



Insurance for the Leisure Industry Proposal Form



IMPORTANT INFORMATION

Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct.

It is important that you let us know about anything that could influence the insurers attitude to your proposal.

PLEASE COMPLETE CLEARLY IN BLOCK CAPITALS

Your Personal Details

Proposer's Full Name
(including any trading names):

Address of Premises:
Postcode:

Telephone No: Fax No:

Address for correspondence
(if different):
Postcode:

Telephone No: Fax No:

Website address:

Business (please describe fully):

How long operating a) at the premises?
b) elsewhere?

Directors/Partners full names (where not shown):

Date on which insurance is to commence: / /

Renewal date (if not 12 months from commencement date): / /

Cover Required

	(please tick)	
Section A Property Damage	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section B Business Interruption	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section C Glass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section D Money	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section E Loss of licence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section F Frozen Food	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section G Employers Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section H Public/Products Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section I Terrorism	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Section A Property Damage

Accidental loss, damage or destruction to the Property Insured by fire, defined perils and theft or attempted theft.

1 Please insert Sums Insured (remembering that these should represent the full replacement value of the property at risk)
Coverage is limited to the Premises only unless otherwise requested

PROPERTY INSURED

- (a) Buildings at the Premises the property of the Insured or for which the Insured is responsible
- (b) Fixtures, Fittings and All Other Contents the property of the Insured or for which the Insured is responsible
- (c) Stock of Wines, Spirits, Tobacco and Cigarettes the property of the Insured or for which the Insured is responsible
- (d) Other Stock in Trade including Food and Beer the property of the Insured or for which the Insured is responsible
- (e) Gaming Machines and other Entertainment Equipment the property of the Insured or for which the Insured is responsible
- (f) Other items (please describe in full)

SUMS INSURED

£	<input type="text"/>
£	<input type="text"/>
£	<input type="text"/>
£	<input type="text"/>
£	<input type="text"/>
£	<input type="text"/>
£	<input type="text"/>
TOTAL	£ <input type="text"/>

- 2 Is any Property kept in outbuildings or away from the premises? Yes No
 If YES state type of Property, Sum Insured, location and construction.

- 3 Is cover to include accidental loss, damage or destruction? Yes No
 4 Is cover to include Subsidence? Yes No

Section B Business Interruption

Interruption to the Business as a result of loss, damage or destruction by any of the Perils Insured

- 5 Please insert Sums Insured for the chosen Period during which compensation is to apply to enable the Business to fully recover from serious loss or damage
- a) Estimated Gross Profit, or £
- b) Increased Cost of Working Expenses £
- c) Outstanding Debit Balances (Standard coverage £20,000) £
- d) 12 / 24 / 36 months Rent Payable/Receivable (please delete as necessary) £
- 6 Maximum Indemnity Period required Mths (please specify)
- 7 Is cover to include accidental loss, destruction or damage? Yes No
 8 Is cover to include Subsidence? Yes No
 9 a) Please state name and address of your Accountants and your financial year end

Section C Glass

Accidental loss, damage or destruction to Property Insured

- 10 Please insert Sum Insured (remembering that this should represent the full replacement value of the property at risk)

PROPERTY INSURED

- a) Glass, Signs and Canopies the property of the Insured of for which the Insured is responsible
 (Standard coverage £10,000 per location)

SUMS INSURED

 £

Section D Money

Loss, damage or destruction to Money arising in the course of the Business

- 11 Please insert Limits of Liability required, the standard coverage being shown

- a) In transit to or from Bank or Post Office and/or in Bank Night Safes
- b) In the Insured's Premises when open for Business and not left unattended
- c) In Insured's Premises when closed for Business not in a locked safe
- d) In a locked safe in the Insured's Premises when closed for Business
- e) In the private residence of the Insured
- f) In Gaming Machines and Entertainment Equipment
- g) Non-negotiable documents

LIMITS OF LIABILITY

 £

 £

 £

 £

 £

 £

 £

- 12 Estimated annual amount of notes and coins in transit by your employees

 £

- 13 Estimated annual amount of notes and coins in transit by a Security Company

 £

- 14 Please provide details of any safe or strongroom at the Premises

Make and model

Year of Manufacture

Serial Number

Dimensions

Anchored or free standing

Section E Loss of Licence

Depreciation in value of the interest of the Insured in the Premises by the forfeiture, revocation or refusal to renew the licence.

15 Please insert Limit of Liability required

LIMIT OF LIABILITY

£

Section F Frozen Food

Loss, damage or destruction to foodstuff by deterioration, contamination or putrefaction:

16 Please insert Sum Insured required

£

(Standard coverage £1,000)

Section G Employers Liability

Bodily injury, death, disease, illness or nervous shock to any employee arising in the course of the Business.

Limit of Indemnity £10,000,000 any one claim.

17 Estimated annual wages, salaries and all other payments for the next twelve months:

DESCRIPTION OF EMPLOYEE, including any persons supplied to or borrowed

PAYMENTS

a) Clerical and managerial employees not engaged in manual labour

£

b) Doormen

£

c) All other employees (please describe activities)

£

Section H Public/Products Liability

Bodily injury, death, illness, disease or shock causing bodily injury to any person and physical loss of or damage to material property occurring in connection with the Business.

