

## QUESTIONNAIRE FOR MEMBERS OF THE AUSTRALIAN BOWLING PROPRIETORS ASSOCIATION LIMITED

1. Trading Name: .....
2. Contact Name: .....
3. Postal Address: ..... Post Code: .....
4. Phone: (H)..... (W)..... (M).....  
(FAX).....
5. Email Address: .....
6. Internet Site: .....
7. Memberships: Gold Pin  AMF  Other  Please specify.....

**Period of Insurance:** From ..... / ..... / ..... To ..... / ..... / .....

**SITUATIONS TO BE INSURED:**

Building No.	Location	Construction			Age
		Walls	Roof	Floors	
1					
2					
3					
4					
5					
6					
7					

**SECURITY DETAILS OF EACH LOCATION:**

Building No.	Sprinklered – Yes / No	Detectors		Deadlocks		Security Alarm	
		Smoke	Heat	Doors	Windows	Local	Monitored
1							
2							
3							
4							
5							
6							
7							





**GENERAL:**

1. Is the property/properties now proposed for insurance already insured? *If yes, please state name of Insurer, address, policy number and expiry date. (A schedule of current insurance policies would also assist):*

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2. Have you, your spouse or any director or partner in your business either alone or in conjunction with others, ever had insurance declined or cancelled or had special terms imposed by an Insurance Company, or been declared bankrupt or convicted of a criminal offence.

*If yes, please provide details:* .....

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3. During the last 5 years have you, your spouse or any director or partner in your business either alone or in conjunction with others:

i) sustained loss or damage to your property? *If Yes, please provide details together with full details of any insurance claims made showing names, addresses of Insurance Companies and amounts of claims.*

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If you have not operated this centre for the last 5 years, please provide details of claims submitted by the previous operators for this period:

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ii) had any public liability claims made against you? *If Yes, please provide details:*

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**SIGNED:** ..... **PRINT NAME:**.....

**DATED:**.....

**ASSURITY Pty Ltd**  
**PO Box 136**  
**STRATHPINE QLD 4500**  
**Attention – Peter Roberts**

Telephone: (07) 3490-9210  
Facsimile: (07) 3205-6610  
Email: [peter@assurity.com.au](mailto:peter@assurity.com.au)