

HOTEL/RESORT PUBLIC LIABILITY INSURANCE PROPOSAL
(DO NOT LEAVE ANY ANSWERS BLANK-FULL IN "NIL" OR "N/A")

PROPOSER DETAILS

Name of Proposer (in full)..... Social Security No.
BLOCK LETTERS PLEASE

Postal Address

Physical Resident Address

Contact No. (H)..... (O) Cell Email

Name of Employer (in full).....

Type of Business Entity: Company Partnership Sole Proprietorship Charitable Equity
Other (Please specify)

Profession or Occupation Date & Place of Birth
Day/Month/Year

Nationality Dual Citizenship? Yes No If YES, please state

Do you have any other Insurance Policy with this company? Yes No If YES please provide details
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Term of Insurance from 20 to20

PARTICULARS OF PREMISES

Name of applicant and all companies to be insured:

Address of Premises to be Insured.....

How long has Business been operating as a hotelier at these premises

- Are the premises to be insured:
- a. A hotel /resort ()
 - b. An Apartment/Condo complex ()
 - c. Other (please give details) ()

What is the construction of all the buildings? (reinforced concrete/steel frame/concrete block/wood, etc.)
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What fire protections do the premises have?

- a. Portable Extinguishers Yes () No ()
If yes how many and what type?
- b. Fire Hoses and Hydrants Yes () No ()
If yes, in which areas?
- c. Fire detection systems? Yes () No ()
If yes, please provide full details

DETAILS OF INSURANCE REQUIRED:

Limit of Indemnity required:

Any one incident \$
Any one period \$

Territorial Limit: (Please tick accordingly)

- within Insured's premises
- anywhere in Belize
- Other

GENERAL INFORMATION

1. What is the estimated annual revenue?
 - a) Revenue from accommodations
 - b) Revenue from the sale of food and beverages
 - c) Revenue from other sources (provide details)

2. Please advise percentage of:
 - a) North American guests
 - b) European guests
 - c) Other guests

3. Total number of rooms
4. Number of floors in the hotel
5. Number of elevators
6. Number of restaurants
7. Number of bars
8. Number of leased retail stores on the hotel premises
9. Number of leased retail stores away from the hotel premises

Please provide a brief description of their operations

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10. What is the revenue from leased stores?
11. Please indicate details of all sports and/or other recreational activities directly provided by the hotel:
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12. Does the hotel provide gym, sauna or spa facilities? If yes, please provide details:
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13. Does the hotel have a golf course?
If yes, please provide:
 - a) Size of course (number of holes)
 - b) Number of golf carts used

14. Does the hotel have a swimming pool?
 If more than one please state number.
 Is the pool fenced>
15. Are trained life guards present at all times when the pool is in use?
16. Does the hotel have a trained security department?
 If yes, are they armed?
17. Does the hotel employ persons to provide medical care?
 If yes, please provide details

18. Are there any other medical facilities or services on the premises?
 If yes, please provide details

19. Does the hotel have concessionaires? If yes, please provide the names and a description
 of their operations and insurance carried by them:

20. Does the hotel provide shuttle/van/limousine or other types of transportation to other locations?

21. Is the hotel a beach front property?
22. Does the hotel provide trained lifeguards at the beach?
23. Does the hotel own or operate any airport, airstrip or heliport activities?
24. Do hotel employees move or park motor vehicles belonging to guests?
25. Does the hotel rent or lease any third party premises? If yes, please provide details

26. Are any animals kept on the premises? If yes, please provide details as follows:
 a) What types of animals and how many are kept on the premises?

 b) What is their purpose on the property?

 c) Where and how are they secured?

 d) Will they have any interaction with guests or visitors to the property?

 e) Have you ever had an incident where an animal attacked a guest or visitor to your property?

f) Are all animal vaccinations up to date?
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PREVIOUS EXPERIENCE

1. Have any Insurers cancelled or declined cover in the past five years?

2. Have any claims or losses or suits for negligence been made against you in the last five years, or are you aware of any circumstances which may result in any such claim being made against you? If yes, please provide details:

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3. Name of current Insurers and premium in respect of liability insurance:

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DECLARATION

I/We the Undersigned to hereby warrant the truth and correctness of all the statements made in this proposal and I/We declare that I/We have not withheld any material information. I/We agree that this proposal and this warranty and declaration shall be the basis of the contract between me/us and the RF&G Insurance Company Limited. I/We agree to abide by the terms and conditions of the policy issued in answer to this proposal and to pay the premium required.