18 Limit of Indemnity required any one occurrence? (Please tick)

£1,000,000 £2,000,000 £5,000,000

Other amount? Please specify

£

19 Estimated annual turnover in the next 12 months

£

Section I Terrorism

Loss, damage or destruction from an Act of Terrorism

PROPERTY INSURED

- a) Property and Money in Great Britain as insured by the Property and Money Sections of this Policy
- b) Interruption and interference as insured by the Business Interruption Section of this Policy.

General Questions

THE PREMISES

20 Do all your buildings have walls of brick, stone or concrete and roofs of slate, tile, concrete, metal or asbestos? Yes No

If NO, please provide details.

21 Are your premises heated in whole or in part by a paraffin waste oil or LPG (Liquefied Petroleum Gas) appliance or system? Yes No

If YES, please provide details.

22 a) Are you the sole occupier of the premises?

b) Are the premises occupied at night by the Proposer, Director or Partner or a member of their families or an Employee of the Business? Yes No

If NO, please provide details.

23 Are records of stock, purchases and sales kept? Yes No

24 Are your premises in good repair, your plant and equipment properly guarded and maintained and your walls, gates and fences in good order? Yes No

If NO, please provide details.

25 In what type of area are the premises situated?

- a) Residential
- b) Industrial
- c) Commercial
- d) Rural

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

26 Is there a cellar or basement?

27 Has there been any history of flooding in the area?

28 Please advise:

- a) Age of Premises
- b) Number of storeys
- c) How far are the premises from a full time Police Station?
- d) How far are the Premises from a full time Fire Station?
- e) When the wiring was last checked by a qualified electrician?

SECURITY

29 Is an intruder alarm fitted at the Premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please provide:

a) name of installers

b) NACOSS approved?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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c) type of signalling

- Bells only
- Central Station Connection?
- Digital Communicator?
- BT Redcare?
- Paknet?
- Other? Please specify

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

30 Are the access doors to your premises secured with 5 lever mortice deadlocks and all accessible windows fitted with suitable fastenings?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If NO, please provide details

31 Are all keys to final exit doors, safes and alarms removed from the Premises when closed for Business?

32 Have the Premises any additional security measures, i.e. security cameras?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please provide details

33 Is a fire alarm fitted at the Premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, does it include:

- a) Break glass boxes in all parts of the Premises?
- b) Automatic Fire Detection, e.g. smoke detectors?
- c) Connection to Alarm Receiving Centre?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

34 Is there a sprinkler system at the Premises?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please provide details

QUESTIONS APPERTAINING TO NIGHTCLUBS ONLY

35 If you have been operating for less than three years please give the name of the previous owner

36 What is the maximum permitted attendance?

37 Is a membership system in existence? Yes No

38 What are the opening hours?

39 How many days a week is the club open?

40 Are your door stewards

a) Your own employees? Yes No

b) Agency provided? Yes No

c) Vetted and approved? Yes No

41 What is the average age group of clientele?

42 Do you provide any of the following:

a) Live music? Yes No

b) Private functions? Yes No

c) Restaurant facilities? Yes No

d) Floor shows/cabaret/striptease? Yes No

If YES, please provide details, including frequency.

43 Does the venue have a dominant, dedicated or speciality type of music (e.g. Pop, revival, heavy metal, indie, reggae, house, rave, etc) Yes No

If YES please provide details

44 Have any incidents occurred during the last three years resulting in a police visit or warning to the premises? Yes No

If YES please provide details

45 Please give details of your methods to stop drug use/trafficking on your premises

46 Who is the Licensee?

47 Has the Licence been transferred during the current period of insurance? Yes No

48 To your knowledge, have there been any formal objections to the Licence during the last five years? Yes No

If YES, please provide details

49 Has the present owner(s) or manager(s) been refused a licence at any time? Yes No

If YES, please provide details

50 Are there any circumstances known to the Proposer that might prejudice the continued holding of the licence? Yes No

If YES, please provide detail

INSURANCE HISTORY

51 Have you or has any Director or Partner ever been prosecuted under the Factories Act, Health and Safety at Work Act, the Consumer Protection Act or any other Statutory Regulations?

Yes No

52 Do you have a formal written Health and Safety Policy?

Yes No

53 Have you or has any Director or Partner or employee

a) been convicted of arson or any offence involving violence or dishonesty of any kind, e.g. fraud, robbery, theft or handling stolen goods?

Yes No

b) been the subject of any action in bankruptcy or involuntary liquidation?

Yes No

c) during the past 5 years traded in another name?

If YES, please provide details

54. Have you or has any Director or Partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure?

Yes No

If YES, please state your current Insurer, Policy Number(s) and expiry date.

55. Has any such previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure?

Yes No

If YES, please provide details.

LOSS/CLAIMS HISTORY

56 In respect of any of the risks against which you wish to insure have you or has any Director or Partner

a) Incurred any loss, destruction or damage or made a claim

b) Had any claim made against you by employees or other parties

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(whether under a current or any previous trading name or interest during the last 5 years)

Yes No

Yes No

(whether under a current or any previous trading name or interest during the last 5 years)

Date	Brief description of claim(s)	Amount paid	Amount outstanding
		£	£

Payment

Do you wish to pay the premium monthly by direct debit?

Yes No

If YES an application form will be sent to you.

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form and the claim form, together with other information relating to the claim will be put on the register and made available to participants

To set up and administer your policy Towergate Underwriting Group Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Towergate Underwriting Group Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details.

Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal.

Signature(s)

Date

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