

Caravan & Park Home Site Insurance Enquiry Form

Insured Details

Insured Name

Insured Contact Address

Postcode

Park Address

Postcode

Date terms required (Please specify day month & year) : ____ / ____ / ____

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

Target Premium: £

ERN Number:

CHRN Number:

Number of Years Trading:

Occupation / Business / Trade Description:

Park 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

Type of Park (insert number of units / licenced pitches)

Residential Static Caravans Static Holiday Caravans Mobile Homes
 Holiday Lodges / Chalets Residential Dwelling Houses Camping & Touring
 Flats Holiday

Open period for Park: From: To:

Will the park be left unoccupied during any period? Yes No

If yes please give details

Has the site or surrounding area any history of flooding? Yes No

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 give details:

Other Features

Fenced site Access control Alarm protection
 Static Caravans storm anchored Mobile homes skirted

Facilities

Does the client have a Club house / Restaurant? Yes No

Is the clubhouse open to non-residents? Yes No

Please describe Club house / Restaurant facilities

What is the amount of turnover derived from the clubhouse / restaurant?

Do you provide Live Entertainment? Yes No

Do you provide any deep fat frying on the premises? Yes No

Does the client have a Swimming Pool(s) Yes No

If yes please give details (How many / Indoor / Outdoor / Diving Boards – Heights / Dimensions)

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 supervised? Yes No

Describe safeguards in place to protect users:

Does the client have a Children’s Play Area? Yes No

How often is all equipment inspected?

Are any defects recorded in inspections? Yes No

Does the client have a Shop? Yes No

Do you sell / store Gas Bottles? Yes No

If yes are they stored in accordance with manufacturer's recommendations? Yes No

Are any defects recorded in inspections? Yes No

Please describe what the shop sells

Does the client provide Toilet & Shower facilities? Yes No

Is Personal Protective Equipment provided to all employees, in an efficient working order and maintained in accordance with the Personal Protective Equipment at Work Regulations 1992? Yes No

Please describe any other activities / facilities in place (e.g. boating lake, kids clubs, fishing etc.)

Risk Details

Employers Liability 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: Yes No Limit of Indemnity £

Annual Turnover Estimates:

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

Glass £
All Risks
Laptops £
Tools £

Material Damage

Buildings (Standard Construction) £
Buildings (Non-Standard)* £
Caravans £
Park Homes £
Underground Services £
Stock £
Wines & Spirits £
Groundskeeping Equipment £
Other Contents £
Electronic Office Equipment £
Computers £

Business Interruption

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

All Risks on Specified Items

Specified Item £
Specified Item £
Specified Item £

***Where buildings are non Standard, please give full details of the construction, number and use of the building in the Additional information box overleaf**

Goods in Transit

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

Money

In Safe £
In Transit £

Deterioration of Stock

Frozen Food £
Refrigerated Stock £

Loss of License

Limit of Indemnity £

Additional Information:

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

Claims History: