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INNOVATIVE INSURANCE

# PROPOSAL FORM

## Nightclubs and Late Bars Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales  
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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## 1. IMPORTANT INFORMATION

### 1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

### 1.2 Data Protection – How we will use your Data

#### The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberfordlaw.com/privacy](http://www.camberfordlaw.com/privacy)

**Contact Details**

Camberford Law plc  
Data Protection Officer  
50 Fenchurch Street  
London  
EC3M 3JY

## 2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

### 3. PROPOSER DETAILS

**3.1 Proposer(s):**

Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

--

**3.2 Individual Name(s):**

Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

**3.3 Correspondence Address:**

Full postal (correspondence) address:

Post Code:
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**3.4 Years Established:**

Number of years the proposer has been established:

--

**3.5 Years Experience:**

Number of years experience of the proposer within your business activities:

--

**3.6 FCA Classification:**

Please complete the following information which we must have for regulatory classification.

Does the Proposer's annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

#### 4. BUSINESS ACTIVITIES

4.1 Please complete table below to confirm your business description:

Nightclub	YES/NO
Bar/Public House	YES/NO

4.2 Please complete table below to confirm all facilities that you provide and activities that are involved in your business:

Door Supervisors/Security Staff	YES/NO
Dance Floor (used generally by customers)	YES/NO
Dance Floor (strictly used only for private pre-booked functions)	YES/NO
Stage	YES/NO
Live Music	YES/NO
Rides, Pyrotechnics, Foam Parties or Inflatables	YES/NO
Late Opening (past midnight) more than twice per week	YES/NO
Nightclub (either advertised or regarded as such)	YES/NO
Lap Dancing, Strip Tease or similar	YES/NO
Casino	YES/NO
Restaurant	YES/NO
Celebrity Functions	YES/NO

4.3 Any other activities that you undertake that are not listed above must be disclosed in the box below. You will not be covered for activities that are not disclosed.

4.4 If you have any other business interests, please provide details in the box below.

## 5. GENERAL QUESTIONS

5.1 **Current Insurance.** Please provide details of your current Insurer:

Name of present brokers and/or Insurers:

Please confirm the existing renewal date:

Target Premium:

5.2 **Domicile/Registered/Work**

Is the proposer domiciled and registered in and does the proposer only undertake work within the United Kingdom, the Isle of Man and the Channel Islands?

5.3 **Previous Insurance.** Has an Insurer:

Declined to accept any Insurance for which you are proposing?

Cancelled or refused to renew a Policy?

Required an increased premium, special terms or restrictions?

5.4 **General Disclosure.** Have you the Proposer or any Partner or any Director, whether in the United Kingdom or elsewhere ever:

Been the subject of any civil proceedings, arbitration or litigation, including proceedings that have led to or may lead to a County Court Judgement (CCJ) or other judgement debts?

Been the subject of any bankruptcy proceedings?

Entered into a deed or arrangement or an individual voluntary arrangement (or in Scotland a trust deed) or other agreement in favour of your creditors, or are you doing so?

Been involved with any company which went into receivership or administration?

Been refused, restricted in, or had suspended, the right to carry on any trade, business or profession for which specific licence, authorisation, registration, membership or other permission is required?

Been disqualified by a court from acting as a director of a company or from acting in a management capacity or conducting the affairs of any company, partnership or unincorporated association?



**5.5 Criminal Convictions.**

Have you the Proposer or any Partner or any Director, whether in the United Kingdom or elsewhere ever been convicted of, or charged but not yet tried for, a criminal conviction?

YES/NO

To your knowledge have any employees ever been convicted of, or charged but not yet tried for, a criminal conviction whether in the United Kingdom or elsewhere?

YES/NO

If YES to any of the above, please provide full details.

## 6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

## 7. INSURANCE PRODUCTS

### 7.1.1 PROPERTY AND BUSINESS INTERRUPTION

Please complete the table to provide details of the cover you require:

SECTION	SUM INSURED			
	Premises 1	Premises 2	Premises 3	Premises 4
Buildings (including fixed glass, landlord's fixtures/fittings, outside walls, gates, fences)	£	£	£	£
Is the building constructed of non combustible floors, walls and roof space throughout?	YES/NO	YES/NO	YES/NO	YES/NO
If there is an area of flat roofing, please state the approximate percentage	%	%	%	%
Stock and Materials in Trade	£	£	£	£
Wines, Spirits, and Tobacco	£	£	£	£
All Other Contents (including fixtures & fittings, machinery, plant, tenants improvements and computers)	£	£	£	£
Day One Uplift. Do you wish to have the Sum Insured for Buildings and Contents adjusted by up to 15% in the event that costs of reinstatement or repair escalate between the date of loss or damage and the eventual settlement date?	£	£	£	£
Rent Payable	£	£	£	£
Indemnity Period (Rent Payable)	£	£	£	£
Business Interruption (Gross Profit)	£	£	£	£
Indemnity Period (Gross Profit)	£	£	£	£
Additional Increased Cost of Working	£	£	£	£
Rent Receivable	£	£	£	£
Indemnity Period (Rent Receivable)	£	£	£	£

7.1.2 **General Property Sections** (not premises specific)

Goods in Transit	£
<i>Included automatically at £2,000. Only state an alternative amount if you require a limit higher than this.</i>	
All Risks to General Business Equipment	£
All Risks to Laptops & Mobile Phones	£
Fidelity Guarantee (Theft by Employees). <b>Maximum £100,000</b>	£
Money in Safe or Strongroom in the Premises <i>(State the highest amount required at any one premises.)</i>	£
Money in Transit or Bank Night Safe	£
Book Debts	£
<i>Included automatically at £5,000. Only state an alternative amount if you require a limit higher than this.</i>	
Stock Deterioration following Refrigeration Breakdown	£
<i>Included automatically at £1,000. Only state an alternative amount if you require a limit higher than this.</i>	
Computer Equipment Breakdown at the Premises. <b>Maximum £50,000</b>	£
Computer Equipment Breakdown Increased Cost of Working. <b>Maximum £25,000</b>	£
Loss of Licence	£
<i>Included automatically at £100,000. Only state an alternative amount if you require a limit higher than this.</i>	

7.1.3 **Buildings/Construction** (please answer the following questions in respect of this proposal)

Are the Premises constructed of brick and/or stone walls with slate, tile, felt, or concrete roof?	YES/NO
Do any Premises have a flat roofed area exceeding 25% of its total?	YES/NO
Are any premises an individual flat or tenement building?	YES/NO
Do any of the Premises contain any composite panels?	YES/NO
Is any premises listed?	YES/NO

**7.1.4 Occupancy**

If any of the premises are shared with another occupant, please provide full details in the box below:

--

Are any of the premises operated seasonally or otherwise closed for periods exceeding 30 days?	YES/NO
If you answered YES, are the premises occupied by you when closed for business?	YES/NO

**7.1.5 Fire Risk Management**

Is there a valid fire safety certificate in force at all premises to be insured?	YES/NO
Is there an open fire place at any of the premises?	YES/NO
Are all premises to be insured within 10 miles of a full time fire station?	YES/NO

**7.1.6 Security** (please complete the table to provide details of the security protections in effect at each premises)

	Premises 1	Premises 2	Premises 3	Premises 4
Intruder Alarm Maintained by an NSI or SSAIB company	YES/NO	YES/NO	YES/NO	YES/NO
Central Station	YES/NO	YES/NO	YES/NO	YES/NO

**7.1.7 Subsidence** (please answer the following questions in respect of this proposal)

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave?	YES/NO
Are any Premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?	YES/NO

**7.1.8 Flood** (is any Premises in a flood plain or area that has previously flooded?)

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.9 Do you trade from any basement area?	YES/NO
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7.1.10 **Age of Buildings and Number of Storeys** (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.11 **Terrorism.** Do you require Terrorism Cover?

YES/NO
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**7.2 LEGAL LIABILITY**

**7.2.1 Liability Limits and Estimates**

Please state the limits of indemnity that you require for Employers and Public/Products Liability insurance

Employers' Liability (minimum £10m)	£
Public/Products Liability	£

**7.2.2 Please complete the table to provide details of waggeroll:**

Employee Type	Estimated Annual Wageroll
Clerical (non manual work) employees	£
Directly employed door/security employees	£
Agency door/security employees	£
Maintenance employees	£
Other manual work employees	£

**7.2.3 Total Turnover for the proposed business** £

**7.2.4 Licenced Capacity (maximum number of persons) for the proposed business (largest of any premises to be insured)**

