
A UNIQUE AND COMPREHENSIVE INSURANCE SCHEME
FOR
CARAVAN AMENITIES

PROPOSAL FORM



Camberford Law plc

Innovative Insurance solutions – Since 1958

Insurance Brokers
Underwriting Agents
Authorised and Regulated by
the Financial Services Authority

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This is a guide to the insurance available in the Caravan Amenities Cover. The descriptions below are brief and not intended to convey the full terms and conditions. A full policy wording is available on request.

Synopsis of Cover:

Section 1 (Buildings)

Section 2 (Contents)

These Sections offer "All Risks" Insurance for physical loss or damage and extend to include employees property, underground services and contents temporarily removed. The Assured bears the first £500* of each and every loss except in respect of Fire, Explosion, Lightning and Earthquake.

(*or as agreed)

Section 3 (Rent) – offers the same cover and terms as Section 1 and 2 above.

either for – (A) Rent payable, or
- (B) Rent receivable

Section 4 (Loss of Revenue) – offers "All Risks" following material damage as under Section 1 and 2 and has extensions including loss due to or caused by vermin, contagious and/or infectious illness, food or drink poisoning, pollution, failure of public supplies and denial of access.

Section 5 – (Book Debts) – provides payment for losses in respect of records of account receivable kept at the premises being lost, destroyed or damaged by "All Risks"

Section 6 – (Loss of Licence) – provides indemnity, in the event of loss of licence to sell excisable liquor by retail at the insured premises, based on reduction in Turnover.

Section 7 –

(a) Personal Accident - allows individuals to be named and benefits selected accordingly.
(b) Assault - provides a Capital Sum of £10,000 and commensurate scale of benefits for criminal Unprovoked Assault to the Assured or their staff in the course of their duties.

Section 8 – (Cash) – covers all likely eventualities of loss of business cash, including dishonesty by staff. Credit Card Vouchers and the like are included.

Section 9 – (Goods-in-Transit) – provides "All Risks" cover for goods whilst being transported in any vehicle of the Assured in connection with the business.

Section 10 – (Deterioration of Stock) – provides replacement of stock lost as a result of breakdown of freezers, refrigerators and cold rooms.

Section 11 – (Personal Property) – provides individuals with All Risks insurance in respect of jewellery, furs, gold, silver, personal effects and similar property as itemised in a schedule by the individuals anywhere in the United Kingdom and Europe, or on a World Wide basis.

Section 12 – (Employers' Liability) – provides full insurance as required by the 1969 Employers' Liability Compulsory Insurance Act.

Section 13 – (Public Liability) – provides Legal Liability indemnity to Third Parties up to a limit selected in respect of death, injury, food or drink poisoning or loss or damage to property.

Section 14 – (Personal Liability) – provides an indemnity to an individual and his family residing within his household for personal liability and not the business liability

Section 15 – (Engineering) – provides insurance of and an inspection service for all types of plant and machinery, including boilers, lifts, electrical plant and computers.

Please answer all the questions for each of the relevant sections as fully as possible.

Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt, please disclose them or seek assistance from our insurance representative.

Name of Proposer(s)

Full Address of Premises to be Insured

Postcode	Tel No:
Fax No:	Email Address:

Sections and Sums Insured

Section 1 Buildings – Required

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(Including All Outbuildings and Swimming Pools)

Total Reinstatement Value

Section 2 Contents – Required

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Leaseholders interior decorations

Liquor

Cigarettes

Beer and Other Consumables

Total Reinstatement value

(Exclude Personal Property if included under Section 11)

Section 3 Rent

(A) Rent payable 12 months indemnity period - required

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(B) Rent receivable 12 months indemnity period - required

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Section 4 Revenue – Including Auditors Fees – Required

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Indemnity period - 12 months

Section 5 Book Debts – Required

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Section 6 Loss of Licence – Required

YES NO

Sum Insured representing reduction in Turnover from liquor sales
due to loss of licence

£

Name of Licensee(s)

If there are any circumstances which might prejudice renewal of the License please indicate

Section 7 Personal Accident Sub-section (A)

Is this Sub-Section required?

YES NO

If “yes”, please supply a list of all persons to be insured, their occupations, ages and any physical defects for Underwriters considered.

Capital Sum required

£

Assault Sub-Section (B)

Is this Sub-Section required?

