

INNOVATIVE INSURANCE SOLUTIONS

PROPOSAL FORM

CARAVAN AMENITIES



This is a guide to the insurance available in the Caravan Amenities Cover. The descriptions below are brief and not intended to convey the full terms and conditions. A full policy wording is available on request.

Synopsis of Cover:

Section 1 (Buildings)

Section 2 (Contents)

These Sections officer "All Risks" Insurance for physical loss or damage and extend to include employees property, underground services and contents temporarily removed. The Assured bears the first £500* of each and every loss except in respect of Fire, Explosion, Lightning and Earthquake. (*or as agreed)

Section 3 (Rent) – offers the same cover and terms as Section 1 and 2 above.

either for – (A) Rent payable, or

- (B) Rent receivable

Section 4 (Loss of Revenue) – offers "All Risks" following material damage as under Section 1 and 2 and has extensions including loss due to or caused by vermin, contagious and/or infectious illness, food or drink poisoning, pollution, failure of public supplies and denial of access.

Section 5 – **(Book Debts)** – provides payment for losses in respect of records of account receivable kept at the premises being lost, destroyed or damaged by "All Risks"

Section 6 - (Loss of Licence) - provides indemnity, in the event of loss of licence to sell excisable liquor by retail at the insured premises, based on reduction in Turnover.

Section 7 –

- (a) Personal Accident allows individuals to be named and benefits selected accordingly.
- (b) Assault provides a Capital Sum of £10,000 and commensurate scale of benefits for criminal Unprovoked Assault to the Assured or their staff in the course of their duties.

Section 8 – (Cash) – covers all likely eventualities of loss of business cash, including dishonesty by staff. Credit Card Vouchers and the like are included.

Section 9 – (**Goods-in-Transit**) – provides "All Risks" cover for goods whilst being transported in any vehicle of the Assured in connection with the business.

Section 10 – (Deterioration of Stock) – provides replacement of stock lost as a result of breakdown of freezers, refrigerators and cold rooms.

Section 11 – (**Personal Property**) – provides individuals with All Risks insurance in respect of jewellery, furs, gold, silver, personal effects and similar property as itemised in a schedule by the individuals anywhere in the United Kingdom and Europe, or on a World Wide basis.

Section 12 – (Employers' Liability) – provides full insurance as required by the 1969 Employers' Liability Compulsory Insurance Act.

Section 13 – (Public Liability) – provides Legal Liability indemnity to Third Parties up to a limit selected in respect of death, injury, food or drink poisoning or loss or damage to property.

Section 14 – (Personal Liability) – provides an indemnity to an individual and his family residing within his household for personal liability and not the business liability

Section 15 – (**Engineering**) – provides insurance of and an inspection service for all types of plant and machinery, including boilers, lifts, electrical plant and computers.

Please answer all the questions for each of the relevant sections as fully as possible. Incorrect answers pr failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt, please disclose them or seek assistance from our insurance representative. Full name of Proposer(s) including all trading names, group companies and subsidiaries that are to be covered by the policy Full Address of Premises to be Insured Postcode Tel No: Fax No: **Email Address:** Please list names and dates of birth of all Directors/Partners If you require Employers' Liability cover, please supply your Employer PAYE Reference(s). (This information is required for us to provide Employers Liability cover. Where you have more than one PAYE Reference, please advise each one making it clear which company they apply to) If you do not have a PAYE Reference, please confirm that you are exempt and give the reason

