

Registered Name of Business Proposed (Full Names of Individuals)

Trading Name of Business (if different from Registered name)

Disclosure Statement

IMPORTANT NOTICE CONCERNING YOUR DUTY TO MAKE A FAIR PRESENTATION OF THE RISK

Before your insurance policy takes effect you have a duty to make a fair presentation of the risks to be Insured under your insurance policy

A fair presentation of the risk is one:

Which:

- i) Discloses to the insurer every material circumstance which you know of or ought to know of;
 - ii) gives the insurer sufficient information to put the insurer on notice that it will need to make further enquiries for the purpose of revealing those material circumstances
- Which makes that disclosure referred to above in a manner which is reasonable clear and accessible to the insurer; and
 - In which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

A material circumstance is one that would influence the insurers decision as to whether or not to agree to insure the Policyholder and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to us.

Part 2: About the Premises

Location Number: _____
 Address: _____
 Postcode: _____

2.1 Full details of all Business activities undertaken at the Premises

2.2 Are the Premises subject to Hotel Proprietors Act 1956? Yes No
 (or equivalent regional act)

2.3 Is the Business open all year round? If not, please provide details Yes No

2.4 Date Premises built (year) _____

2.5 Premises owned since (year) _____

2.6 Number of letting rooms _____

2.7 Annual Revenue from this location _____

2.8 Please detail all leisure activities / facilities (e.g. health and beauty, treatment spa, gymnasium, fitness centre, swimming pool, sauna, tennis, golf or other sports, steam room, hot tubs, outdoor leisure and the like) available at this location:

Activity / Facility	Who Provided for	Managed by	Revenue

Part 3: Cover and limits at Premises

3.1 The cover* applicable is:
 "All Risks" of physical loss or damage including theft and glass breakage

3.2 Additionally do you require cover for:

3.2.1 Subsidence Yes No

3.2.2 Terrorism Yes No

*Please refer to your policy document for full details of Cover

3.3 The building(s) total replacement (sum insured) is _____

3.4 The total value of Trade Contents (sum insured) is _____

3.5a The rent payable (where insured) per annum _____

3.5b Indemnity period required _____ months

Note: Trade Contents include machinery, plant, materials in trade, goods in trust and other contents as well as wines and spirits, cigarettes and tobacco, other stock & household contents at the premises, subject to the overall Trade Contents figure requested is adequate to include these. The following internal limits apply unless otherwise agreed:

Item	Standard Limit	Requested Limit
Stock of Tobacco Wines Spirits	£10,000	
Computer Equipment and peripherals	£10,000	
Paintings or other works of Art	£5,000	
Owners or Managers Household Contents at the Locations	£10,000	
Stock Spoilage following freezer breakdown	£2,500	
Guests' and Employees' Personal Effects	£2,500 per person with £100,000 annual aggregate	
Money		
• On the premises during business hours	£3,000	
• In Transit or in a Bank Night Safe	£3,000	
• On the premises outside business hours	£3,000	
• In Gaming / Vending Machines	£500	
• In Transit or in a Bank Night Safe	£3,000	
• In an Unspecified Safe	£1,000	
• Please specify safes make & model if higher limits required		
Loss of Licence	£100,000	
Book Debts	£100,000	

Do you require the following Additional Covers :			Limited Required
All Risks Away from Premises	Yes	No	
Goods In Transit	Yes	No	
Business Interruption	Yes	No	

Item	Indemnity Period	Sum Insured for Indemnity Period selected
Gross Revenue		
Loss of Rent Receivable		

Part 4: Premises risk management and history information

4.0.1	Are the Premises listed and if so, what Grade	Yes	No
4.0.2	Is the Premises a purpose built hotel	Yes	No
4.1	Please provide full details of construction of:		
4.1.1	Wall(s) If any panels or cladding please confirm full details of type, infill and whether non-combustible:		
4.1.2	Roofs(s) Including percentage if any flat or non-standard:		
4.1.3	Floors(s) constructed of:		
4.2	Heating of the Premises		
4.2.1	Please confirm primary method of heating of the Premises		
4.2.2	Do you have Fixed guards on all open radiant & solid fuel fires present	Yes	No
4.2.3	Do you have a biomass boiler and if so:	Yes	No
4.2.3.1	Where is it positioned		
4.2.3.2	What fire protections are in place		
4.2.3.3	Is the fuel stored in a separate area to the boiler with clean fire break	Yes	No
4.3	Number of Stories (including basements)		
4.4	Do you have a basement, and if so	Yes	No
4.4.1	What activities are undertaken down there		
4.4.2	What type & value of contents		
4.4.3	Is any critical equipment raised off of the floor	Yes	No

4.5	Do you have an Operable Sprinkler system installed and if so:	Yes	No		
4.5.1	Extent of coverage of sprinkler system				
4.5.2	Sprinkler Edition				
4.5.3	Is there a Maintenance contract in place	Yes	No		
4.6	Do you have a Fire Suppression system, e.g. ANSUL, in all kitchens	Yes	No		
4.7	Do you have a Fire alarm system in place and if so:	Yes	No		
4.7.1	Does it have Automatic Detection	Yes	No		
4.7.2	Does it cover the whole building	Yes	No		
4.7.3	Is it connected to Central Station?	Yes	No		
4.7.4	What method of Signalling				
4.7.5	Is there a Maintenance contract in place	Yes	No		
4.8	Are Smoke detectors fitted in every bedroom	Yes	No		
4.9	Details of nearest Fire Brigade(s) (Include type and distance)				
4.10	Are Inspections carried out by an NICEIC accredited electrician				
4.10.1	Fixed Wiring (Electrical Installation)	Yes	No	Date Last Inspected:	
4.10.2	Portable Appliances (PAT)	Yes	No	Date Last Inspected:	
4.10.3	Please confirm any issues arising and actions taken	Yes	No	Date Last Inspected:	
4.11	Are staff present and on duty at the premises 24 hours per day	Yes	No		
4.12	Please confirm premises Physical or other Security				
4.13	Do you have an Intruded alarm and if so please confirm:	Yes	No		
4.13.1	Method of signalling				
4.13.2	Maintenance contract in place				
4.13.3	Level of Police Response				