YES NO

If “yes”, please insert Capital Sum required if different from the
The standard benefits of £10,000

£

State number of Employees

Sections 8 Cash – required

YES NO

(A) Maximum Value in Transit – any one time

(A) £

(B) Maximum Value on Premises – any one time

(B) £

(C) Maximum Value in Safe(S) – any one time

(C) £

Full details of safe(s) used (i.e make, model and whether secured on the floor and where situated)

Are references obtained for all employees handling cash?

YES NO

Section 9 Goods in Transit - required

YES NO

Total sum Insured required

£

Section 10 Deterioration of Stock – required

YES	NO
-----	----

Sum Insured required – any one occurrence

£

Do you have an annual Maintenance Contract for plant in excess of 10 years old

YES	NO
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Section 11 Personal Property All Risks – required

YES	NO
-----	----

Name(s) of person(s) owning the items to be insured

Please tick in Box whether (A) or (B) required

(A) United Kingdom/Continent of Europe

(A)

(B) World Wide

(B)

Note: you must supply a full schedule listing all items to be insured.

Total of Schedule £

Section 12 Employers Liability – required

YES	NO
-----	----

Estimated total Annual Wages for current year

£

Section 13 Public Liability – required

YES	NO
-----	----

If Yes – please provide turnover and tick appropriate box required

(A) £1,000,000

(A)

(B) £2,000,000

(B)

(C) £5,000,000

(C)

Estimated total Turnover for current year

£

Section 14 Personal Liability – required

YES	NO
-----	----

The Indemnity provided is - £500,000

Please insert the name(s) of the person(s) requiring this insurance.

Note: The wording automatically includes the wife and family residing within the named person(s) household

Section 15 Engineering – required

YES	NO
-----	----

Please tick the appropriate box as applicable

(A) Boilers

(A)

(B) Lifts

(B)

(C) Electrical Plant

(C)

(D) Computer Equipment

(D)

In order to quote, a full list of plant must be supplied and it may be necessary to complete a computer questionnaire and/or to arrange a survey

(i) Person to Contact

(ii) Telephone Number

General Questions (Please complete in full)

(Reference to the word “premises” in this proposal form shall include reference to all buildings, including outbuildings, swimming pools and all permanent and/or temporary structures and the surrounds in which they are located).

1(A) (i) Are all parts of the premises built of brick, stone or concrete and roofed with slate, tile or metal or concrete or asphalt or sheets or slabs composed entirely of incombustible materials?

 YES NO

(ii) If not, give full description of such parts, their location and of all materials used

1 (B) (i) If any buildings are more than one storey, state number of storeys and whether there is any attic.

Number of Storeys

Attic Yes

No

(ii) Is there a basement in any part of the premises? If so, please give details.

(iii) Are floors of timber construction?

 Yes No

If yes, number of timber floors

1 (C) (i) What is the approximate date of erection of each building and/or any extension and/or addition to to any building?

DATE	BUILDING	EXTENSION

(ii) Are they all in a good state of repair?

 Yes No

1 (D) (i) What is the age of the electrical installation at the premises?

(ii) Indicate the date of the last inspection by a qualified electrical engineer

- 1 (E) (i) Are your premises subject to the 1971 Fire Precautions Act? Yes No
 Has a certificate been issued? Yes No
- (ii) (a) Have the premises been inspected by the local Fire Prevention Officer? Yes No
- (b) Do Fire Extinguishing appliances exist and are they maintained under contract? Yes No
- (c) Are fire blankets installed in the kitchens? Yes No

- 1 (F) (i) What methods of cooking and heating are used at the premises?
- (ii) (a) Are all deep fat fryers, cooker hoods, flues, vent pipes, and are they regularly checked? Yes No
- (b) If so, is this by your own staff or by independent Contractors under contract? Staff Contract
- (c) If by neither, provide details of arrangement

- 1 (G) (i) Are the premises or any part of them particularly in a position exposed to storms or strong winds? Yes No
- (ii) Are the premises situated on a hill or cliff? Yes No
- (iii) Is there any history of flooding or such like in the area? Yes No

2 (A) Please provide full details of all the purposes for which the premises or any part of them are used.

(B) Are the premises open without any restriction to the public?

Yes

No

If No, please provide full details

(C) Is food or drink provided in any part of the premises?

Yes

No

If yes, please provide full details (including but not limited to the number of people who may be catered for at any one time in any restaurant, bar, lounge or similar area).

(D) Do you operate a cloakroom on any part of the premises?

