

HOTEL AND GUEST HOUSE INSURANCE PROPOSAL FORM



A policy book with full policy wording is available on request.
Please write clearly.

PLEASE COMPLETE IN BLOCK CAPITALS

Premium

Broker/Agency

Broker/Agent
Quote Ref

OFFICE USE ONLY

Policy No

Authorised

Full Name of Proposer

Postal Address
 Postcode:

Telephone No. Website address

Directors/Partners Full Names (where not shown above)

Full Description of Business Activities

Period of Insurance From: To:

General Questions (complete in full in all cases)

1. Do any of the buildings you occupy have walls **other than** of brick, stone, or concrete or roofs **other than** of slate, tile, concrete, metal or asbestos? Yes No
2. Does any other business occupy or operate from your premises? Yes No
3. If you have a swimming pool, is it built of anything **other than** concrete and tiles and/or fibreglass? Yes No
4. Have you or has any director or partner been convicted of, or is any prosecution pending for arson or any offence involving dishonesty of any kind e.g. fraud, robbery, theft or handling stolen goods? Yes No
5. In respect of any of the risks against which you now wish to insure:
 - a) Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years? Yes No
 - b) Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? Yes No
 - c) Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last 5 years? Yes No
6. Are your premises closed to the public and left unoccupied for any part of the year? Yes No

If you have answered 'YES' to any of the above Questions give details below including name(s) of previous insurers/trading interests and dates and amounts paid or outstanding in respect of any claims.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

Optional Additional Covers (complete only those Sections required)

A) BUILDINGS

1. State sum to be insured (see the How to Calculate your Sums Insured page)

2. State name(s), nature and address(es) of any other financial interest in the building(s) to be noted on the policy

3. Are the buildings in a 'good state of repair' and will they be maintained?

Yes

No

B) REFRIGERATED STOCK

1. State sum to be insured (minimum £100)

C) PERSONAL ACCIDENT (Age limits 16-65)

1. Persons to be insured (continue on a separate sheet, if necessary)

Name	Date of Birth	Death (BENEFIT 1)	Loss of Limbs/Sight Permanent Total Disablement	Temporary Total Disablement (BENEFIT 2)	Temporary Partial Disablement
		£	DOUBLE BENEFIT 1	£ per week	50% of BENEFIT 2
		£		£ per week	
		£		£ per week	

2. Do you wish to exclude an initial period of temporary disablement?

Yes

No

If 'YES' tick box for excluded period required

2 weeks

4 weeks

3. Are any of the persons to be insured engaged in any occupation other than the business?

Yes

No

4. Are any of the persons to be insured suffering from a disability, an illness or are not in good health?

Yes

No

5. Have any of the persons to be insured been involved in any accident causing disability in the last 3 years?

Yes

No

If you have answered 'YES' to any of Questions 3-5 give details below.

D. LOSS OF LICENCE

1. State limit of indemnity required

2. Has there been within the last 3 years any opposition to the granting, renewal of transfer of the licence, or any circumstances or any incidents which might prejudice the granting, renewal or transfer of the licence?

Yes

No

If 'YES' please give details in the 'Additional Information' Section at the end of this Proposal Form.

3. State the name(s) and address(es) of any other financial interest in the premises to be noted on the policy.

E. ACCIDENTAL DAMAGE

1. Do you wish this option to apply to Buildings?

Yes

No

2. Do you wish this option to apply to Contents?

Yes

No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

Additional Information

If you have answered 'YES' to ANY Questions on this Proposal Form or need to provide further information to help us consider the Insurance see the Important Note and Declaration. Please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the risk which makes losses more likely to happen or more serious if they do.
- Please disclose in the Additional Information Section above or on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal Form is available on request. Please tick box if required.

Declaration (complete in all cases)

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Insurance Corporation of the Channel Islands Limited is a Channel Island based organisation backed by substantial international group resources.

The Corporation has specialist knowledge of local insurance needs and requirements.

Insurance Corporation is able to offer you local insurance contracts and services for a wide range of risks including Household, Industrial, Commercial, Marine and Motor Classes.

Why not ask your broker for a quotation from your local "Insurance Corporation"?

We are reassuringly local, remarkably reliable.