
A UNIQUE AND COMPREHENSIVE INSURANCE SCHEME

FOR

NIGHTCLUBS

PROPOSAL FORM



Camberford Law plc

Innovative Insurance Solutions – Since 1958

Insurance Brokers
Underwriting Agents
Members of BSIA and IPSA
Authorised and Regulated by
the Financial Services Authority

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NIGHTCLUBS AND ENTERTAINMENTS PROPOSAL FORM

Introduction:

The information you provide on this proposal form is vital to Underwriters' consideration of the relative risks associated with your business. The premium quoted will be based on a number of factors including the responses you give to the questions below.

This proposal must be signed and dated by a partner, principal or director of the business. It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of your proposal.

Should we underwrite your policy, any change or alteration to the information you give below, which occurs during the period of the policy, requires immediate notification to us. Failure to do so may result in cover being available from the date at which the change or alteration occurred.

Part 1: The Insured

1. Name and Registered Address of the Insured

Post Code:			
Telephone:		Fax:	Email Address:

2. Trading Name of the Insured

3. Full Business Description

4. How long have you been operating ;-

a) at this premises

b) elsewhere

5. For all new businesses, The 'Financial Questionnaire' at the back of this form must be completed and should be accompanied by a brief CV for each Director, Partner or Principal.

6. Venue web-site address:

Part 2: The Premises

1. Address of Premises to be Insured (If different from above)

Post Code:

FIRE

2. Construction of:

a) Walls

b) Roof

c) Floors/Stairs

3. Please state the use for each floor of the building

Basement	
Ground	
First	
Second	
Third	
Fourth	
All Others	

4. Do you occupy all parts of the building?

5. Distance From Nearest Fire Station Miles

6. Age Of Premises Years

7. In what type of area are the premises situated?

a)	Residential	YES / NO
b)	Industrial	YES / NO
c)	Commercial	YES / NO
d)	Rural	YES / NO

8. Electrical Installation:

Date Of Last Inspection	
Frequency Of Inspections	

9. Is there a current valid Fire Safety certificate?

10. Is the building detached? If not, please provide full details of the occupancy/use of attached buildings

11. Is kitchen equipment (if any) cleaned regularly and under an annual maintenance contract?

12. Is there a Fire Alarm fitted at the premises.
If yes, does it include:

Break glass boxes in all parts of the premises?	YES / NO
Automatic Fire Detection e.g Smoke Detectors?	YES / NO
Connection to Central Station	YES / NO

13. Is there a Sprinkler system
If yes, please give details e.g. edition

THEFT

14. Is an intruder alarm fitted at the premises?
If yes,

a) Name Of Installer	
b) Nacoss approved	YES / NO
c) Type of signalling:	
Bells Only	YES / NO
Central Station Connection	YES / NO
Digital Communicator	YES / NO
BT Redcare	YES / NO
Paknet	YES / NO
Other, please specify	

15. What locks and/or other protections are fitted to doors?

16. What protective devices are fitted to the windows?

17. Do you have CCTV in operation? If yes, please advise all locations e.g External, Internal, Bar Areas, Dance Floor etc.

18. Are there any other Security measures or features that should be taken into consideration? If yes, please give details.

WET PERILS

19. Please complete the following table providing full details where necessary:

a) Is there any history of flooding at the Premises?	YES / NO	Details:
b) Is there any history of flooding within the immediate area?	YES / NO	Details:
c) Are there any rivers streams or tidal waters nearby?	YES / NO	Details:
d) Is the building situated on or near a cliff edge?	YES / NO	Details

SUM INSURED

Buildings	£
Fixtures Fittings and All Other Contents	£
Stock Of Wines, Spirits, Tobacco and Cigarettes	£
Food and Beer & Any Other Stock	£
Gaming Machines and Entertainment Equipment	£
Miscellaneous Property (Please specify)	£ £ £ £ £ £
Loss of Rent Receivable	£
<i>(Indemnity Period)</i>	Months
Loss Of Rent Payable	£
<i>(Indemnity Period)</i>	Months
Business Interruption	£
<i>(Indemnity Period)</i>	Months
Glass, Signs and Canopies	£
Money:	
• In Transit	£
• In the Insured's Premises when open for business and not left unattended	£
• In Insured's Premises when closed for business and contained in a locked safe	£
Please state estimated annual carryings	£
Loss Of Licence	£
Frozen Food	£
Book Debts	£
Computers	£

