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PROPOSAL FORM



PROPOSAL FORM

DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016



PROPOSAL FORM

PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. **NOTE** only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town

5. County

6. Postcode

7. Does the business have an ERN exemption? Yes No 8. If "No" provide ERN

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

9. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

10. Insurer

11. Broker

12. Premium

13. Renewal date

14. Date commenced trading

15. Is the business VAT registered?

Yes

No

16. Please give details of any professional or trade associations you are affiliated to

17. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates



PROPOSAL FORM

THE VENUE

18. Address of premises to be insured if different from correspondence address
(PLEASE NOTE A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH VENUE TO BE COVERED)

19. Address 1

20. Address 2

21. Town

22. County

23. Postcode

24. What is the construction for the following aspects of the building?

- a. Walls
- b. Floors
- c. Roof(s)
- d. Staircase(s)

25. What is the approximate age of the premises?

26. Is the venue Grade 1 or Grade 2 Listed? Yes No If "Yes" is it? Grade 1 Grade 2

27. Do you occupy the whole of the premises? Yes No

If "No" what parts do you occupy and not occupy?

28. Does the venue have a car park? Yes No

If "Yes" are there:

- a. Regular maintenance inspections? Yes No
- b. Security? Yes No
- c. Lighting? Yes No

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

30. Is any deep fat frying undertaken at the premises? Yes No

If "Yes" is it fitted with an ANSUL Fire Suppression system? Yes No

31. Confirm the type of fire alarm fitted at the premises

- Automatic fire detection with bells only
- Automatic fire detection with a digital communicator
- Automatic fire detection connected to a central station
- BT Redcare
- Other – provide details below

32. How far is the premises from a full time fire station?

33. Is there a sprinkler system installed? Yes No If "Yes" what edition?

34. When was the last electrical inspection by a qualified electrician?



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SECURITY AT THE VENUE

- | | | |
|---|-------------------------|-----------|
| 35. Is a NACOSS/SSAI approved intruder alarm fitted at the premises? | Yes | No |
| 36. Is the intruder alarm under an annual maintenance contract? | Yes | No |
| 37. Confirm the type of signalling on the intruder alarm | | |
| Bells only | | |
| Digital communicator to key holders | | |
| Central station connection | | |
| BT Redcare | Police Level 1 response | Yes No |
| Other – provide details below | | |
| 38. How far is the premises from a full time police station? | | |
| 39. Are all doors fitted with 5 lever mortice dead locks? | Yes | No |
| 40. Are protective devices fitted to all windows? | Yes | No |
| 41. Does the venue have any additional security measures? | Yes | No |
| If “Yes” please provide details below | | |
| 42. Are all public areas including entrances, dance floors and stairways covered by Closed Circuit Television (CCTV)? | Yes | No |
| 43. Are CCTV recordings stored securely for 90 days? | Yes | No |
| If “No” how long are the CCTV recordings kept for? | | |
| 44. Is the premises occupied overnight? | Yes | No |
| If “Yes” provide details below by whom | | |
| 45. Are all keys to final exit door(s), safes and alarms removed from the premises when closed for business? | Yes | No |



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NATURE OF THE VENUE

46. How many years have you been trading at this premises? Years
47. How many years experience do you have elsewhere? Years
48. What are the opening hours?
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
49. Who is the main target audience?
50. Does the Bar have a theme? Yes No
- If "Yes" provide details of what it is below
51. Please indicate if any of the following activities are undertaken and how often:
- | | | | | |
|-------------------------------|-----|----|------------------|-----------|
| a. Live bands | Yes | No | Frequency: | |
| b. Rodeo bulls or similar | Yes | No | Frequency: | |
| c. Foam parties | Yes | No | Frequency: | |
| d. Floor shows/cabaret | Yes | No | Frequency: | |
| e. Pyrotechnics | Yes | No | Frequency: | |
| f. Nitrogen based drinks | Yes | No | Frequency: | |
| g. Bouncy castles/inflatables | Yes | No | Frequency: | |
| h. A play ground for children | Yes | No | Is it monitored? | Yes No |
52. Do you have a designated dance floor(s)? Yes No
53. Are drinks allowed on the dance floor? Yes No
- If "Yes" what controls are in place?
54. Do you employ staff specifically to collect empty glasses and bottles? Yes No
55. Do you use only plastic/polycarbonate glasses & bottles? Yes No
56. Does the venue have pole dancers? Yes No
- If "Yes" confirm the number of poles



