



**NEW INDIA
ASSURANCE**



Please complete this proposal and return it to
your insurance adviser or to:

The New India Assurance Company Limited,
3rd Floor,
Crown House
Crown Street,
Ipswich,
Suffolk IP1 3HS

Proposal

**HOTELS, GUEST &
PUBLIC HOUSES**

Hotels, Guest Houses and Public Houses Proposal

Important Notice and Personal Details: On this proposal which will form the basis of the Contract you must disclose all material facts i.e. those which an insurer would regard as likely to influence the acceptance or assessment of the risk. If you are in any doubt as to whether the facts are material, you should for your own protection, disclose them as a failure to do so could invalidate the insurance. You should keep a record of all information (including copies of letters) supplied to the insurer for the purpose of entering into this Contract. A copy of your Proposal will be supplied to you on request within three months of its completion.

1. Full name of Proposer

Trading name of Proposer

ERN (HMRC Employer Reference Number)

Do you have any subsidiary companies? YES NO

If 'YES', please provide a list including any ERN not stated above:

2. Postal Address

3. Please indicate with a tick, if your Premises are:

- | | | | |
|--|--------------------------|--|--------------------------|
| (a) Occupied Public House | <input type="checkbox"/> | (b) Lock-up Public House | <input type="checkbox"/> |
| (c) Guest or Boarding House | <input type="checkbox"/> | (d) Hotel offering facilities to non-residents | <input type="checkbox"/> |
| (e) Hotel offering facilities for the exclusive use of residents | <input type="checkbox"/> | (f) Hostel | <input type="checkbox"/> |
| (g) other | <input type="checkbox"/> | If 'Other', please give details: | |

4. Year in which established

5. Premises to which this proposal relates (if other than above)

6. (a) Are you the sole occupant(s) of the building in which your Premises are situated? YES NO

(b) Are your Premises entirely self-contained with their own means of access? YES NO

If 'NO' to (a) or (b) above, please give details:

7. Do your Premises offer accommodation? YES NO

If 'YES', please answer questions (a), (b), (c) and (d) below:

(a) (i) Number of letting bedrooms

(ii) Maximum number of guests

(b) Are the Premises a hotel within the meaning of the Hotel Proprietors Act 1956 or similar legislation? YES NO

If 'YES', is a copy of the Statutory Notice prominently displayed at all times? YES NO

(c) Do you provide accommodation for any of the following?

(i) Long Term Residential YES NO

(ii) Long-stay Students YES NO

(iii) Residents for whom payment is made by the D.S.S. or Local Authority YES NO

(iv) Asylum Seekers YES NO

If 'YES' to (i), (ii), (iii) or (iv) above, please estimate the maximum percentage of such guests at any time

(i) Long Term Residential

(ii) Long-stay Students

(iii) Residents for whom payment is made by the D.S.S. or Local Authority

(iv) Asylum Seekers

(d) Are all the locks of guests' bedrooms maintained in working order and provided with keys? YES NO

8. Do you accept items for safe keeping from guests or customers? YES NO

If 'YES', are all jewellery, articles of gold, silver or other precious metal, watches, cameras, binoculars, money and securities deposited by guests or customers kept in a locked safe? YES NO

9. Is your business seasonally operated - i.e. closed for at least 30 consecutive days in the year? YES NO

If 'YES', are the Premises occupied as a permanent residence all the year? YES NO

If 'NO', please give details of unoccupied period:

10. Do you provide a restaurant service (other than bar snacks)? YES NO

If 'YES', please give number of covers

ASSESSING YOUR SUMS INSURED

Contents – (Section 1 Only)

Claims for Contents (other than stock, stock in trust, employees' effects and pedal cycles) damaged beyond repair will be settled on the basis of reinstatement as new with no deduction for wear and tear. Be sure to select Sums Insured which represent the full cost of replacement at today's prices, including VAT as appropriate.

Average

If the Sums Insured by Sections 1, 3, 7, 8 and 10 do not represent the full cost of replacement of property, any claims settlement will be proportionately reduced.

Section 1 – Contents

- Please state your Sums Insured for each of the following:
 - (a) (i) Cigarettes and tobacco
 - (ii) Wines and spirits
 - (b) Other stock and goods in trust (including frozen food)
 - (c) Building owner's fixtures and fittings and interior decorations for which you are responsible
 - (d) Your improvements to the building and interior decorations
 - (e) All Other Trade Contents (including employees' personal effects)
 - (f) Guests effects
 - Total Sum Insured – Section 1
- Is Accidental Damage cover required on all your contents?
- Is Accidental Damage cover required on any items of Business Equipment included in 1 (e) above?

If 'YES', please specify items

Description	Sum Insured

- Is Theft cover required for contents in outbuildings?

If 'YES', please indicate nature of contents:

Nature	Sum Insured

- Do you wish to vary the months or amounts of the Seasonal Increase?

