

VISITOR & THEMED ATTRACTIONS INSURANCE

Please ensure that all questions are answered fully and correctly in ink. Once completed this proposal form should be returned to your Insurance Intermediary.

GENERAL DETAILS

1. Name of Proposed Insured:

2. Correspondence Address:

Postcode:

3. Web Site Address:

4. Business Description:

5. How long has your business been established?

6. Do you belong to any Trade Associations? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please supply full details:

7. Date you would like Cover to commence:

LOCATION DETAILS

1. Risk Location(s):

a)

Postcode:

b)

Postcode:

2. Number of years at above stated location(s):

a)

b)

3. Total estimated acreage of site:

4. Please indicate which of the following exist on your premises: (please circle relevant answer)

Cinema	Yes	No
Theatre	Yes	No
Museum	Yes	No
Race Track	Yes	No
Video Game Arcade	Yes	No
Dance Hall/Conference Facilities	Yes	No
Shops	Yes	No
Restaurant/Cafe	Yes	No
Golf Course Full/Mini/Crazy	Yes	No
Working Farm	Yes	No
Hotel	Yes	No
Zoo	Yes	No
Circus	Yes	No
Rides	Yes	No
Athletic Field	Yes	No
Water Sports	Yes	No
Pub/Wine Bar	Yes	No

5. List of Rides:

Ride Name	Brief Description	Age of Ride	Owned/Leased

COVER REQUIRED

1. Please select from the table below the Covers which are required: (please circle relevant answer)

Property	Fire, Perils and Theft	Yes	No
	All Risks including Subsidence	Yes	No
	(Please note Theft cover would be provided on a forcible & violent basis only)		
Liability	Employers Liability	Yes	No
	Public Liability	Yes	No
Products	Incidental only (e.g. food, drink, memorabilia, souvenirs etc.)	Yes	No

2. Are these covers currently insured? (please circle relevant answer)

Yes	No
------------	-----------

3. Existing Insurer:

4. Renewal Date:



5. Is cover required for Concessionaires? (please circle relevant answer)

Yes	No
------------	-----------

If 'No' please supply full details of insurance arrangements for Concessionaires:

If 'Yes' please provide the below details:

Additional Insured	Business Relationship	Business Description

PROPERTY – Section 1

If Property cover is not required please go to Section 2.

BUILDINGS

1. Describe occupancy of all buildings:

2. Are all buildings constructed of Brick, Stone, Slate or Tile? (please circle relevant answer)

Yes	No
------------	-----------

If 'No' please supply full details:

3. Approximate age of buildings:

4. Please detail construction, age and condition of any outbuildings:

5. What method of heating is used in the main building?

PROTECTIONS, SECURITY & PREMISES

1. Are the premises alarmed? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please supply details of method of signalling:

2. Is it NACOSS approved? (please circle relevant answer)

Yes	No
------------	-----------

3. Is it maintained under an annual maintenance agreement? (please circle relevant answer)

Yes	No
------------	-----------

4. Is there a fire alarm? (please circle relevant answer)

Yes	No
------------	-----------

5. Please provide details of physical security to windows and doors:

6. Are the premises occupied overnight? (please circle relevant answer)

Yes	No
------------	-----------

7. Are the premises well maintained? (please circle relevant answer)

Yes	No
------------	-----------

8. Is the area: (please circle relevant answer)

Liable to flooding	Yes	No
Known to have a history of vandalism	Yes	No
Unduly exposed to the elements	Yes	No

If 'Yes' please provide details:

9. Please provide details of any other material facts:

CLAIMS

1. Details of claims history during last 5 years:
(Note: confirmed claims history from previous Insurers will be required once cover is incepted.)

Date	Cause	Amount

Please provide details of any remedial action taken following losses:

SUMS INSURED

Material Damage

Buildings	£
Out Buildings	£
Stock – general	£
Stock – wine, spirits & tobacco	£
Machinery, plants & all other contents	£
Rides	£
Gaming Machines	£
Computer Equipment - Premises	£
Computer Equipment - UK	£
Computer Equipment - Europe	£
Computer Equipment - Worldwide	£
Tools & portable items	£
Personal effects	£
Other items to be insured (details to be provided)	£

Business Interruption

Gross Revenue	£				
Gross Profit	£				
Increased cost of working	£				
Indemnity Period required (please circle relevant answer)	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">18</td> <td style="text-align: center;">24</td> <td style="text-align: center;">36</td> </tr> </table>	12	18	24	36
12	18	24	36		
Book debts	£				
Loss of license	£				

Glass

Sum Insured (please note this section is automatically included if buildings cover is required)	£
---	---

Money

Annual carryings – Own employees	£
Annual carryings – Security company	£
Maximum amount carried at any one time	£
Money in gaming machines	£
Money limit on premises during business hours	£

Is 'Money in Safe' cover required? (please circle relevant answer)

Yes	No
------------	-----------

Details of safes on premises:

Make/Model no.	Location/How fixed	Limit (£)

Frozen Food

List Appliances and Age:

Make	Age	Limit (£)

LIABILITY – Section 2

GENERAL

1. Are the premises maintained in good repair? (please circle relevant answer)

Yes	No
------------	-----------

Please give details of maintenance programme:

2. Do you comply with all regulations relating to the maintenance & safety of your equipment?
(please circle relevant answer)

Yes	No
------------	-----------

3. Do you have any mobile plant & or vehicles not licensed for road use? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

4. Are there any hazardous substances used or stored? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details of type, use & handling:

5. Has the current location got a Health & Safety Policy? (please circle relevant answer)

Yes	No
------------	-----------

6. Do you have Mechanical/Gravity/Water rides? (please circle relevant answer)

Yes	No
------------	-----------

If 'yes' is there a qualified ride inspector to perform mechanical and electronic inspections?
(please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please supply the following information:

Name/Firm responsible	Number of years experience	Relevant qualifications

Inspections are performed? (please circle relevant answer)

Daily	Weekly	Monthly	Annually
--------------	---------------	----------------	-----------------

Inspections are performed? (please circle relevant answer)

Independent Inspector	Yes	No
Government Inspector	Yes	No

Are maintenance manuals for all rides kept on site? (please circle relevant answer)

Yes	No
------------	-----------

Are qualified maintenance staff on site? (please circle relevant answer)

Yes	No
------------	-----------

If 'No' who is responsible for maintenance:

SECURITY & EMERGENCY PROCEDURES

1. Do you have an established emergency evacuation plan or procedure in place?
(please circle relevant answer)

Yes	No
------------	-----------

2. Are local fire regulations complied with (please circle relevant answer)

Yes	No
------------	-----------

3. Are fire precautions regularly checked & maintained? (please circle relevant answer)

Yes	No
------------	-----------

4. Do you have any medically trained personnel on site? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

5. Is there radio communication between key staff? (please circle relevant answer)

Yes	No
------------	-----------

6. Please state minimum number of security personnel on site:

When open for business	
When closed	

7. Security personnel are? (please circle relevant answer)

Employees	Sub-contractors
------------------	------------------------

If 'sub-contracted' please state name of firm:

8. Is there a back-up emergency power source for lights, communications and/or rides?
(please circle relevant answer)

Yes	No
------------	-----------

COVERS/LIMITS OF INDEMNITY

Employers Liability (£10million)

Please provide details of your current wage roll for:

Clerical	£
Managerial	£
Retail	£
Manual (details of duties to be provided)	£

Public & Products Liability

Please state limit of indemnity required: (please circle relevant answer)

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

Please provide details of your estimated turnover for the coming year:

	Direct	Bonafide Subcontractors
UK		
Europe		
Worldwide		

CLAIMS

1. Details of claims history during last 5 years:

(Note: confirmed claims history from previous Insurers will be required once cover is incepted.)

Date	Cause	Amount

Please provide details of any remedial action taken following losses:

DECLARATION

1. Has any Insurer ever declined to accept, cancelled or refused to renew your cover?
(please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

2. Has any Insurer ever imposed any special conditions on your cover? (please circle relevant answer)

Yes	No
------------	-----------

If 'Yes' please provide details:

3. Have you or any Partner, Principal or Director ever:

a) been declared bankrupt or insolvent in connection with this or any other business in this or any other name?

Yes	No
------------	-----------

b) been the subject of any County Court Judgements or Sheriff Court Decrees?

Yes	No
------------	-----------

c) been convicted or charged (but not yet tried) with any criminal offence?

Yes	No
------------	-----------

d) committed an offence to which you or they have admitted and for which you or they have received an official Police caution?

Yes	No
------------	-----------



I/We agree that if this insurance contract is completed, then I/we will immediately notify Underwriters if any details isolated by this questionnaire are changed, modified or altered.

The information provided in connection with this questionnaire, whether in my/our hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of material facts will entitle Underwriters to void the contract.

I/we declare that no insurer has refused to accept a proposal or renew a policy, nor imposed any special terms.

I/we understand that the signing of this questionnaire does not bind me/us to complete the insurance contract. However, I/we agree that should a contract of insurance be completed, then this questionnaire and the declaration made herein shall form an integral part towards the basis of contract.

I/we understand that any change in information must be notified immediately and no cover exists until such change has been approved by underwriters.

Signed..... **Date**.....

Completion of this Proposal Form does not bind either the Proposer or Leisure & Sport Insurance to complete a Contract of Insurance. No Cover is applicable until confirmed by Leisure & Sport Insurance. A copy of this Proposal Form should be retained by you for your records.

DATA PROTECTION

I understand and give explicit consent that the information I provide about myself and other persons named in this proposal, including any sensitive personal data, will be passed to or used by Leisure & Sport Insurance and its agents for my insurance. This includes underwriting, processing, claims handling and preventing fraud, and could include passing information to re-insurers, other insurers and subcontractors in the UK or any other country (even those which have limited Data Protection laws).

Please return this Proposal Form when completed to:

Email: info@leisureandsport.co.uk Fax: 0845 263 8152