Date Signature of Proposer

Position held:

The Company accepts no liability until the proposal has been accepted and the first premium paid.

The policy will carry a Premium Warranty Clause which requires the premium to be paid in full within a specific period failing which there would be no liability under the policy.

Claims brought against you for accidental injury to members of the public or damage to their property caused in the course of your business through a lack of care by you or your employees, or by a defect in the premises which you occupy, can result in substantial damages being awarded.

The aim of this insurance is to indemnify you in respect of such claims and in addition to pay any legal costs awarded against you or incurred by you with the consent of the Company.

OR OFFICE USE ONLY

Policy No.	Premium.
Customer No.	Remarks:
Excess.	
Agency	


**PUBLIC LIABILITY
INSURANCE**



RF&G INSURANCE COMPANY LIMITED

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 A Rose Group Company

PUBLIC LIABILITY INSURANCE

Accidents causing bodily injury (including death or disease) to members of the public, or loss of damage to their property, occur in such a variety of circumstance that even the most careful person may not foresee the danger. If such an accident were to occur in connection with your business you may be faced with a very heavy claim for damages. Whether or not the claim is successful, the legal costs and expenses incurred could be substantial.

The Company's Public Liability Policy provides wide protection against such contingencies on a claim made basis.

By the terms of the Policy you would be indemnified against all sums you become legally liable to pay as damages consequent upon such injury, illness, loss or damage occurring in connection with your business. This cover is subject to a Limit of indemnity selected by you in respect of each accident.

The following are the main Exceptions under the Policy but the full wording will be provided on request:

- a) Bodily injury to your employees.
- b) Property in your custody or control.
- c) Liability assumed by contract or agreement.
- d) Professional treatment or advice
- e) Goods sold or supplied.
- f) Claims arising from ownership possession or use of mechanically-propelled vehicles aircraft watercraft (other than manually-propelled) railway locomotives or rolling stock and power-operated lifting tackle. In some circumstances the Company is prepared to provide indemnity in respect to certain vehicles or power-operated lifting tackle.
- g) Seepage pollution or contamination.
- h) Fines or penalties.
- i) Property damages caused by explosion of boilers or other apparatus operating under internal steam pressure.
- j) Radioactive contamination.

Note:

Claims-made policy means an insurance policy that covers liability for injury or damage that the insured is legally obligated to pay (including injury or damage occurring prior to the effective date of the policy, but subsequent to the retroactive date, if any), arising out of incidents, acts or omissions, as long as the claim is first made during the policy period or any extended reporting period.

An Extension Period for Reporting Claims is automatically provided under the policy without additional charge. The Extension Period for Reporting Claims starts at the effective date Termination of Coverage and lasts for sixty (60) days. If you purchase a Discovery Period, the Extension Period for Reporting Claims also applies to the Discovery Period purchased.

IF YOU HAVE A CLAIM

Do not admit fault or liability. Report the accident to us immediately.

Report the accident to the Police.

Prepare as full a report as possible to support your claim.

INSURED'S DUTY OF DISCLOSURE

Before the Insured enters into a contract of general insurance with an Insurer, the Insured has a duty, under the Act, to disclose to the Insurer every matter that the Insured knows or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The Insured has the same duty to disclose those matters to the Insurer before renewing, extending varying or reinstating a contract of general insurance.

The insured's duty however does not require disclosure of matters:

That diminishes the risk to be undertaken by the insurer;

That is of common knowledge;

That the Insurer knows or, in the ordinary course of its business, ought to know;

As to which compliance with the Insured's duty is waived by the Insurer.

NON-DISLCOSURE

If the Insured fails to comply with the duty of disclosure, the Insurer may be entitled to reduce its liabilities under the contract in respect of a claim or may cancel the contracts.

If the Insured's non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

COMPLETE THE PROPOSAL FORM

Please answer all questions giving full and complete answers.