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**HOTEL PROPOSAL FORM**

PLEASE COMPLETE IN **BLOCK CAPITALS** AND **CIRCLE** APPROPRIATE BOXES WHERE RELEVANT

If supplementary information is required please use additional paper.

|  |  |
| --- | --- |
| 1. Insured’s Name: | ……………………………………………………………………………………………………………………… |
| Trading Title: | ……………………………………………………………………………………………………………………… |
| Postal Address: | ……………………………………………………………………………………………………………………… |
| Post Code: | ……………………………………………………………………………………………………………………… |
| Website: | ……………………………………………………………………………………………………………………… |
| Established Date: | ……………………………………………………………………………………………………………………… |
|  |  |

2. Full Business Description: …………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

1. H you or any Director, Partner or financially associated person(s) been involved in any company that has become insolvent or gone into liquidation? If **YES** please provide details

NO

YES

1. ave
2. Have you or any Director, Partner or financially associated person(s) been subject to a County Court Judgement and / or declared Bankrupt?

NO

YES

If **YES** please provide details

1. Have you or any Director, Partner or financially associated person(s) been convicted of any crime?

NO

YES

If **YES** please provide details

1. Has the business changed name? If **YES** please provide details

NO

YES

1. Has any previous Insurer declined, cancelled or refused to renew your insurance?

NO

YES

If **YES** please provide details

1. Are you the Owner of the Buildings at the premises?

If **NO** please provide details

* 1. Are you the sole occupier of the Building at the Premises?

NO

YES

If **NO** please provide details of the other occupants and their trades/business

* 1. Approximate age of construction?
	2. Are the premises heritage Listed?

NO

YES

If **YES** please provide details

* 1. Are the premises of standard construction (being built mainly of brick, stone, concrete or other non-combustible materials) with **no** composite panels?

NO

YES

If **NO** please provide details

* 1. Is any part of the roof area flat / felted / bitumen / asphalt / thatched?

NO

YES

If **YES** please provide details

* 1. Are the premises in a good state of repair?

NO

YES

If **NO** please provide details

* 1. Are the Premises situated near a River, Stream, Reservoir or Lake?

NO

YES

If **YES** please provide details

* 1. Do the premises have a commercial kitchen and hotel rooms?

NO

YES

If **YES** please provide details

* 1. Is there an Automatic Fire Alarm at the Premises?

NO

YES

* 1. Are all external doors at the Premises and any internal doors leading to other premises secured by mortise deadlocks and box striking plates which conform to approved specification?

YES

NO

NO

YES

If **NO** please provide details

NO

YES

* 1. Are all opening sections of external ground floor windows and all other windows which are accessible from roofs, fire escapes or downpipes fitted with key operated window locks?

If **NO** please provide details

* 1. Is there a maintained Intruder Alarm at the Premises?

NO

YES

* 1. Are the Premises fitted with a maintained Automatic Sprinkler System?

NO

YES

If **YES** please provide specification details

* 1. Has a rebuild valuation been conducted within the last 24 months?

NO

YES

* 1. Are the premises occupied 24 hours / 7 days a week?

NO

YES

* 1. Are the kitchen flues & ducts cleaned

NO

YES

 by a professional contractor every 6 months?

# Material Damage (Section 1)

**Sums Insured**

**Material Damage**

Buildings

$

$

$

Fixtures & Fittings Tenants Improvements

$

$

$

$

$

$

**11. BI (Section 2)**

Gross Profit

6

12

24

36

$

$

$

Rent Payable Indemnity Period

**DECLARATION**

It is your duty to disclose all material facts to Underwriters. A material fact is one, which may

influence an Underwriter’s judgement in the consideration of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

**Failure to disclose** could prejudice your rights to recover in the event of a claim and / or impose new terms and / or allow Underwriters to void the policy.

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature:

(Authorised Partner / Director / Senior Manager)

Print Name:

Date: