10,000 \$20,000		Yes Yes Renewal Year \$10,000 \$20,000	
Internal/External Fixed Glass: Illuminated Signs: Machinery Break Down Section Number of Units: Blanket machinery cover limiting any one loss:	Yes Yes Current Year \$10,000 \$20,000 \$50,000	No	Yes Yes Renewal Year \$10,000 \$20,000 \$50,000	No
Internal/External Fixed Glass: Illuminated Signs: Machinery Break Down Section Number of Units: Blanket machinery cover limiting any one loss: Public Liability Section - Property Owners	Yes Yes Current Year \$10,000 \$20,000 \$50,000	No 0	Yes Yes Renewal Year \$10,000 \$20,000 \$50,000	No 00

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	n 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:		
Hov	v many levels is the bu	ilding?					
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 - m	onitored
	Smoke Detector - not monitored		None	
Security P	Protection Provided:			
	Window Bars/Grills	Locks on all external window	ws without bars	Dead Locks on doors
	Security Fencing	CCTV System Installed		Back to Base - mobile
	Back to Base - security	Electronic keypad/swipe ca	rd access	Local Alarm

Security Patrol

External Lighting

Interested Parties

Please review and or list any Interested Parties

None

Roller Shutters

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?

Date of Loss Cause of loss

No

Amount claimed

Yes

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	e 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	No	Both	No	Both
	unit and/or exhaust extraction system?	Exhaust Extraction		Exhaust Extraction	
		Auto Suppression		Auto Suppression	
	ep fryers thermostatically controlled and fitted with an atic over-temperature cut out device?	Yes	No	Yes	No
	nge hoods and ducts cleaned professionally at least six months?	Yes	No	Yes	No
Are filte	ers cleaned twice monthly?	Yes	No	Yes	No
Is Duc	ting units cleaned by contractor or staff?	Staff	Contractor	Staff	Contractor
extingu	ere wet chemical and/or dry chemical B(E) fire uishers and fire blankets in place and serviced 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

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.

Date