



**ACE INSURANCE LIMITED**

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**GENERAL LIABILITY  
HOTELS AND RESORTS  
INSURANCE APPLICATION**

Before the applicant enters into a contract with ACE this form is to be completed by an authorised Officer of the Company as the answers to the following questions will determine the acceptance of coverage. There is a duty on the Officer to answer all questions accurately and in full as all statements will form the basis of and be incorporated into any policy of insurance which may be issued by ACE. If there is insufficient space to answer a question, please attach additional sheets.

**NAME OF APPLICANT:**

.....

**WEBSITE ADDRESS:** .....

**DO ANY OWNERS OR SHAREHOLDERS OF THE APPLICANT HAVE ASSETS OR OPERATIONS OUTSIDE OF FIJI? IF YES PROVIDE DETAILS:**

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.....

**DESCRIPTION OF BUSINESS:**

.....  
.....

**MAIN LOCATION:** .....

**OTHER LOCATIONS:**

Provide details of all other locations to be covered by the proposed insurance, together with details of the business carried on at those locations - include number of guest rooms if applicable.

1. ....

2. ....

3. ....

**BALANCE DATE:** ..... **YEARS IN BUSINESS:** .....

**REVENUE:**

Annual Turnover for forthcoming year: \$..... last financial year \$.....

**GUESTS:**

Provide guest numbers by country of origin:

	Last Year Actual	Forthcoming Year Estimate
USA/Canada	.....	.....
UK/Europe	.....	.....
Australia	.....	.....
New Zealand	.....	.....
Japan	.....	.....
Elsewhere	.....	.....
<b>TOTAL:</b>	.....	.....

**ROOMS/BURES AVAILABLE FOR GUESTS:** .....

**RISK MANAGEMENT:**

Do you have written procedures in place for the following:

- 1. General housekeeping?  Yes  No
- 2. Maintenance?  Yes  No
- 3. Regular hazard inspections?  Yes  No
- 4. Incident reporting?  Yes  No

**WALKWAYS:**

Answer the following regarding all internal and external walkways?

- Are all surfaces level and free of cracks/bulges & debris?  Yes  No
- Are all walkways properly illuminated?  Yes  No
- Are all walkways subject to regular inspection and maintenance?  Yes  No

**FIRE SAFETY:**

- Are there designated fire escapes on every floor?  Yes  No
- Are there fire doors in place?  Yes  No
- Are there smoke detectors installed through out the building?  Yes  No
- Is the resort protected by sprinklers?  Yes  No
- Are there regular fire exit drills?  Yes  No
- Are all staff trained in fire safety procedure?  Yes  No

**FOOD & DRINK PREPARATION:**

- Are staff trained in food hygiene standards?  Yes  No
- Are there independent inspections of food hygiene standards?  Yes  No
- Are there procedures for water sampling and testing in place?  Yes  No

**GUEST ACTIVITIES:**

Provide full details of all non-water related activities available for guests:

**1. At the Hotel/Resort:**

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.....

**2. Away from the Hotel/Resort:**

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.....

Are physical activities supervised by qualified Hotel/ Resort personnel?  Yes  No

Provide details:

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.....

**WATER SPORTS:**

Provide full details of all water sports/activities available for guests.

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Are there signs marking water depth around the swimming pool?  Yes  No

Are there slip resistant floor surfaces around the pool?  Yes  No

Are lifeguards on duty at the Hotel/ Resort pool and Hotel/Resort beach (if applicable)?  Yes  No

Are Scuba Instructors employed by the Hotel/Resort?  Yes  No

Who certifies them?.....

Do guests under go instruction prior to diving?  Yes  No

Does the Hotel/Resort provide equipment?  Yes  No

If Yes, list the type of equipment

.....

How often is equipment serviced and by whom?

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**INDEPENDENT OPERATORS/CONCESSIONAIRES:**

Which guest activities are controlled by independent operators?

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Do you have hold harmless or indemnification agreements with those operators so that they are liable for the personal injury to or property damage of guests?

Yes  No

If Yes, provide details and attach copies of such agreements.

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**DISCLAIMER NOTICES:**

Attach a copy of your Disclaimer Notice which guests sign and advise which activities this covers.

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**REGULATIONS/ACTS OF PARLIAMENT:**

Do **ALL** activities provided by the Hotel/Resort meet all Government Regulations or Acts of Parliament that may apply. Please provide details of each activity and the relevant Regulations/Acts on a separate piece of paper.

Yes  No

**DESCRIPTION OF CARE CUSTODY OR CONTROL EXPOSURE:**

List all other non-owned property in the care, custody or control of the Company with a value in excess of \$10,000 (include details of all guest personal property, goods, merchandise or equipment being leased or on consignment or under bailment):

LOCATION	TYPE OF PROPERTY AND BASIS OF HOLDING	APPROXIMATE VALUE

**INN KEEPERS LIABILITY:**

Do the room have safes for guests to use?

Yes  No

What controls/procedures are in place for the opening of these safes?

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**CHILD MINDING AND ACTIVITIES:**

Is there a child minding service provided?  Yes  No

Are minders trained in first aid?  Yes  No

Is there a playground for children at the Hotel/Resort  Yes  No

**MEDICAL SERVICES:**

Is specific training given to Hotel/Resort staff regarding first aid?  Yes  No

Does the Hotel/Resort operate a clinic or other medical facility?  Yes  No

Are there emergency medical procedures in place (e.g. transportation to hospital)?  Yes  No

Provide details:

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**PAST LOSSES AND CURRENT CLAIMS:**

Provide full details of ALL LOSSES paid or now reserved (whether or not resulting in claims) occurring during the past five (5) years. Include description of loss and amount paid and/or outstanding.

Are there any claims currently pending against the applicant or are there any circumstances which might give rise to a claim under the proposed insurance?

Yes  No

Has any Insurer declined to insure you? OR cancelled or refused to renew your insurance? OR imposed special terms to insure you?

Yes  No

If Yes to any of the above, please give details including name of Insurer:

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I/We, the undersigned authorised Officer(s) of the applicant, declare to the best of my/our knowledge and belief that the statements made in this application are true and correct. I/we agree that these statements shall form the basis of and be incorporated into the contract of insurance should a policy be issued by ACE.

Signed: ..... Date: .....

Name: .....

Position in the Company: .....

## Privacy Statement

ACE Insurance Limited (“ACE”) is committed to protecting your privacy. ACE collects, uses and retains your personal information in accordance with the principles in the *Privacy Act 1993*

ACE collects your personal information (which may include health information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim. We collect the information to assess your application for insurance, to provide you or your organisation with competitive insurance products and services and administer them and to handle any claim that may be made under a policy. If you do not provide us with this information, we may not be able to provide you or your organisation with insurance or to respond to any claim.

We may disclose the information we collect to third parties, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including doctors and other medical service providers, credit reference bureaus and call centres), other companies in the ACE group, insurance and reinsurance intermediaries, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside New Zealand.

You agree to us using and disclosing your personal information as set out above. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer.

From time to time, we may use your personal information to send you offers or information regarding our products that may be of interest to you. If you do not wish to receive such information, please contact our Privacy Officer using the contact details provided below.

If you would like to access a copy of your personal information, or to correct or update your personal information, please contact our Privacy Officer on +64 (9) 3771459 or email [Privacy.NZ@ace-ina.com](mailto:Privacy.NZ@ace-ina.com).

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