If 'YES', please delete the standard terms shown below and enter your requirements:

(a) <input type="text" value="Nov/Dec"/> <input type="text" value="50%"/>	(b) <input type="text" value="Jan"/> <input type="text" value="20%"/>	(c) <input type="text" value="14 days prior to Bank Holidays*"/> <input type="text" value="20%"/>
---	---	---

* Other than Bank Holidays occurring in the months of January and December

Section 2 – Glass – Cover is automatically provided.

Section 3 – Loss of Income – Cover is automatically provided, for up to £600,000

If you require a higher limit please specify the amount required

- Do you wish to extend your cover to include accidental failure of supply by public utilities?

If 'YES', please indicate for which supply authorities cover is required:

Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Water	<input type="checkbox"/>

Section 4 – Money

- Do you wish to vary the standard limits in respect of either of the undermentioned limits?

If 'YES', please state your requirements:

- Loss of money from locked safe(s) outside business hours

If you require more than £3,000, please give details of your safe(s):

Make	Model

- Loss of money in transit, on the Premises during business hours or in a bank night safe

Note: The limit requested in 1 (b) must not be less than the amount required under 1 (a).

Section 5 – Assault – Cover is automatically provided.

Section 6 – Liability to Others

- Do you, or any partner, director or employee carry out work away from the Premises?

If 'YES',

- please give details:

- Estimate the number of occasions each year and turnover

- Do you employ staff?

If 'YES', please advise the schedule of earnings

	Numbers	Estimated earnings
(a) Managerial employees who do not engage in manual labour and clerical staff	<input type="text"/>	<input type="text"/>
(b) Door staff:		
(i) Own employees	<input type="text"/>	<input type="text"/>
(ii) Agency vetted and approved	<input type="text"/>	<input type="text"/>
(c) All other employees (including working directors and persons engaged in Government work experience schemes) at the premises	<input type="text"/>	<input type="text"/>
(d) All other employees working away from the premises	<input type="text"/>	<input type="text"/>

- Please provide an estimate of annual turnover

- Do you provide, or intend to provide entertainment?

If 'YES', please complete the following:

- type of entertainment provided? (e.g. discotheque, dancing, cabaret, etc)

- number of events per week?

- maximum attendance permitted?

- what hours do you intend to keep for the entertainment?

- is a separate charge made/to be made for the entertainment?

(vi) where does the entertainment take place?

5. Do you provide or intend to provide the following?

- | | | |
|---------------------------------|-----|----|
| (i) Children's play area/creche | YES | NO |
| (ii) Gymnasium/fitness centre | YES | NO |
| (iii) Swimming pool/sauna | YES | NO |
| (iv) Beauty treatment | YES | NO |
| (v) other leisure facilities | YES | NO |

6. Do you have a designated dance floor within the premises?

YES	NO
-----	----

If 'YES', please answer the following:-

- | | |
|--|----------------------|
| (i) Please give size of the dance floor | <input type="text"/> |
| (ii) Do you allow drinks on the dance floor? | YES NO |

7. Please provide premises opening hours

Section 7 – Buildings – Optional section if required.

1. Do you require cover for Buildings? YES NO

If 'YES', please complete the following:

(a) State Sum Insured being the estimated cost of rebuilding together with an allowance for removal of debris, architects' and surveyors' fees and the extra cost of complying with building regulations following loss destruction or damage (usually 10% for each) £

(b) Do you require Accidental Damage cover on your Buildings? YES NO

(c) Do you require subsidence cover on your buildings? YES NO

If 'YES', please complete the following:

- | | | |
|--|-----|----|
| (i) Has the property or any adjacent property suffered damage from subsidence? | YES | NO |
| (ii) Are there any visible signs of cracking? | YES | NO |
| (iii) Is the property erected on made up ground? | YES | NO |

Section 8 – Frozen Food – Optional section if required.

1. Do you require cover for Frozen Food? YES NO

If 'YES', please complete the following:

(a) Number of Cabinets (b) State Total Sum Insured required £

2. Is any of the Frozen Food contained in open topped units? YES NO

If 'YES', please state the Total Sum Insured required (if greater than £5,000 a separate proposal form may be required) £

Section 9 – Loss of Licence – Optional Section if required.

1. Do you require cover for Loss of Licence? YES NO

If 'YES', please complete the following:

(a) Estimated Amount of Loss (if greater than £100,000 a separate proposal form may be required) £

(b) Within the last 5 years, has there been any opposition to the grant, renewal or transfer of the licence or any circumstances or incidents prejudicial to it or likely to prevent its renewal? YES NO

If 'YES', please give details:

2. Is there an extension to your licence permitting the supply of liquor outside the standard hours for the district?

If 'YES' please complete the following: YES NO

(a) Number of days per week when the licence is extended

(b) The length of the extension

Section 10 – Goods in Transit – Optional Section if required.

1. Do you require cover for Goods in Transit? YES NO

If 'YES', please complete the following:

(a) Sum Insured per Vehicle £ (b) Number of Vehicles

(c) Is cover required for goods in vehicles unattended at night? YES NO

If 'YES', please give details of overnight security of vehicles:

(d) Are your vehicles fitted with:

(i) immobilising devices YES NO

(ii) any locks additional to those provided by the manufacturers? YES NO

(iii) an alarm system YES NO

If the answer to 1d(i), (ii) or (iii) is YES, please give details:

Section 11 – Theft by Employees – Optional Section if required.

1. Do you require cover for Theft by Employees? YES NO

If 'YES', are satisfactory written references always obtained direct from former employers covering an unbroken period of two years immediately preceding the engagement of employees having responsibility for money, stock or accounts? YES NO

Limit of Indemnity is £10,000. Higher amounts are available but may necessitate a separate proposal.

Section 12 – Legal Expenses – Optional Section if required.

1. Do you require cover for Legal Expenses? YES NO

Please answer these questions in respect of yourself, your partners, your directors and any member of your family directly connected with the business.

(a) Has any dispute or litigation of the type to be insured occurred during the past three years? YES NO

If 'YES', please give details

(b) Have any statutory licences necessary to engage in your business been issued by a Governmental or Local Authority? (Legal Expenses licence disputes cover operates only in respect of the licences specified or advised to New India before a dispute begins). YES NO

If 'YES', please give details

General

TO BE COMPLETED BY ALL PROPOSERS

1. Are you currently insured or have previously held insurance against any of the risks proposed? YES NO

If 'YES', please state name of Insurer

2. From which date do you wish this insurance to commence?

N.B. Cover is not operative until confirmed by New India.

3. Are any parts of the building at present unoccupied? YES NO

If 'YES', please give details:

4. Are the Premises and outbuildings:
(a) constructed of brick, stone or concrete and roofed with slates, tiles, metal or concrete and in good repair? YES NO

(b) occupied solely by you for the purposes of the business described on the front page? YES NO

If the answer to (a) or (b) is 'NO', please give details:

(c) in a position or area likely to be subject to flooding or where flooding has occurred? YES NO

5. Are all your existing doors of sound construction and fitted with good quality deadlocks which comply with BS3621 (look for the British Standard Kitemark)? YES NO

6. Are all ground floor opening windows fitted with key operated window locks in addition to the standard fastening? YES NO

NOTES

Some or all of the information which you supply to New India in connection with this insurance will be held by the Insurer on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of insurance.

The insurance does not come into force until your proposal has been accepted by New India.

DECLARATION

I/We declare that to the best of my/our knowledge and belief all the statements and particulars made with regard to this proposal are true and I/we apply for a contract of insurance with New India to be expressed in the usual terms of the Insurer's policy.

I/We have not withheld any material facts I/We understand that non-disclosure or misrepresentation of a material fact will entitle the Insurer to avoid any insurance granted (A material fact is one likely to influence acceptance or assessment of this proposal by the Insurer If you are in any doubt as to what constitutes a material fact you should consult New India Assurance Company Ltd)

I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Date	Signature(s) of Proposer(s)
Print Full Name	
Position in company	

If the answer to either 5 or 6 is 'NO', please give details:

7. (a) Do you have any form of intruder alarm fitted and in working order? YES NO

(b) If an alarm is fitted, is a maintenance contract in force with a member of the National Security Inspectorate? YES NO

- (c) Please state the signalling system of the alarm
- | | |
|--|---|
| <input type="checkbox"/> Local Audible Alarm only | <input type="checkbox"/> Red ABC |
| <input type="checkbox"/> Digital Communicator | <input type="checkbox"/> BT Redcare |
| <input type="checkbox"/> PAKNET | <input type="checkbox"/> Direct Line to Central Station |
| <input type="checkbox"/> Other please give details | |

8. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended? YES NO

9. In the last five years have you or any director or partner (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for? YES NO

10. Has any insurer declined or required special terms to insure you or any director or partner (in this or any other name under which you may have been trading) cancelled or refused to renew any insurance of a type you are now applying for? YES NO

11. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, administration or receivership, or been convicted of or received a police caution for or been charged with but not yet tried for arson, criminal deception, fraud, forgery, theft, robbery or handling or any crime of violence associated with these or with any other offence against property? YES NO

If the answer to any of the questions 9-11 is 'YES', please give details:

12. Do you require Terrorism cover? YES NO

13. Would you like details of our Premium Instalment Scheme? YES NO



NEW INDIA ASSURANCE

New India Assurance Company Ltd.
3rd Floor, Crown House
Crown Street, Ipswich
Suffolk IP1 3HS

Please return this form to:

Agent _____