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MANAGEMENT OF THE VENUE

57. How many years experience does the manager have in running a club? Years
58. Have any incidents occurred during the last three years resulting in a police visit or warning? Yes No
If "Yes" provide details below?
59. Provide details below of the methods used to prevent drug use/dealing, under age drinking, the carrying of weapons and the procedures in place to deal with violent altercations
60. Who is the licensee?
61. How long has the licensee held a licence to serve alcohol? Years
62. Has the licence been transferred during the current period of insurance? Yes No
63. To your knowledge, has there been any formal objection to the licence during the last five years? Yes No
If "Yes" provide details below
64. Have either the present owner(s) or manager(s) been refused a licence at any time? Yes No
If "Yes" provide details below
65. Are there any circumstances known to the proposer which might prejudice the continued holding of the premises licence? Yes No
If "Yes" provide details below

LIABILITY INSURANCE

66. Do you require cover for Employers' Liability? Yes No
If "Yes" provide the estimated annual wages for each of the following:
- | | | |
|--|---|---------|
| a. Clerical & managerial | £ | |
| b. Bar staff & all other | £ | |
| c. Employed SIA licensed door supervisors | £ | |
| d. Employed and self-employed dancers (including numbers of) | £ | Numbers |



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67. Confirm the Public & Products Liability limit of indemnity you would like quoted

£1 million £2 million £5 million £10 million

68. What is your estimated annual turnover? £

69. Are SIA licensed & registered **Agency** door supervisors used? Yes No

If "Yes" please complete the following:

a. How many are used?

b. What is the annual cost? £

c. Have you seen a copy of their license and insurance documents? Yes No

d. What limit of indemnity do they have? £

PROPERTY DAMAGE AND BUSINESS INTERRUPTION INSURANCE

IT IS IMPORTANT THAT YOU SHOULD ENSURE THAT THE VALUES GIVEN BELOW ARE ADEQUATE AS UNDER INSURANCE MAY REDUCE THE AMOUNT OF RECOVERY IN THE EVENT OF A CLAIM.

| Cover | Sum insured | |
|---|-------------|-----------------------------|
| 70. Property Damage | | |
| a. Buildings | £ | |
| b. Machinery, plant & contents including tenants improvements | £ | |
| c. Gaming, electrical equipment & computers | £ | |
| d. Stock of wines, spirits, tobacco & cigarettes | £ | |
| e. Food, beer & any other stock | £ | |
| f. Miscellaneous items (as detailed below) | | |
| i. | £ | |
| ii. | £ | |
| iii. | £ | |
| g. Loss of rent payable | £ | |
| Indemnity period | | months |
| 71. Business Interruption | | |
| a. Estimated gross profit | £ | |
| Requested indemnity period | | months |
| b. Estimated gross revenue | £ | |
| Requested indemnity period | | months |
| c. Increased cost of working only | £ | |
| d. Additional Increased cost of working | £ | |
| e. Loss of rent receivable | £ | |
| Requested indemnity period | | months |
| 72. Is terrorism cover required? | | Yes No |
| 73. Loss of premises licence | £ 100,000 | (default limit) |
| 74. Deterioration of stock | £ 2,500 | (default limit) |
| 75. Plate glass & signs | £ 50,000 | (default limit) |
| 76. Specified items | £ | |
| 77. Goods in transit | | |
| a. Any one consignment | £ 10,000 | (default limit) |
| b. What are your estimated annual carryings? | £ | |
| 78. Book debts | £ 10,000 | (default limit) |



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79. Money

- | | | |
|---|-----------|-----------------|
| a. What are your estimated annual carryings by a security company? Security company used | £ | |
| b. What are the estimated annual carryings by any principal or authorised employee of the insured? | £ | |
| c. How much money is kept within the premises during business hours? | £ | |
| d. Cash limit in transit to or from the bank or post office and/or in bank night safes | £ 5,000 | (default limit) |
| e. Money kept in the premises when closed for business and not in a locked safe | £ 1,000 | (default limit) |
| f. Money kept in the private residence of the Insured | £ 500 | (default limit) |
| g. Money kept in machines and ATMs | £ 1,000 | (default limit) |
| h. Money kept in a locked safe within the premises outside of business hours Provide details of the make and model of the safe | £ 5,000 | (default limit) |
| i. Non-negotiable securities (crossed cheques etc.) | £ 250,000 | (default limit) |

Where a sum insured has “(default limit)” next to it, the policy provides a standard limit in respect of that item, i.e. items 73. 74. 75. 77.a. 78. 79.d. 79.e. 79.f. 79.g. 79.h. 79.i.

If you have any exceptional requirements in respect of these limits please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.

SUBSIDENCE QUESTIONNAIRE

Only complete this section if the buildings are insured under this policy and subsidence cover is required.

80. Is the venue (including outbuildings):

- | | | |
|--|-----|----|
| a. Free from signs of damage, which may be attributable to subsidence ground heave or landslip? If “No” state the width of the internal/external cracks below | Yes | No |
| b. Being monitored for subsidence, landslip or heave or has it ever been monitored for subsidence, landslip or heave or been the subject of subsidence, landslip or heave? | Yes | No |

81. Has the venue (including outbuildings):

- | | | |
|---|-----|----|
| a. Ever been the subject of a survey, which mentioned settlement, or movement of buildings? | Yes | No |
| b. Ever been flooded, as a result of broken or damaged underground drains, or are you aware of any extensive underground drainage problems during the last 5 years? If “Yes” provide details below | Yes | No |

- | | | |
|--|-----|----|
| c. Are there any trees or shrubs within 20 feet of any building (whether inside or outside the grounds of the premises), which are more than 10 feet tall? | Yes | No |
| d. Has the structure of your premises been extended within the last 25 years? | Yes | No |
| e. Has any neighbouring property, after enquiry been the subject of an occurrence or subsidence, landslip or heave? | Yes | No |



PROPOSAL FORM

LEGISLATION

82. Are there procedures in place in relation to:
- | | | |
|-------------------------------|-----|----|
| a. Handling broken glassware? | Yes | No |
| b. Cleaning of spillages? | Yes | No |
- If "Yes" to either of the above please provide below details of how often and whether they are documented?
- | | | |
|---|-----|----|
| c. Slips trips and falls? | Yes | No |
| d. Provision of first-aid? | Yes | No |
| e. Manual handling? | Yes | No |
| f. Working at height/maintenance contractors? | Yes | No |
| g. Monitoring of the smoking area? | Yes | No |
83. Please confirm which of the following you comply with:
- | | | |
|---|-----|----|
| a. Management of Health and Safety at Work Regulations 1999 | Yes | No |
| b. Workplace (Health, Safety and Welfare) Regulations 1992 | Yes | No |
| c. Personal Protective Equipment at Work Regulations 1992 | Yes | No |
| d. Manual Handling Operations 1992 | Yes | No |
| e. Health and Safety (First Aid) Regulations 1981 | Yes | No |
| f. Regulatory Reform Order 2005 | Yes | No |

THE CONTROL OF NOISE AT WORK REGULATIONS 2005

84. When did you last undertake a noise assessment of your premises?
85. What was the maximum noise level exposure? dB
86. Is there a designated quiet area for staff (i.e. not exceeding 80db)? Yes No
87. Do you have a peak sound regulator? Yes No
88. Do you supply ear plugs to members of your staff? Yes No

MATERIAL FACTS

89. Are there any other facts not covered by this proposal form which you consider may be material to this proposal for insurance? Yes No
If "Yes" provide details below



PROPOSAL FORM

GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

CLAIMS HISTORY

In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years? Yes No

If the answer is "Yes" please provide full details on the 'Additional Information' sheet at the end of the proposal form.

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

