

PROPOSAL FORM

Hotel and Guesthouse

IMPORTANT

So that we're able to generate quotes for you, please print, complete, email and scan this proposal form to quotes@mybusinesscover.co.uk. We will approach underwriters on your behalf in order to obtain the most competitive terms.

You must disclose all material facts likely to influence the assessment of the risk. Failure to disclose a material fact may invalidate your policy or may result in a claim being rejected or not being fully paid.

Once a contract of insurance is concluded the proposal form and any additional information provided by you will form the basis of contract.

SECTION 1: Your Business

Business Name:

Full Name of Proposer:

What is the legal trading status of the business?

Full Postal Address (include postcode):

<input type="text"/>	
Post Code:	<input type="text"/>

Address of the premises to be insured (if different to postal address):

<input type="text"/>	
Post Code:	<input type="text"/>

Telephone Number:

 -

Website Address:

www.

Mobile Number:

 -

Email Address:

How long has the business been established?

At these premises:

Elsewhere:

Full Business Description:

From what date would you like cover to start?

 / 

SECTION 2: Buildings and Contents

Please state your sums insured for each of the following item(s). Where cover is not required for an item, enter the value(s) as zero(0).

Ensure that you enter sufficient levels of cover to avoid underinsurance.

Property to be insured	Sum Insured	Property to be insured	Sum Insured
Buildings	£	Stock	£
Tenants Improvements	£	Cigarettes & Tobacco	£
Computer/Electronic Equipment	£	Wines & Spirits	£
General Contents	£	Glass (Shop Fronts)	£
Money	£	Other	£

Optional Covers - Please select if you require cover for any of the following:

Goods in Transit Refridgerated Goods Terrorism Cover

Theft by Employees Legal Expenses Cover

Do you require cover for Accidental Damage on your stock, contents and premises? Yes No

SECTION 3: Construction and Security

Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal, sheets or slabs and NON combustible materials? Yes No

Are the floors constructed of timber or concrete?

Is less than 25% of the property flat roofed? Yes No

Do you have metal shutters or grills fitted to accessible windows and doors? Yes No

Do you have an intruder alarm in place and in working order? Yes No

Type of Intruder Alarm:

What is the current level of police response?

Are the premises covered by closed circuit television cameras (CCTV)? Yes No

If YES to the above is this Internal, External or both?



Do you have an ATM (Automated Teller Machine) in or on your premises?

Yes No

Are the premises located on or near a cliff, lakeside, riverside or seafront?

Yes No

Do you require subsidence cover?

Yes No

Please provide us with any additional information below:

SECTION 4: Occupancy

How many bedrooms are available for guest accommodation?

Do you offer self-catering accommodation?

Yes No

Is there residential accommodation within the building to be insured?

Yes No

Who occupies the residential accommodation?

Is the property (or part of) ever unoccupied or vacant for over 30 days?

Yes No

SECTION 5: Activities

Does 'eating in' account for over 30% of your turnover?

Yes No

Is hot food served on the premises?

Yes No

Is deep fat frying performed on the premises?

Yes No

Do you require cover for loss of liquor licence?

Yes No

Do you require cover for deterioration of chilled or frozen food?

Yes No

Do you provide or intend to provide any entertainment?

Yes No

If YES to the above, do you charge or intend to charge a fee for the entertainment?

Yes No



If YES to providing entertainment, please provide us with full details:

Are any of the following facilities provided?

Children's Outdoor Play Area:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Car Parking:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Gymnasium/Fitness Facilities:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Function Room:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Swimming Pool:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Solarium/Sunbed:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Jacuzzi/Sauna/Steam Room:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Licenced Bar/Restaurant:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

SECTION 6: Business Interruption

What is your estimated annual gross profit?

Maximum level of indemnity period required? 12 Months 24 Months

SECTION 7: Public and Employers Liability Cover

Limit of indemnity required for Public Liability? £1 Million £2 Million £5 Million

What is the annual turnover? Annual Wage Roll:

Do you employ staff? Yes No ERN (PAYE Ref):

If YES to the above, how many employees do you have?

SECTION 8: General Questions

Do you have any other existing insurance policies with My Business Cover? Yes No

Has the company previously been insured? Yes No

If YES to the above, please state name(s) of current insurer(s):

What is your current insurance premium?

Has any Health & Safety notice/order/prosecution, welfare or environmental protection legislation been placed in the last 5 years? Yes No



SECTION 9: Claims/Loss History

Have any previous claims been made against the company or directors?

Yes No

Have you or any partner/director/employee been investigated or charged with a criminal offence (other than motoring offences)?

Yes No

Have you or any partner/director/employee ever been declared bankrupt, insolvent or been the subject to bankruptcy proceedings, insolvency proceedings or been disqualified from being a company director?

Yes No

Has the company or any principal or partner in the business ever had an insurer decline a proposal for insurance, refused renewal, increased premium, imposed special terms or cancelled an insurance application?

