



INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

HOTELS, GUEST HOUSES, PUBLIC HOUSES,
and RESTAURANTS



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

Full name of Proposer including all trading names, group companies and subsidiaries to be covered by the policy:

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Risk Address:

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| |

Correspondence Address (If Different):

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| |

Telephone Number:

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Email Address:

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Please list names and dates of birth of all Company Directors/Partners

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If you require Employers' Liability cover, please supply your Employer PAYE Reference.
(This information is required for us to provide Employers' Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to.)

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If you do not have a PAYE Reference, please confirm you are exempt and give the reason

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| |

Renewal Date /Date from which cover is required:

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Current Insurer and expiring/target premium:

| | |
|----------|---------------------------|
| Insurer: | Renewal/Target Premium: £ |
|----------|---------------------------|

Reason For Marketing Risk:

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|--|
| |
|--|

Full Business Description:

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|--|
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VAT Status/Registration Number:

Number of years trading from this Premises:

Number Of Years Experience within this or an associated industry:

NOTE: If a new venture, we will require a brief CV

Have you ever traded in another name? If yes, please give details including dates and business description:

Do you have any other business interests? If yes, please give details:

Are you now, or have you previously been insured against any of the risks proposed:

| | |
|--------|----------|
| YES/NO | Insurer: |
|--------|----------|

Have any Insurers ever:

a) Declined your proposal (If yes, give details)

b) Refused to renew or cancelled your Policy:

c) Imposed special conditions

Have you sustained any loss or damage during the last 5 years which would have been covered by this type of policy had it been in force:

| Date | Circumstances | Amount | Status | Insurer |
|------|---------------|--------|--------|---------|
| | | | | |
| | | | | |
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Fire:

1. Construction

Walls: (Please include details of the composition of any part that is not brick or stone and it's approximate percentage of the total:

Roof: (If not 100% slate or tile, please give full details e.g flat felt, concrete etc and include its approximate percentage of the total:

Flooring/Stairs:

2. Please state the use for each floor of the building:

| | |
|-------------------|--|
| Basement | |
| Ground | |
| First | |
| Second | |
| Third | |
| Fourth | |
| All Others | |

3. Nearest Fire Station:

Whole Time

 miles

Retained/Part-time

 miles

4. Are there any open fire places within the Premises, if so are they used:

5. What type of heating system is in place (e.g GCH)

6. Is there a valid fire safety certificate

7. Date of last electrical circuit/installation inspection:

8. Is the building detached (If not, please provide full details of the occupancy/use of attached buildings):

9. Is the Premises used solely for the purpose of Hotel, Bar, Restaurant or Public House (Please give full details of any other use):

10. Does the Premises provide accommodation for any staff, management, proprietors or directors (If yes please give brief details):

11. Is accommodation provided for Council Referrals/ Council Assisted, Homeless, DSS, Asylum Seekers, Students or the like (If yes, please give details)

12. Is kitchen equipment cleaned regularly and under an annual maintenance contract:

13. Number Of Bedrooms:

14. Please complete the following table in respect of outbuildings:

| Description | Construction | Sum Insured (to be included within the overall Building Sum Insured) |
|-------------|--------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |

15. Please mark 'yes' against the fire precautions listed below that ARE operative at the Premises:

| Precaution | Yes/No | Note | Details |
|---|--------|---|----------------|
| Fire Alarm | | | |
| Sprinkler system | | If Yes, please give details of Edition, date, installed etc | |
| Smoke detectors | | If Yes, please advise if these are in every room | |
| Daily inspection for smouldering matches, cigarettes and the like | | This is a policy warranty. You will be required to clear waste of this type into a metal bin used solely for this purpose | Not applicable |

16. How often do the Local Authority contractors collect external bins:

Times per week

17. Does the Premises have water hydrants, or any other water source suitable for fire fighting, within the grounds or nearby (please give details)

Theft

Please mark 'Yes' against protections in the following table that ARE operative at the Premises:

| Protection | Yes/No |
|---|--------|
| 5 Lever Mortice Deadlocks on all Final Exit Doors | |
| Key Operated Window Locks | |
| Nacoss Bells Only (Audible) Alarm | |
| Nacoss Redcare Alarm | |
| Nacoss Central Station Alarm | |
| Other Alarm - please describe | |
| CCTV | |
| 24 hour staff presence | |
| Manager / Owner resident on Premises | |
| Staff resident on Premises | |

Wet Perils

Please complete the following table:

| Type | Yes/No | Details |
|---|--------|--|
| History of flooding at the Premises | | |
| History of flooding within the immediate area | | |
| Any rivers, streams or tidal waters nearby | | If Yes: Height above high water level: Distance from high water level: |
| Building situated on a cliff | | |

Liability

1. Entertainment: Please complete the following table :

| Type | Yes/No | Frequency Per Annum | Door Staff Used |
|--|--------|---------------------|-----------------|
| Public Bar | | Not applicable | |
| Karaoke | | | |
| Public Disco's (not including private functions) | | | |
| Private Functions | | | |
| Other | | | |

2. Treatments: Please complete the following table:

| Type | Yes/No | Staffed at all times - Yes/No | Separate Insurance Cover arranged - Yes/No |
|---------------|--------|-------------------------------|--|
| Swimming Pool | | | |
| Sauna | | | |
| Beauticians | | | |
| Jacuzzi | | | |
| Sun beds | | | |
| Other | | | |

3. Sports Facilities: please complete the following table:

| Type | Yes/No | Separate Insurance Cover arranged - Yes/No |
|--------------|--------|--|
| Golf Course | | |
| Horse Riding | | |
| Shooting | | |
| Fishing | | |
| Boating | | |
| Other | | |

4. Restaurant: Please complete the following table in respect of your restaurant facility:

| | |
|------------------------------------|--|
| Number Of Seats | |
| Is there a takeaway service | |
| Is any outside catering undertaken | |

Cover required

| Section | Sum Insured |
|---|--|
| Buildings | £ |
| Trade Contents | £ |
| Wines Spirits Tobacco | £ |
| Other Stock | £ |
| Guests Effects (£1,000 maximum per guest) | £ |
| Employees Effects | £ |
| Personal Contents (Owner/Manager) | £ |
| Business Interruption - Indemnity Period months | £ |
| Loss Of Rent Receivable - Indemnity period mns | £ |
| Loss Of Rent Payable - Indemnity Period mns | £ |
| Loss Of Licence | £ |
| Money - In Safe | £ |
| Money - Any Other Loss | £ |
| PA Assault | £10,000 / £100pw included automatically if Money section operative |
| Goods In Transit | £ |
| Deterioration Of Stock (Frozen Food) | £ |
| Employers Liability | £10,000,000 |
| Public/Products Liability | £ |
| Annual Wage Payments | Clerical Employees: £ All Other Employees: £ |
| Legal Expenses | Yes / No - delete as applicable |

Other cover required:

| Policy Type | Required - Yes/No |
|------------------------|-------------------|
| Terrorism | |
| Directors and Officers | |
| Engineering Insurance | |
| Engineering Inspection | |

If you have answered 'Yes' to any of the above policy types, we will contact you to obtain specific information to enable us to provide relevant quotations.

NOTE: If Subsidence cover is required, please complete the attached questionnaire.

TO BE COMPLETE IN ALL CASES

IMPORTANT NOTICE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on the Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Insurers.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between the Insurers and Myself/Ourselves.

| | | | |
|-----------|----------------------|----------|----------------------|
| Name | <input type="text"/> | Position | <input type="text"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |

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