**7.2.5 Risk Management**

Is all equipment and are all goods and products stored, inspected and maintained in accordance with the manufacturer's recommendations?	YES/NO
Have you written procedures for ensuring regular inspections are made (during business hours) for spillages or broken glass and are these inspections specifically enforced with staff and recorded?	YES/NO
Have there been any incidents involving illegal drug use/sale at any of your premises?	YES/NO
Have there been any incidents in the last 3 years that have required a Police visit and/or warning at any of your premises?	YES/NO
If you use door/security staff, are they vetted and SIA (Security Industry Association) licenced?	YES/NO
If you use door/security staff, do they work under your direction, supervision or control or wear uniform or equipment provided by you?	YES/NO
Are all public entrances, exits and dance floor areas covered by CCTV?	YES/NO
Have you had any warnings given or requirements made by the Health and Safety Executive or similar authority?	YES/NO
Do all steps and/or staircases have handrails on both sides?	YES/NO

**7.2.6 Legislation**

Do you comply with relevant legislation and regulatory requirements including, but not limited to, the following:

Management of Health and Safety at Work Regulations 1999	YES/NO
Workplace (Health, Safety and Welfare) Regulations 1999	YES/NO
Personal Protective Equipment at Work Regulations 1992	YES/NO
Manual Handling Operations 1992	YES/NO
Health and Safety (First Aid) Regulations 1981	YES/NO
The Health and Safety Information for Employees Regulation 1989	YES/NO
Noise at Work Regulations 1989	YES/NO

**7.2.7 HMRC Employers Reference Number**

Company	ERN Status	ERN Number

**If exempt, please explain below:**



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**7.3 DIRECTORS & OFFICERS LIABILITY**

**Do you require Directors & Officers Liability Insurance?**

YES/NO

If YES, please complete questions 7.3.1 to 7.3.6. If NO, please continue to question 7.4

**7.3.1 Limit**

Please state the Limit of Indemnity required for Directors & Officers insurance:

**7.3.2 D&O General Questions** - Please answer the following questions in respect of this proposal:

Has the company been established for more than 12 months?

YES/NO

Do the Company's activities involve the provision of financial products or services?

YES/NO

Does the Company's latest annual report and accounts show a positive net income (after tax)?

YES/NO

Does the Company's latest annual report and accounts show a positive shareholder funds/net worth?

YES/NO

Does the Company have any assets or subsidiaries in the USA or Canada?

YES/NO

Are the Company's shares publicly traded on any stock exchange?

YES/NO

Have any claims been made against any past or present Director or Officer of the Company or its Subsidiaries?

YES/NO

Are you aware of any circumstances which may give rise to a claim?

YES/NO

**7.3.3 Turnover**

Please state your Company's total consolidated turnover as shown in your latest annual report and accounts:

**7.3.4 Company Registration Number**

Please state your Company Registration Number:

**7.3.5 Entity and Employment Practices Liability Limit**

Please indicate the Limit required for Entity and Employment Practices Liability. If NONE, please continue to question 7.4:

NONE	<input type="text" value="YES/NO"/>
£250,000	<input type="text" value="YES/NO"/>
£500,000	<input type="text" value="YES/NO"/>

**7.3.6 Entity and Employment Practices Liability General Questions** - Please answer the following questions in respect of this proposal:

Do you have written employment and grievance procedures that have been issued to all employees?	<input type="text" value="YES/NO"/>
Do you have MORE than 100 employees?	<input type="text" value="YES/NO"/>
Are you anticipating any redundancies in the next 12 months?	<input type="text" value="YES/NO"/>
Are any final stage disciplinary procedures or other formal processes underway that could give rise to a claim?	<input type="text" value="YES/NO"/>
Have there been any claims, or circumstances that might lead to a claim, involving any of you?	<input type="text" value="YES/NO"/>

**7.4 LEGAL EXPENSES**

**Do you require Legal Expenses Insurance?**

YES/NO

If YES, please complete questions 7.4.1 to 7.4.5. If NO, please continue to question 7.5

**7.4.1 Wageroll**

What is your estimated total Wageroll for the forthcoming period of insurance (next 12 months)

**7.4.2 Contract Disputes**

Do you require cover for contractual disputes?

YES/NO

**7.4.3 Disputes, Prosecution, Activities**

Have you, your business or employees been involved in any legal disputes, action or prosecution (excluding driving offences) during the last 5 years whether insured or not?

YES/NO

**7.4.4 Redundancies**

To the best of your knowledge and belief, are any redundancies envisaged in your business within the next 12 months?

YES/NO

**7.4.5 Mergers/Takeover**

In the last 3 years, have you been taken over, merged with or taken over any other company, or to the best of your knowledge and belief is it likely that your firm will take over another firm within the next 12 months?

YES/NO

**7.5 BUSINESS CARE**

Do you require business care?

YES/NO

**8. CLAIMS HISTORY**

**8.1 Claims History**

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

## 9. DECLARATION

### 9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

### 9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: