



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.

Your Personal Details

Please complete clearly in BLOCK CAPITALS

Proposer's full name: (including any subsidiary companies to be covered)

Address of premises

Postcode

Telephone no

Fax no

Address for correspondence (if different)

Telephone no

Fax no

Email address

Business (please describe fully and provide full product information)

Year business established

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 complete all sections under which coverage is required

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) £ _____

TOTAL £ _____

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 Yes No

b) Increased Cost of Working Expenses Yes No

c) Outstanding Debit Balances (Standard coverage £20,000) Yes No

d) 12/24/36 months Rent Payable/Receivable Yes No
(please delete as necessary)

6. Maximum Indemnity Period required. 12/24/36 months _____ **months**
(please specify)

7. Is cover to include accidental loss, destruction or damage? Yes No

8. Is cover to include Subsidence? Yes No

9. Please state name and address of your accountants and your financial year end

Section C: Glass

Accidental loss, damage or destruction to Property Insured

PROPERTY INSURED

10. Internal/External Glass, Signs and Canopies the property of the Insured of for which the Insured is responsible (Standard coverage £10,000 per location or can be increased if required) £ _____

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 (Max limit £500) £ _____

d) In a locked safe in the Insured's Premises when closed for Business £ _____

f) In Gaming Machines and Entertainment Equipment including Change Machines and ATM's £ _____

g) Non-negotiable documents £ _____

12. Estimated annual carryings £ _____

13. Safe Limit Required £ _____

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

Safe / Strongroom 1

Make and model _____ Year of Manufacture _____ Serial Number _____

Dimensions _____ Anchored or free standing _____

Safe / Strongroom 2

Make and model _____ Year of Manufacture _____ Serial Number _____

Dimensions _____ Anchored or free standing _____

Safe / Strongroom 3

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 £ _____

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

a) Clerical and Managerial employees not engaged in manual labour £ _____

b) Doormen £ _____

c) All other employees (please describe activities) £ _____

Please provide your Employers Reference Number _____

Section H: Public and 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) Other amount? Please specify

£1,000,000 £2,000,000 £5,000,000 £ _____

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 Yes No

b) Interruption and interference as insured by the Business Interruption Section of this Policy Yes No

Section J: General Questions

THE PREMISES

20. Are your buildings all of standard construction i.e. 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? Yes No

b) Are the premises occupied at night by the Proposer, Director or Partner 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 Yes No

b) Industrial Yes No

c) Commercial Yes No

d) Rural Yes No

26. Is there a cellar or basement? Yes No

27. Has there been any history of flooding in the area? Yes No

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? _____

Section K: Security

29. Is an intruder alarm fitted at the Premises? Yes No

If YES, please provide

a) Name of installers _____

b) NACOSS approved? Yes No

c) Type of signalling

- Bells only Yes No

- Central Station Connection? Yes No

- Digital Communicator? Yes No

- BT Redcare? Yes No

- Paknet? Yes No

Other? Please specify

30. Are the access doors to your premises secured with 5 lever mortice deadlocks and all accessible windows fitted with suitable fastenings? Yes No

If NO, please provide details

31. Are all keys to final exit doors, safes and alarms removed from the Premises when closed for Business? Yes No

32. Have the Premises any additional security measures, i.e. security cameras? Yes No

If YES, please provide details.

33. Is a fire alarm fitted at the premises? Yes No

If YES, does it include

a) Break glass boxes in all parts of the Premises? Yes No

b) Automatic Fire Detection, e.g. smoke detectors? Yes No

c) Connection to Alarm Receiving Centre? Yes No

34. Is there a sprinkler system at the Premises? Yes No

If YES, please provide details

INSURANCE HISTORY

35. 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

36. Do you have a formal written Health and Safety Policy? Yes No

37. 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? Yes No

If YES please provide details

38. 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.

39. 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

40. 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

Yes No

b) Had any claim made against you by employees or other parties. (whether under a current or any previous trading name or interest during the last 5 years)

Yes No

If YES please provide details

Claim 1

Date _____/_____/_____ Amount paid £ _____ Amount Outstanding £ _____

Brief description of claim(s)

Claim 2

Date _____/_____/_____ Amount paid £ _____ Amount Outstanding £ _____

Brief description of claim(s)

Claim 3

Date _____/_____/_____ Amount paid £ _____ Amount Outstanding £ _____

Brief description of claim(s)

Section L: Payments

Do you wish to pay the premium by monthly instalments

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, 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 Riva Insurance Brokers 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. Riva Insurance Brokers 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 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

Section M: 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

_____ / _____ / _____

Please note: If you are returning this form to Riva ib by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.



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