

COMMERCIAL COMBINED & LEISURE INSURANCE ENQUIRY FORM

Insured Details

Insured Name

Insured Contact Address

Postcode

Risk Address

Postcode

Additional Locations

Occupation / Business / Trade Description:

Number of Years Trading:

Renewal Date / Inception date (Please specify day month & year)

: ____ / ____ / ____

Date terms required (Please specify day month & year)

: ____ / ____ / ____

Target Premium:

ERN Number:

CHRN Number:

Insured's Web site:

Details of Trade Association memberships, accredited quality standards i.e. BH & HPA

Has the insured ever been refused or declined insurance or been a director of a company that has had insurance refused, declined or cancelled?

Yes

No

Does the insured have any CCJ's or have any criminal convictions which are non-motor offences.

Yes

No

Area

Is the site in an exposed area susceptible to storm damage? **Yes / No**

Distance from nearest Fire Station

Have any of the buildings to be insured or any neighbouring properties suffered or do they show signs of damage from subsidence, landslip or heave? **Yes / No**

Have any of the buildings to be insured been erected on made up or infilled land or are they situated in the vicinity of any cliff, quarry, embankment, underground working, man-made earth deposits or mining slag heaps **Yes / No**

Has any insurer ever declined or imposed and special terms in respect of subsidence, landslip or heave? **Yes / No**

If the answer is yes to any of the above questions please provide details:

Premises

Standard Construction: **Yes / No / Not Applicable**

If no, please specify:

Are the Insured the Sole Occupants of the premises: **Yes / No**

If no, are all premises self contained by own means of access: **Yes / No**

Occupancy of Buildings E.g. Clubhouse / Changing Facilities / Storage Shed:

Security

Alarm Protection: **None / Audible only / Digi Comm / Redcare / Dual Com**

Protects all buildings: **Yes / No (If no, please specify buildings protected)**

Additional Security (E.g. Roller Shutters, Fire Protection, Perimeter Fencing)

Amenities / Facilities

Please provide full details of activities undertaken by the Insured:

Do the premises have a Cafe / Restaurant / Bar? **Yes / No**

If yes, please provide details:

Is there any deep fat frying on the premises? **Yes / No**

Do the Insured provide Live Entertainment? **Yes / No**

If yes, please provide details:

Do the premises have a Swimming Pool(s)? **Yes / No**

If yes, please describe safeguards in place to protect users:

Have you completed a risk assessment? **Yes / No**

Is the pool approved by the Local Authority? **Yes / No**

Is access to the pool restricted out of hours? **Yes / No**

Is the pool constantly supervised? **Yes / No**

Is there a shop at the premises? **Yes / No**

If yes, Please describe what the shop sells:

Are there any Additional Facilities / Amenities at the premises? **Yes / No**

If yes, please provide details:

Risk Details

Material Damage

Buildings (Standard Construction)*	£
Buildings (Non-Standard)*	£
Outbuildings	£
Underground Services	£
General Stock	£
Wines, Spirits & Tobacco	£
Groundskeeping Equipment	£
Other Contents	£
Electronic Office Equipment	£
Computers	£
Specified Item	£
Specified Item	£
Specified Item	£

Business Interruption

Indemnity Period	Months
Gross Revenue Sum Insured	£
Gross Profit Sum Insured	£
Increased Cost of Working	£
Additional Increased Cost of Working	£

***If multiple buildings and different construction, please confirm Split in Sum Insured in additional information box overleaf**

Goods in Transit

Method of transit

Method of transit	No of vehicles	Annual Carryings	Load Limit
Post		£	£
Road or Rail Haulier		£	£
Private vehicles		£	£
Commercial vehicles		£	£

Money

In Safe OBH	£
In Transit	£

Deterioration of Stock

Frozen Food	£
Refrigerated Stock	£

Loss of License

Limit of Indemnity	£
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Glass

All Risks

Laptops	£
Tools	£

Employers Liability Required Yes / No

Annual Wage Roll Estimates

Clerical &/or Managerial (Non-Manual Work)	£
Supervisory	£
Manual Employees own premises	£
Woodworking Machinists	£
Work Away (Direct and Labour Only Sub Contractors)	£

Public / Products Liability Required: Yes / No

Limit of Indemnity: £1M / £2M / £5M / £10M

Annual Turnover Estimates:

United Kingdom	£
USA/Canada	£
Rest of the World	£

Additional Information / Material Facts to disclose:

Please provide details of any claims or incidents likely to give rise to a claim in the past 5 years (whether a formal claim has been made or not):