Yes No

If YES to any of the above, please give full details, including amounts:

Please give details of all losses (whether insured or not) or of any claims made against the proposer (in this or any other business)

Date of occurrence dd/mm/yyyy	Brief details of incident	Cost (£)



SECTION 10: Other Information

Please provide us with any additional information here:



SECTION 11: Your Marketing Preferences

By providing us with your contact information you are consenting to us contacting you with regards to your insurance requirements.

From time to time you may also receive marketing communications from My Business Cover regarding any updates, news and selected products and services that may be of interest to you.

If you prefer not to receive marketing information from My Business Cover please tick the following boxes below:

Post Email SMS Phone Other Electronic Means

If your personal details change or if you change your mind about your marketing preferences please let us know by sending an email to contact@mybusinesscover.co.uk.

Multiple Premises

If you require cover for additional premises please complete section 12 before signing the declaration below.

If section 12 does not apply to you please continue to sign the declaration.

Declaration

Please read the declaration carefully and sign at the bottom. It is advised that you retain a copy of this proposal for your own records.

- I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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 understand by now declaring, misstating or suppressing any material fact on this application could lead to any future claims made on an implemented Insurance Policy based on this to be declined and the claim application not to be paid.
- I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.
- Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'My Business Cover' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signature:

Print Name:

Position:

Date:



For QUOTES please complete and return the proposal form to My Business Cover (MBC):

By post to: MBC Head Office, 141-143 Princess Road, Fallowfield, Manchester, M14 4RE

You can scan and email to: quotes@mybusinesscover.co.uk

Need help? Give us a call on 03333 444 585

SECTION 12: Additional Premises

If you have additional premises please provide us with the following information for each address below.

Premises A

Address of the premises to be insured:

Post Code:	

Buildings and Contents

Please state your sums insured for each of the following item(s). Where cover is not required for an item, enter the value(s) as zero(0).

Ensure that you enter sufficient levels of cover to avoid underinsurance.

Property to be insured	Sum Insured	Property to be insured	Sum Insured
Buildings	£	Stock	£
Tenants Improvements	£	Cigarettes & Tobacco	£
Computer/Electronic Equipment	£	Wines & Spirits	£
General Contents	£	Glass (Shop Fronts)	£
Money	£	Other	£

Optional Covers - Please select if you require cover for any of the following:

Goods in Transit	<input type="checkbox"/>	Refridgerated Goods	<input type="checkbox"/>	Terrorism Cover	<input type="checkbox"/>
Theft by Employees	<input type="checkbox"/>	Legal Expenses Cover	<input type="checkbox"/>		

Do you require cover for Accidental Damage on your stock, contents and premises? Yes No

Construction and Security

Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal, sheets or slabs and NON combustible materials? Yes No

Are the floors constructed of timber or concrete?

Is less than 25% of the property flat roofed? Yes No

Do you have metal shutters or grills fitted to accessible windows and doors? Yes No



Do you have an intruder alarm in place and in working order? Yes No

Type of Intruder Alarm:

What is the current level of police response?

Are the premises covered by closed circuit television cameras (CCTV)? Yes No

If YES to the above is this Internal, External or both?

Do you have an ATM (Automated Teller Machine) in or on your premises? Yes No

Are the premises located on or near a cliff, lakeside, riverside or seafront? Yes No

Do you require subsidence cover? Yes No

Please provide us with any additional information below:

Occupancy

How many bedrooms are available for guest accommodation?

Do you offer self-catering accommodation? Yes No

Is there residential accommodation within the building to be insured? Yes No

Who occupies the residential accommodation?

Is the property (or part of) ever unoccupied or vacant for over 30 days? Yes No

Activities

Does 'eating in' account for over 30% of your turnover? Yes No

Is hot food served on the premises? Yes No



Is deep fat frying performed on the premises?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you require cover for loss of liquor licence?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you require cover for deterioration of chilled or frozen food?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you provide or intend to provide any entertainment?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES to the above, do you charge or intend to charge a fee for the entertainment?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

If YES to providing entertainment, please provide us with full details:

Are any of the following facilities provided?

Children's Outdoor Play Area:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Car Parking:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Gymnasium/Fitness Facilities:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Function Room:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Swimming Pool:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Solarium/Sunbed:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Jacuzzi/Sauna/Steam Room:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Licensed Bar/Restaurant:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

Please provide any additional information:

Business Interruption

What is your estimated annual gross profit?

Maximum level of indemnity period required? 12 Months 24 Months



Premises B

Address of the premises to be insured:

Post Code:

Buildings and Contents

Please state your sums insured for each of the following item(s). Where cover is not required for an item, enter the value(s) as zero(0).

Ensure that you enter sufficient levels of cover to avoid underinsurance.