4.14	Subsidence		
4.14.1	Any history of Subsidence claims or any remedial work for subsidence, heave or landslip		
4.14.2	Has the original structure of the premises been altered		
4.14.3	Any known history of Subsidence in the area or exposure of the premises to:		
A	Mines or underground workings	Yes	No
B	Cliffs, embankments, railway cuttings, quarries or other excavations	Yes	No
C	Large trees	Yes	No
4.14.4	Any reason to suspect the adequacy of foundations or retaining walls	Yes	No
4.14.5	Any evidence of any cracks, distortion, misalignments or settlement	Yes	No
4.14.6	Additional information provided in relation to Subsidence Risk		
4.15	Is all Plant & Machinery maintained under contract?	Yes	No
4.16	Do you have minimal levels of flammables with risk assessments regarding Control of substances hazardous to health (COSHH) having been undertaken	Yes	No
4.17	Do you have excellent standards of housekeeping in all areas with waste removed to secure bins at least 10 metres away from the building and no issues with plant rooms used for overflow storage?	Yes	No
4.18	Are your Hot Work Permits controlled with contractors having to submit risk assessments and evidence of appropriate level of insurance in place?	Yes	No
4.19	Do you have a formal Business Continuity a Plan covering all major risks that is regularly reviewed, tested and updated?	Yes	No
4.20	Are regular Health and Safety Audits and inspections undertaken including Fire Audits?	Yes	No
4.21	Do Senior Management demonstrate excellent commitment, deployment and communication of all aspects of risk control and risk assessments?	Yes	No
4.22	Are the services of external health & safety consultants employed?	Yes	No
4.23	Do you have a written policy covering all areas of the business that is regularly reviewed, updated, communicated, understood and signed for by all the staff?	Yes	No

4.24	Do you have any form of sauna, steam room or Turkish bath and if so, please confirm that you:?	Yes	No
4.24.1	physically switch off at the power source to all sources of heat by the duty manager or a nominated senior staff member at the close of each and every period during which The Premises have been open to the public	Yes	No
4.24.2	Inspect internally and externally by the duty manager or a nominated senior staff member and any loose or unfixed combustible materials removed	Yes	No
4.24.2.1	before being switched on	Yes	No
4.24.2.2	at the close of each and every period during which The Premises have been open to the public	Yes	No
4.24.2.3	at two hourly intervals throughout each and every period during which The Premises are open to the public.	Yes	No
4.24.2.4	All inspections verifying these actions are recorded in writing by the duty manager or nominated senior staff member responsible and the written records must be checked weekly by the management for compliance with these requirements	Yes	No
4.24.3	Keep these serviced and maintained in accordance with the manufacturers instructions or as necessary. All service and maintenance records are be retained by the management.	Yes	No
4.25	Do you have any gym/fitness equipment and if so please confirm that:	Yes	No
4.25.1	any person providing training or instruction holds a qualification from a relevant recognised organisation	Yes	No
4.25.2	All equipment is:	Yes	No
4.25.2.1	visually inspected by a competent person within each 24 hour period and withdrawn from use until any defects found are repaired.	Yes	No
4.25.2.2	maintained and serviced in accordance with manufacturers guidelines	Yes	No
4.25.2.3	independently inspected by a qualified engineer on an annual basis or more frequently if required by manufacturers guidelines	Yes	No
4.25.2.4	all inspections verifying actions referred to in 2.10.2.1, 2, 3 and above are recorded and retained for a period of at least three years	Yes	No
4.26	Where cooking equipment is located within your premises, please confirm		
4.26.1	all Deep Frying Equipment is fitted with a thermostat which prevents the temperature of fat or oil exceeding 205 degrees Centigrade (401 degrees Fahrenheit). Where a separate high temperature safety thermostat is fitted, this is set to a temperature of no greater than 230 degrees Centigrade (450 degrees Fahrenheit).	Yes	No
4.26.2	all extract hoods, canopies, canopy exhaust plenums, filters and grease traps are thoroughly cleaned over their entire internal and external areas by the removal of all greasy and oily deposits and other waste materials at least every month	Yes	No
4.26.3	the entire internal area of all flues and extract system ducting, including extraction motors and fans are thoroughly cleaned by a competent person, with the removal of all greasy and oily deposits and other waste materials, at least every 6 months	Yes	No

Conclusion Part: Declaration and Undertaking

I/We declare that every statement and particular contained within this proposal form:

Which is a statement of fact, is substantially correct, and

Which is a matter of expectation or belief, is made in good faith.

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect

I/We undertake to provide details of all such changes to the Insurer in order to comply with my/our

Obligation to provide a fair presentation of the risk to be insured under the insurance policy.

Name

Signed by the insured or their agent

Dated