Section 1 Buildings — Required (Including All Outbuildings and Swimming Pools) Total Reinstatement Value Section 2 Contents — Required Leaseholders interior decorations £ Liquor £ Cigarettes £ Beer and Other Consumables £ Total Reinstatement value (Exclude Personal Property if included under Section 11) Section 3 Rent (A) Rent payable 12 months indemnity period - required £ (B) Rent receivable 12 months indemnity period - required £ Section 4 Revenue — Including Auditors Fees — Required Indemnity period - 12 months	NO NO NO
Leaseholders interior decorations £ Liquor £ Cigarettes £ Total Reinstatement value (Exclude Personal Property if included under Section 11) Section 3 Rent (A) Rent payable 12 months indemnity period - required £ (B) Rent receivable 12 months indemnity period - required £ £ Section 4 Revenue – Including Auditors Fees – Required	
Beer and Other Consumables £ Total Reinstatement value (Exclude Personal Property if included under Section 11) Section 3 Rent (A) Rent payable 12 months indemnity period - required £ (B) Rent receivable 12 months indemnity period - required £ Section 4 Revenue – Including Auditors Fees – Required	NO
Total Reinstatement value (Exclude Personal Property if included under Section 11) Section 3 Rent (A) Rent payable 12 months indemnity period - required (B) Rent receivable 12 months indemnity period - required (B) Rent receivable 12 months indemnity period - required (B) Section 4 Revenue – Including Auditors Fees – Required	NO
(A) Rent payable 12 months indemnity period - required £ (B) Rent receivable 12 months indemnity period - required YES £ Section 4 Revenue – Including Auditors Fees – Required	NO
(B) Rent receivable 12 months indemnity period - required (B) Rent receivable 12 months indemnity period - required (B) Section 4 Revenue – Including Auditors Fees – Required	NO
(B) Rent receivable 12 months indemnity period - required £ Section 4 Revenue – Including Auditors Fees – Required	
YES	NO
	NO
£	
Section 5 Book Debts – Required £	NO
Section 6 Loss of Licence – Required	NO
Sum Insured representing reduction in Turnover from liquor sales £	
due to loss of licence	
Name of Licensee(s)	
If there are any circumstances which might prejudice renewal of the License please indicate	

Section 7 Personal Accident Sub-section (A)

Is this Sub-Section required?	YES NO
If "yes", please supply a list of all persons to be insured, their occupations, ages and Underwriters considered.	any physical defects for
Capital Sum required	£
Assault Sub-Section (B)	
Is this Sub-Section required?	YES NO
If "yes", please insert Capital Sum required if different from the The standard benefits of £10,000	£
State number of Employees	
Sections 8 Cash – required	YES NO
(A) Maximum Value in Transit – any one time	(A) £
(B) Maximum Value on Premises – any one time	(B) £
(C) Maximum Value in Safe(S) – any one time	(C) £
Full details of safe(s) used (i.e make, model and whether secured on the floor and the	nere situated)
Are references obtained for all employees handling cash?	YES NO
Section 9 Goods in Transit - required	YES NO
Total sum Insured required	£
Section 10 Deterioration of Stock – required	YES NO
Sum Insured required – any one occurrence	£
Do you have an annual Maintenance Contract for plant in excess of 10 years old	YES NO

Sect	ion 11 Personal Property A	ection 11 Personal Property All Risks – required						
Name	e(s) of person(s) owning the items	to be insured						
Pleas	e tick in Box whether (A) or (B) re	equired						
(/	A) United Kingdom/Continent	of Europe			(A) \Box			
(F	3) World Wide				(B)			
Note:	you must supply a full schedule le	isting all item	ns to be insured.	Total of Sch	edule £			
Sect	ion 12 Employers Liability	– required			YES	NO		
Estim	nated total Annual Wages for curre	ent year			£			
Sect	ion 13 Public Liability – requ	iired			YES	NO		
If Ye	s – please provide turnover and tic	k appropriate	box required					
(A)	£1,000,000				(A)			
(B)	£2,000,000				(B)			
(C)	£5,000,000				(C)			
Estim	nated total Turnover for current year	ar			£			
Sect	ion 14 Personal Liability – r	equired			YES	NO		
The I	ndemnity provided is - £500,000							
Pleas	e insert the name(s) of the person(s) requiring t	his insurance.					
Note:	The wording automatically include	des the wife a	and family residing v	vithin the name	ed person(s) l	nousehold		
Sect	ion 15 Engineering – required							
Pleas	e tick the appropriate box as appli-	cable			YES	NO		
(A)	Boilers				(A)			
(B)	Lifts				(B)			
(C)	Electrical Plant				(C)			
(D)	Computer Equipment				(D)			
	ler to quote, a full list of plant musionnaire and/or to arrange a survey		and it may be neces	ssary to compl	ete a compute	er		
(i)	Person to Contact	(ii)	Telephone Number	er				

(Reference to the word "premises" in this proposal form shall include reference to all buildings, including outbuildings, swimming pools and all permanent and/or temporary structures and the surrounds in which they are located).

1(A) (i) Are all parts of the premises built of brick, stone or concrete and roofed

1(A)	(i)	Are all parts of the premises built of brick, stone or concrete and roofed with slate, tile or metal or concrete or asphalt or sheets or slabs composed entirely of incombustible materials? YES NO	
	(ii)	If not, give full description of such parts, their location and of all materials used	
1 (B)	(i)	If any buildings are more than one storey, state number of storeys and whether there is any attic.	
		Number of Storeys Attic Yes No	
	(ii)	Is there a basement in any part of the premises? If so, please give details.	
	(iii)	Are floors of timber construction? Yes No	
		If yes, number of timber floors	

 $1 \ (C) \quad (i) \quad \text{What is the approximate date of erection of each building and/or any extension and/or addition to to any building?}$

DATE	BUILDING	EXTENSION

(ii)	Are they all in a good st	ate of repair?	Yes	No

1 (D) (i) What is the age of the electrical installation at the premises?

(ii) Indicate the date of the last inspection by a qualified electrical engineer

1 (E)	(i)	Are your premises subject to the 1971 Fire Precautions Act?		Yes		No
		Has a certificate been issued?		Yes		No
	(ii)	(a) Have the premises been inspected by the local Fire Prevention Officer?		Yes		No
		(b) Do Fire Extinguishing appliances exist and are they maintained under contract?		Yes		No
		(c) Are fire blankets installed in the kitchens?		Yes		No
1 (F)	(i)	What methods of cooking and heating are used at the premises?				
	(ii)	(a) Are all deep fat fryers, cooker hoods, flues, vent pipes, and are they regularly checked?		Yes		No
		(b) If so, is this by your own staff or by independent Contractors under contract?	Staff		Cor	ntract
		(c) If by neither, provide details of arrangement				
1 (G)	(i)	Are the premises or any part of them particularly in a position exposed to storms or strong winds?		Yes		No
	(ii)	Are the premises situated on a hill or cliff?		Yes		No
	(iii)	Is there any history of flooding or such like in the area?		Yes		No
2 (A)	Plea	se provide full details of all the purposes for which the premises or	any part o	f them a	ire use	ed.
(B)		the premises open without any restriction to the public? o, please provide full details		Yes		No
_					_	

(C)	Is food or drink provided in any part of the premises?	Yes	No
	If yes, please provide full details (including but not limited to the number of people	who may l	ne catered
	for at any one time in any restaurant, bar, lounge or similar area).		
(D)	Do you operate a cloakroom on any part of the premises?	Yes	No
	If Yes where is this situated and is it fully manned?	Yes	No
	Location		
	Is any disclaimer notice clearly displayed?	Yes	No
3 (A) examp	Certain activities are commonly regarded by Underwriters as representing a high risples, by no means exhaustive is provided below:-	k. A list of	f
	Discotheques, nightclubs, amusement arcades, fairgrounds, funfairs, piers, circuses, gymnasia, hairdressing salons, therapeutic centers, solaria etc.	health clu	bs,
	Even if you have already provided information about such activities in your answer questions, please consider carefully and answer in a full manner.	s to the abo	ove
	If there are any of these activities or any similar activities conducted on any part of time please provide full details of each activity including:-	the premis	es at any
	(i) its nature and frequency and, the part of the premises on which it is conducted		
	(ii) whether it is operated by you or by a third party under contract, franchise or of specifying which	ther arrang	ement,

	(iii)	the percentage of revenue derived from each activity disclosed in 3(A) (i))	
3 (B)	(i) (ii)	Further, are there any other activities not already specifically described w you other than on the premises which would be relevant to Underwriters (For example, shooting, horse riding, outside catering etc. – this list is by is suggested as a possible guide. If yes, please provide full details	assessment of t	his risk.
4.	Is ac	ecommodation available at the premises?	Yes	No
	If Y	es,	W	NI-
	(A)	Is the overnight accommodation available generally to the public?	Yes	No
	(B)	Do the premises in any way cater for homeless families or persons under the care of or referred by any local or other government authority?	Yes	No
	(C)	Do the premises specifically cater for persons suffering any mental and/or physical disability whether by way pf a private hospital, clinic, halfway house/rehabilitation centre or otherwise?	Yes	No
	(D)	What facilities are available in the rooms providing overnight accommodation (including but not limited to self-catering facilities etc)?	Yes	No
5.		the premises be left unoccupied at any time during the day or t or for any period during the year?	Yes	No
	If ye	es, give details		
			Yes	No
6.	(A)	Is there an intruder alarm?	168	INU
	(B)	When Installed?		

	(C)	Name of Installer			
	(D)	Is it maintained under contract by a member of the National Security Council for Intruder Alarms?	ne	Yes	No
	(E)	Name of maintenance contractor			
	(F)	Is the Alarm:-			
		(i) Bells Only		Yes	No
		(ii) Connected by a 999 Auto Dialer?		Yes	No
		(iii) Connected to a Central Station by:			
		(a) Digital Communicator		Yes	No
		(b) BT REDCARE		Yes	No
		(c) Alarms by Carrier (ABC)		Yes	No
		(d) B.T. Private Wire		Yes	No
		(iv) Are there any other facts relevant to the requestension which should be declared to Und		Yes	No
7.	or p	e any of your insurances (or those of any of the dir rincipals of the proposer) ever been declined, spec cies cancelled or renewals refused?	<u>-</u>	Yes	No
8.	the l volu	e you or any director, partner or principal of the prast 5 years been the subject of a bankruptcy order entary arrangement with creditors or been a directoch has become insolvent during that time?	or an individual	Yes	No
9.		e you or any director, partner or principal of the prast 5 years been charged with or convicted of any		Yes	No

	If Yes, pro	vide full details					
10.	Have you e	ever had any cla	ims/losses in the last t	five years?			
	If YES, ple	ease provide the	following details.			Yes	No
	Date		Type of 1	Incident		C	osts
WAR	NING Pleas	e read carefully	. This warning is relat	ed to this proposal	form as a whole	and in part	ticular to
questi	on 11 below	. This wording	should be read careful	ly before the propos	sal form is signe	d.	
A.	All questio	ons in the above	proposal form should	be answered to the	best of your kno	owledge an	d belief.
a.	material fa	ct is one which ers. If you are in	erial facts. Failure to d is likely to influence t any doubt as to what	he acceptance or as	sessment of this	proposal fe	orm by
b.	•	unable to answe ease state so in	r any question because your answer.	e it required expert	knowledge whic	h you are ι	inable to
c.		that where a sur a proportional pa	n insured is less than a	the full amount at ri	isk, Underwriters	s' liability	will be
11.		any circumstance	es not otherwise disclo	osed in answers to c	questions in this	proposal fo	orm which
	_		nder this proposed ins			Yes	No
			e statements are true a g the risk has been co			· ·	
	_	-	the property to be ins				
	-		e/us and the Underwri	_			
D	ATE		SIGNATURE OF	PROPOSER			

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