



Proposal Form

Short Term Equipment Hire

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)

Cover Required

1. Number of days cover required

2. Date on which insurance is to commence

 /

 /

3. Hired in equipment for which the insured is responsible

- United Kingdom

- UK/Europe

- Worldwide

£

£

£

4. Does the maximum value of any one item to be insured exceed £50,000?

Yes No

If yes, please specify equipment with relevant replacement value

_____	£
_____	£
_____	£
_____	£
_____	£

5. Please specify type of equipment to be insured (e.g. sound, lighting, cameras, audio visual etc.)

6. Please confirm purpose of your hire (i.e. film shoot/event etc.)

7. If the purpose of your hire is for a film shoot, does the production involve anything of a hazardous nature (e.g. stunts, pyrotechnics, work on or in water, work at a height exceeding 10 metres).

Yes No

If yes, please supply details

8. Please confirm location(s) where equipment is to be used

9. Please confirm storage location, when the equipment is not in use (if different from above)

10. Please provide security details for each location (i.e. locks, alarm, 24hr security, with equipment at all times)

11. Have you or has any Director or Partner or employee

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

Yes No

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

Yes No

If YES please give details

12. INSURANCE HISTORY

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 state name of previous insurer(s), Policy Number(s) and Expiry Date

b) 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

13. LOSS/CLAIMS HISTORY

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 £ _____
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Brief description of claim(s)

Claim 2

Date ____/____/____	Amount paid £ _____	Amount Outstanding £ _____
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Brief description of claim(s)

Claim 3

Date ____/____/____	Amount paid £ _____	Amount Outstanding £ _____
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Brief description of claim(s)

Payment

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.

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.



Riva Insurance Brokers Ltd.

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