Yes

No

If Yes where is this situated and is it fully manned?

Yes

No

Location

Is any disclaimer notice clearly displayed?

Yes

No

3 (A) Certain activities are commonly regarded by Underwriters as representing a high risk. A list of examples, by no means exhaustive is provided below:-

Discotheques, nightclubs, amusement arcades, fairgrounds, funfairs, piers, circuses, health clubs, gymnasias, hairdressing salons, therapeutic centers, solarias etc.

Even if you have already provided information about such activities in your answers to the above questions, please consider carefully and answer in a full manner.

If there are any of these activities or any similar activities conducted on any part of the premises at any time please provide full details of each activity including:-

(i) its nature and frequency and, the part of the premises on which it is conducted.

- (ii) whether it is operated by you or by a third party under contract, franchise or other arrangement, specifying which

- (iii) the percentage of revenue derived from each activity disclosed in 3(A) (i)

3 (B) (i) Further, are there any other activities not already specifically described which are ever operated by you other than on the premises which would be relevant to Underwriters assessment of this risk. (For example, shooting, horse riding, outside catering etc. – this list is by no means exhaustive but is suggested as a possible guide.

Yes	No
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- (ii) If yes, please provide full details

4. Is accommodation available at the premises?

Yes	No
-----	----

If Yes,

(A) Is the overnight accommodation available generally to the public?

Yes	No
-----	----

(B) Do the premises in any way cater for homeless families or persons under the care of or referred by any local or other government authority?

Yes	No
-----	----

(C) Do the premises specifically cater for persons suffering any mental and/or physical disability whether by way of a private hospital, clinic, halfway house/rehabilitation centre or otherwise?

Yes	No
-----	----

(D) What facilities are available in the rooms providing overnight accommodation (including but not limited to self-catering facilities etc)?

Yes	No
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5. Will the premises be left unoccupied at any time during the day or night or for any period during the year?

Yes	No
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If yes, give details

6. (A) Is there an intruder alarm? Yes No

(B) When Installed?

(C) Name of Installer

(D) Is it maintained under contract by a member of the National Security Council for Intruder Alarms? Yes No

(E) Name of maintenance contractor

(F) Is the Alarm:-

(i) Bells Only Yes No

(ii) Connected by a 999 Auto Dialer? Yes No

(iii) Connected to a Central Station by:

(a) Digital Communicator Yes No

(b) BT REDCARE Yes No

(c) Alarms by Carrier (ABC) Yes No

(d) B.T. Private Wire Yes No

(iv) Are there any other facts relevant to the request for this extension which should be declared to Underwriters? Yes No

7. Have any of your insurances (or those of any of the directors, partners or principals of the proposer) ever been declined, special terms required, policies cancelled or renewals refused? Yes No

8. Have you or any director, partner or principal of the proposer during the last 5 years been the subject of a bankruptcy order or an individual voluntary arrangement with creditors or been a director of any company which has become insolvent during that time? Yes No

9. Have you or any director, partner or principal of the proposer during the last 5 years been charged with or convicted of any criminal offence?

Yes	No
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If Yes, provide full details _____

10. Have you ever had any claims/losses in the last five years?

Yes	No
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If YES, please provide the following details.

Date	Type of Incident	Costs

WARNING

Please read carefully. This warning is related to this proposal form as a whole and in particular to question 11 below. This wording should be read carefully before the proposal form is signed.

- A. All questions in the above proposal form should be answered to the best of your knowledge and belief.
 - a. You must disclose all material facts. Failure to do so may nullify any policy or certificate issued. (A material fact is one which is likely to influence the acceptance or assessment of this proposal form by Underwriters. If you are in any doubt as to what constitutes a material fact please consult your representative.)
 - b. If you are unable to answer any question because it required expert knowledge which you are unable to provide, please state so in your answer.
 - c. Please note that where a sum insured is less than the full amount at risk, Underwriters' liability will be limited to a proportional part of any loss.
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11. Are there any circumstances not otherwise disclosed in answers to questions in this proposal form which would be material to the risk sought to be insured under this proposed insurance?

Yes	No
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If yes, provide full details _____

I/We declare that the above statements are true and full and that to the best of our knowledge and belief nothing materially affecting the risk has been concealed, and that the amount proposed for Insurance represents the full value of the property to be insured and I/we agree that this proposal shall be the basis of the contract between me/us and the Underwriters.

DATE

SIGNATURE OF PROPOSER