Property to be insured	Sum Insured	Property to be insured	Sum Insured
Buildings	£	Stock	£
Tenants Improvements	£	Cigarettes & Tobacco	£
Computer/Electronic Equipment	£	Wines & Spirits	£
General Contents	£	Glass (Shop Fronts)	£
Money	£	Other	£

Optional Covers - Please select if you require cover for any of the following:

Goods in Transit <input type="checkbox"/>	Refridgerated Goods <input type="checkbox"/>	Terrorism Cover <input type="checkbox"/>
Theft by Employees <input type="checkbox"/>	Legal Expenses Cover <input type="checkbox"/>	

Do you require cover for Accidental Damage on your stock, contents and premises? Yes No

Construction and Security

Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal, sheets or slabs and NON combustible materials? Yes No

Are the floors constructed of timber or concrete?

Is less than 25% of the property flat roofed? Yes No

Do you have metal shutters or grills fitted to accessible windows and doors? Yes No



Do you have an intruder alarm in place and in working order? Yes No

Type of Intruder Alarm:

What is the current level of police response?

Are the premises covered by closed circuit television cameras (CCTV)? Yes No

If YES to the above is this Internal, External or both?

Do you have an ATM (Automated Teller Machine) in or on your premises? Yes No

Are the premises located on or near a cliff, lakeside, riverside or seafront? Yes No

Do you require subsidence cover? Yes No

Please provide us with any additional information below:

Occupancy

How many bedrooms are available for guest accommodation?

Do you offer self-catering accommodation? Yes No

Is there residential accommodation within the building to be insured? Yes No

Who occupies the residential accommodation?

Is the property (or part of) ever unoccupied or vacant for over 30 days? Yes No

Activities

Does 'eating in' account for over 30% of your turnover? Yes No

Is hot food served on the premises? Yes No



Is deep fat frying performed on the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require cover for loss of liquor licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require cover for deterioration of chilled or frozen food?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you provide or intend to provide any entertainment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If YES to the above, do you charge or intend to charge a fee for the entertainment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If YES to providing entertainment, please provide us with full details:

Are any of the following facilities provided?

Children's Outdoor Play Area:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Car Parking:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gymnasium/Fitness Facilities:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Function Room:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Swimming Pool:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Solarium/Sunbed:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Jacuzzi/Sauna/Steam Room:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Licensed Bar/Restaurant:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Please provide any additional information:

Business Interruption

What is your estimated annual gross profit?

Maximum level of indemnity period required? 12 Months 24 Months



Premises C

Address of the premises to be insured:

Post Code:	

Buildings and Contents

Please state your sums insured for each of the following item(s). Where cover is not required for an item, enter the value(s) as zero(0).

Ensure that you enter sufficient levels of cover to avoid underinsurance.

Property to be insured	Sum Insured	Property to be insured	Sum Insured
Buildings	£	Stock	£
Tenants Improvements	£	Cigarettes & Tobacco	£
Computer/Electronic Equipment	£	Wines & Spirits	£
General Contents	£	Glass (Shop Fronts)	£
Money	£	Other	£

Optional Covers - Please select if you require cover for any of the following:

Goods in Transit	<input type="checkbox"/>	Refridgerated Goods	<input type="checkbox"/>	Terrorism Cover	<input type="checkbox"/>
Theft by Employees	<input type="checkbox"/>	Legal Expenses Cover	<input type="checkbox"/>		

Do you require cover for Accidental Damage on your stock, contents and premises? Yes No

Construction and Security

Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal, sheets or slabs and NON combustible materials? Yes No

Are the floors constructed of timber or concrete?

Is less than 25% of the property flat roofed? Yes No

Do you have metal shutters or grills fitted to accessible windows and doors? Yes No

Do you have an intruder alarm in place and in working order? Yes No



Type of Intruder Alarm:

What is the current level of police response?

Are the premises covered by closed circuit television cameras (CCTV)? Yes No

If YES to the above is this Internal, External or both?

Do you have an ATM (Automated Teller Machine) in or on your premises? Yes No

Are the premises located on or near a cliff, lakeside, riverside or seafront? Yes No

Do you require subsidence cover? Yes No

Please provide us with any additional information below:

Occupancy

How many bedrooms are available for guest accommodation?

Do you offer self-catering accommodation? Yes No

Is there residential accommodation within the building to be insured? Yes No

Who occupies the residential accommodation?

Is the property (or part of) ever unoccupied or vacant for over 30 days? Yes No

Activities

Does 'eating in' account for over 30% of your turnover? Yes No

Is hot food served on the premises? Yes No



Is deep fat frying performed on the premises?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you require cover for loss of liquor licence?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you require cover for deterioration of chilled or frozen food?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Do you provide or intend to provide any entertainment?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
If YES to the above, do you charge or intend to charge a fee for the entertainment?	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

If YES to providing entertainment, please provide us with full details:

Are any of the following facilities provided?

Children's Outdoor Play Area:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Car Parking:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Gymnasium/Fitness Facilities:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Function Room:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Swimming Pool:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Solarium/Sunbed:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>
Jacuzzi/Sauna/Steam Room:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	Licensed Bar/Restaurant:	Yes	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>

Please provide any additional information:

Business Interruption

What is your estimated annual gross profit?

Maximum level of indemnity period required? 12 Months 24 Months

