HOTEL
PROPOSAL FORM

FOR INTERNAL USE ONLY

Agent Name

Agency Code

When completing this form, please tick the appropriate boxes and answer all questions in BLOCK CAPITALS

IMPORTANT NOTE

You (or the broker or agent completing the form on your behalf) must provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material you should disclose it. Failure to disclose any material fact may invalidate your policy or may result in your policy not operating fully.

Please note that the statement of fact or the proposal form, policy booklet, schedule and any additional information on the insurance provided by you (or the broker or agent acting on your behalf) will be the basis of the contract between us.

YOUR DETAILS

Full Name of Proposer

Trading Name

Company Registration Number

Postal Address
(Postcode must be shown)

Post Code

Company Website Address www.

Business **Tel. No**

Situation of Property to be Insured (if different from Postal Address, Postcode must be shown)

Post Code

How many years have you been in business?

Period of Insurance **Inception Date** / / **Renewal Date** / /

GENERAL QUESTIONS

1 Have you or any principal in the business:

a ever had a proposal for insurance declined, renewal refused, cover terminated increased premium required or special conditions imposed by any Insurer? YES ☐ NO ☐

b sustained any loss or had any claim made against you, whether insured or otherwise in respect of any of the insurances required at this or any previously occupied premises during the last 3 years? YES ☐ NO ☐

c ever been convicted of or is any prosecution pending for any offence involving arson, violence or dishonesty of any kind (e.g. involving fire, fraud, theft or handling stolen goods)? YES ☐ NO ☐

2 Have you or any other director or partner or any Company of which any of you have been a director or any partnership of which any of you have been a partner been the subject of a County Court Judgement (or the Scottish equivalent) or been declared bankrupt or insolvent? YES ☐ NO ☐

3 Have you been in business for less than 3 years? YES ☐ NO ☐

If **'yes'** please provide previous business history

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

GENERAL QUESTIONS - continued

4 Are you at present insured or have you ever proposed for insurance in respect of any of the covers to which this proposal applies? YES ☐ NO ☐

If **'yes'** state name of insurer.

5 Are the buildings:

- **a** built solely of brick, stone or concrete and roofed solely of slates, tiles, asphalt, concrete, metal or other incombustible materials? YES ☐ NO ☐
- **b** heated only by low pressure hot water apparatus, or fixed gas or electric appliances? YES ☐ NO ☐
- **c** fitted with an electric wiring system which has been checked by a qualified electrician within the last 5 years? YES ☐ NO ☐
- **d** in a good state of repair? YES ☐ NO ☐
- **e** especially exposed to storm or flood? YES ☐ NO ☐
- **f** in your sole occupation? YES ☐ NO ☐

6 Do you:

- **a** provide any entertainment e.g. discos, dancing, live music? YES ☐ NO ☐
- **b** organise any sporting or other special events either at or away from the premises? YES ☐ NO ☐

7 Are the premises partially or fully closed during any part of the year YES ☐ NO ☐

If **'yes'** state

- **a** usual periods of closure
- **b** is there an adult in occupation during these periods YES ☐ NO ☐

8 Please state the number of bedrooms available to let

9 Have you entered into any specific contracts to provide accommodation e.g. with the local authority or DSS? YES ☐ NO ☐

10 Does the premises come within the Hotel Proprietors Act 1956 (or the equivalent Regional Act)? YES ☐ NO ☐

11 Has a fire certificate been issued under the Fire Precautions Act 1971 or similar legislation? YES ☐ NO ☐

If **'no'** state reason below.

12 Do you have any deep fat frying equipment? YES ☐ NO ☐

13 Does the premises have a separate restaurant area with tables? YES ☐ NO ☐

If **'yes'** state seating capacity

14 Does the premises have a bar open to the public? YES ☐ NO ☐

15 Does the premises have a swimming pool, sauna or gymnasium? YES ☐ NO ☐

16 Does the premises have a passenger lift? YES ☐ NO ☐

If **'yes'** is it regularly inspected and maintained? YES ☐ NO ☐

17 Do you keep records of stocks sales and purchases which are examined by a professional accountant? YES ☐ NO ☐

18 In the event of a claim under this Policy do you for a reduction in premium wish to bear (in addition to any imposed excess) a further £300? YES ☐ NO ☐

19 Are there any additional interests to be noted? YES ☐ NO ☐

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

THE STRUCTURE (OPTIONAL)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire and Specified Perils: Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Damage, Storm, Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of Fuel, Leakage of Beverages

Do you wish to increase the scope of cover to All Risks? YES ☐ NO ☐

State REBUILDING COSTS of the following

1 Buildings of the whole premises (including OUTBUILDINGS) when your responsibility is as owner £

2 Internal decorations & tenants improvement effected by you as occupier/tenant £

3 Does any felt on timber flat roof area exceed 50 square feet? YES ☐ NO ☐

HOTEL CONTENTS (STANDARD)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire and Specified Perils: Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Damage, Storm, Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of Fuel, Leakage of Beverages

Do you wish to increase the scope of over to All Risks? YES ☐ NO ☐

State FULL VALUE of:

1 Total Hotel Contents (including 2-4 below) £

2 Limit on respect of Stock in Trade £

3 Limit in respect of cigarettes, cigars and tobacco £

4 Limit in respect of customers, guests and employees personal effects £

Do you wish to insure either of the following?

1 ACCIDENTAL DAMAGE TO SPECIFIED EQUIPMENT - cash tills, food cooking machinery, beer and ale pumping machinery, internal signs, vending machines, radios and T.V.'s (in business portions)? YES ☐ NO ☐

If **'yes'** please state sum insured (minimum £500) £

2 PERISHABLE GOODS beyond the basic cover of £15,000 following breakdown of storage equipment? YES ☐ NO ☐

If **'yes'** state sum to be insured £

PUBLIC & EMPLOYERS' LIABILITY (STANDARD)

The standard Limit of Indemnity in respect of Public/Products Liability is £2,000,000. Please indicate the limit required if this is not sufficient

£3,000,000 ☐ £4,000,000 ☐ £5,000,000 ☐

LOSS OF INCOME AND LOSS OF BOOK DEBTS (STANDARD)

If the standard cover is insufficient please state your requirements

	Standard Cover	Requirements
Gross Income sum insured	£500,000	£
Maximum indemnity period	24 months	months
Book debts sum insured	£10,000	£

ALL RISKS ON EXTERNAL FIXED SIGNS (STANDARD)

State sum insured if more than standard £1,000

Fixed signs sum insured £

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

GOODS IN TRANSIT (STANDARD)

State load limit required if more than the standard £750 on wines, spirits and tobacco, or £2,750 in total.

Wines, spirits and tobacco £ Total £

LOSS OF MONEY (STANDARD)

1 The standard limits which apply are noted below. *The limits marked can be increased for an extra charge subject to the adequacy of the safe and security arrangements. If the standard limits are not sufficient please indicate the amount required

	Standard Limit	Amount Required
Non – negotiable money	£250,000	
Negotiable Money:		
In transit	£3,000*	£
In a bank night safe	£3,000*	£
In the premises during business hours	£3,000*	£
In the premises out of business hours:		
In locked safe	£3,000*	£
Not in locked safe	£500	
In private dwellings	£500	
In gaming machines	£500	
Personal Money	£250	

Note: It is a policy condition that negotiable money in transit be accompanied by the following numbers of persons aged between 18 and 65

Amount of Money in transit at any one time	Accompaniment Requirement
Up to £3,000	1 person
Over £3,000 up to £6,000	2 persons
Over £6,000 up to £12,000	2 persons with an approved cash carrying case or 3 persons
Over £12,000	Approved security company

2 If the required limit in locked safe exceeds £3,000, state make, model and age of safe, and whether anchored to the floor:

PERSONAL ACCIDENT ASSAULT (STANDARD)

The standard benefits are noted below:

Death, loss of sight, loss of limbs or permanent total disablement	£10,000
Temporary total disablement from attending to usual business	£100 per week
Temporary partial disablement from attending to usual business	£30 per week
Incurred Medical Expenses	£250
Damage to Personal Effects	£500

If you require higher benefits per person insured tick one of the following options:

1 £15,000 Death Benefit/£150 week Temporary total disablement benefit? ☐

2 £20,000 Death Benefit/£200 week Temporary total disablement benefit? ☐

3 £25,000 Death Benefit/£250 week Temporary total disablement benefit? ☐

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

LOSS OF LICENCE (OPTIONAL)

1 Please state sum insured required. £

2 During the past 5 years has there been:

a any opposition to the grant, renewal or transfer of the licence? YES ☐ NO ☐

b any circumstance or incident which might prejudice your licence or affect its renewal? YES ☐ NO ☐

If **'yes'** give details

PERSONAL ACCIDENT (OPTIONAL)

Is cover required? YES ☐ NO ☐

Name of person to be insured:

1
2
3

Duties	Date of Birth
1	1
2	2
3	3

Number of cover units (maximum 5) 1 ☐ 2 ☐ 3 ☐

N.B. One unit is made up as follows:

Death, loss of sight, loss of limbs or permanent total disablement	£10,000
Temporary total disablement from attending to usual business	£50 per week

Is each person in good health and not physically or mentally disabled to the best of your knowledge and belief? YES ☐ NO ☐

If **'no'** please attach full details

HOUSEHOLD CONTENTS ALL RISKS (OPTIONAL)

Please complete the following table specify and attach a valuation for any personal effect, work of art, collection or other gold/silver article with a value in excess of £1,000.

	Items to be Insured	**Sum Insured**
1	Household Contents	£
2	Unspecified Personal Effects (article limit £1,000)	£
3	Unspecified Sports Equipment	£
4	Pedal Cycles	£
5		£
6		£
7		£

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

OPTIONAL EXTENSIONS TO BASIC COVER

Do you wish to extend the basic policy to include:

1 SUBSIDENCE, GROUND HEAVE and LANDSLIP on the Buildings? YES ☐ NO ☐

If **'yes'** please state whether:

a the Premises suffered or are showing signs of damage from these Perils YES ☐ NO ☐

b the properties either side of your own have suffered or are now showing signs of this damage YES ☐ NO ☐

c to your knowledge the vicinity is susceptible to this damage YES ☐ NO ☐

d the Premises are in the immediate vicinity of any river bank, railway embankment, cliff, quarry, mine or other underground working or on made up ground? YES ☐ NO ☐

e there are any trees or shrubs over 20ft in height within 30ft of the premises. YES ☐ NO ☐

If **'yes'** please provide full details (i.e. type of trees number and distance from the premises)

2 OUTSIDE CATERING away from the premises? YES ☐ NO ☐

If **'yes'** please state estimated total wages drawn by yourself and paid to employees £

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO)

1 Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold? YES ☐ NO ☐

If **'no'** please enter your Employer Reference Number

An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.

2 Do you have a Company's House Registered Office Address? YES ☐ NO ☐

If **'yes'** please provide details (Postcode must be shown)

Post Code

3 Are there any subsidiary companies to be included in this insurance? YES ☐ NO ☐

If **'yes'** please provide full details

Name of first subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? YES ☐ NO ☐

If **'no'** enter the Employers' Reference Number for this subsidiary

Name of second subsidiary company to be included

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) - continued

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? YES ☐ NO ☐

If **'no'** enter the Employers' Reference Number for this subsidiary

Name of third subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? YES ☐ NO ☐

If **'no'** enter the Employers' Reference Number for this subsidiary

4 Are there any subsidiary companies to be excluded from this insurance? YES ☐ NO ☐

If **'yes'** please provide full details

Name of first subsidiary company to be excluded

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

DATA PROTECTION AND DECLARATION

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

This notice describes who we are, why we need to collect your information and how we will use it.

We will tell you who we share your information with and how we use it to improve the service we provide to our customers.

Privacy Statement

Why we need your information

We will use your information to give you quotations, and manage your insurance policy, including underwriting and claims handling.

Your information comprises of all the details we hold about you and your transactions and includes information we obtain about you from third parties.

We will only collect the information we need so that we can provide you with the service you expect from us.

From time to time we may need to change the way we use your information. Where we believe you may not reasonably expect such a change we will write to you. When we do so, you will have 60 days to object to the change but if we do not hear from you within that time you consent to that change.

Who we will share your information with

NIG insurance policies are underwritten by U K Insurance Limited (UKI).

During the course of our dealings with you we may need to disclose some of your information to other insurers, third party underwriters, reinsurers, credit reference and fraud prevention and law prevention agencies and other companies that provide service to us or you, to:

- assess financial and insurance risks
- recover debt
- prevent and detect crime
- develop our products, services, systems and relationships with you
- understand our customers' requirements
- rating and pricing.

We do not disclose your information to anyone outside UKI except:

- where we have your permission; or
- where we are required or permitted to do so by law; or
- to other companies who provide a service to us or you; or
- where we may transfer rights and obligations under this agreement.

Where we transfer your information

From time to time we may require services from suppliers that are based worldwide and your information will be shared with them for the purposes of providing that service. Where we engage these suppliers we make sure that they apply the same levels of protection, security and confidentiality we apply. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

Employers' Liability Tracing Office (ELTO)

We are also required to supply employers' liability insurance policy details to the Employers' Liability Tracing Office (ELTO). These details will be added onto the Employers' Liability Database (ELD), which will be managed by ELTO. This database will be accessible by any claimants and will assist claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK, to find the insurer that was providing employers' liability cover during their relevant period of employment and also to find the relevant employers' liability insurance policies.

Brokers or Agencies

We will discuss your information with your broker or agency and provide them with information about your policy and dealings with us to enable them to manage your relationship.

Sensitive Information

Some of the personal information we ask you for may be sensitive personal information, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We may also ask you to provide sensitive information about other people, please ensure that you have their agreement before providing information to us. We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to provide the services described in your policy documents.

Dealing with other people

It is our policy to deal with your spouse or partner who calls us on your behalf, provided they are named on the policy. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf, with your consent. If at any time you would prefer us to deal only with you, please let us know.

Credit Reference Agencies

UKI carries out a consumer search when any application for insurance is submitted. This is done using public data to evaluate insurance risks and no financial information is reviewed as part of this process. There is no visible credit footprint and after 12 months is automatically deleted.

Access to your information

You have the right to see the information we hold about you. If you would like a copy of your information, please telephone 0870 609 9920, or write to The Data Protection Officer, Churchill Court, Westmoreland Road, Bromley BR1 1DP quoting your reference and ask for a Subject Access Request Form. A fee may be payable

Fraud prevention and detection

Please take time to read the following as it contains important information relating to the details you have given or should give to us. You should show this notice to anyone whose data has been supplied to us in connection with your policy.

To prevent and detect fraud we may at any time:

Share information with other organisations and public bodies including the police although we only do so in compliance with the Data Protection Act 1998

Check and/or file details with fraud prevention agencies and databases and if we are given false or inaccurate information and we identify fraud, we will record this. We and other organisations may also use and search these agencies and databases from the UK and other countries to:

- help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- trace debtors or beneficiaries, recover debt, prevent fraud, and to manage your accounts or insurance policies; or

DATA PROTECTION AND DECLARATION - continued

- check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity

Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking applications for, and managing credit and other facilities and recovering debt;
- Checking insurance proposals and claims;
- Checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact us at, UKI, Churchill Court, Westmoreland Road, Bromley, BR1 1DP, quoting your reference. The agencies may charge a fee.

Choice of Law

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

Declaration

I/We declare that:

a if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation

b to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail

c I/we agree that this Proposal and Declaration, and any additional information on the insurance provided by my/our insurance intermediary on my/our behalf to U K Insurance trading as NIG ("the Company"), shall be the basis of the contract between me/us and the Company

d I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.

e I/we consent to the information given in this form, any information the Company may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement above.

f I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Proposer's Signature _____ Status _____ Date _____

ADDITIONAL INFORMATION

FOR INTERNAL USE ONLY

Proposal Checked by _____ **Date** _____

NIG policies are underwritten by U K Insurance Limited, The Wharf, Neville Street, Leeds LS1 4AZ.
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Calls may be recorded.

NIG2170K/05/12