Part 3: Liability

GENERAL

1. What is the maximum permitted attendance?

2. Is a membership system in existence?

3. What are the opening hours?

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

4. What is the average age group of clientele?

5. Please complete the following table regarding entertainment:

Type	Yes / No	Frequency
Live Music	YES / NO	
Dj's	YES / NO	
Disco's	YES / NO	
Private Functions	YES / NO	
Floor shows / Cabaret / Striptease	YES / NO	
Restaurant	YES / NO	

6. Does the venue have a dominant, dedicated or specialty type of music e.g. Pop, Revival, Heavy Metal, Indie, Reggae, House, Rave etc? Please specify

7. How many incidents have occurred during the last three years resulting in a police visit or warning to the premises? Please give details

8. Please give details of your methods to stop drug use/trafficking on your premises?

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9. Please complete the following table:

a) Who is the Licensee?	
b) Has the licence been transferred during the current period of insurance?	
c) Have there been any formal objections to the Licence during the last five years?	
d) Have the present owner(s) or manager(s) been refused a licence at any time?	
e) Are there any circumstances known to the proposer which might prejudice the continued holding of the licence?	

10. If a nearby theatre or sports ground provides increased trade, please provide details. State if none

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FIRST AID

11. Please complete the following table

a) When did you last undertake a First Aid Assessment?	
b) How many Qualified First Aiders do you employ? (State if none)	
c) How many First Aiders are on duty during opening hours? (State if none)	
d) When did your First Aiders last attend a training course?	
e) Do you have a clearly marked receptacle specifically for broken glass/crockery?	YES / NO

DANCE FLOOR

12. Does the Premise have a dance floor or an area set aside for dancing?

13. Are all dance floors (if applicable) covered by CCTV?

14. Do you employ staff especially to collect empty glasses?

PASSIVE SMOKING

15. Do you have an area set aside for non-smokers?

16. Do you have a high quality air filtration / extraction system?

17. What action have you taken in the last twelve months to reduce the risk of passive smoking?

NOISE LEVELS

18. When did you last undertake a noise assessment of your own premises?

19. What was the maximum noise exposure in the following areas?

Bar Area	- dB(a)
Dance Floor	- dB(a)
DJ Area	- dB(a)

20. Do you have a peak sound regulator?

21. Are the patrons allowed within 2 metres of any loud speaker?

22. Is there an area designated as a quiet area (i.e not exceeding 85db(a))?

23. What is the maximum number of hours a member of staff may be exposed to music during a single shift?

Hours

SECURITY / DOOR STAFF

24. Are your Door Stewards

Your Own Employees	YES / NO
Agency Provided	YES / NO
Vetted and Approved	YES / NO
First Aid Trained	YES / NO

25. How many staff steward or patrol the premises during opening hours and stand on the door?

	Inside	Door
Direct Employees		
Agency Staff		

26. Are all public entrances covered by CCTV?

27. Do you train the bar staff to be non-provocative and let stewards handle problems?

28. Please describe what measures you undertake during the handling of cash (State if none).

29. What evacuation procedures do you have in place?

30. Please provide details of any promotions:

31. Please provide details of your door policy (i.e no trainers)

LEGISLATION

32. Please complete the following table confirming which are complied with

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

33. Please complete the following table confirming the documentation that is retained

a) Health and Safety risk assessment records	YES / NO
b) Instruction and training records	YES / NO
c) Method statements / work instructions	YES / NO
d) RIDDOR forms	YES / NO
e) Contracts and sub-contract documentation	YES / NO
f) Purchase orders and conditions of sale	YES / NO

34. Please describe what measures you will be taking to accommodate the forthcoming smoking ban?

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35. Will you be erecting prominently displayed signs in respect of the smoking ban?

YES / NO

35. How will prevent customers from taking glasses / bottles outside?

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36. How will you dispose of spent cigarettes?

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37. Will you be offering an alternative area for smokers (e.g gazebo / awning / garden)?

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38. How will you heat the 'smoking' area?

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39. Do you have flower beds / low walls that may be a trip hazard

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40. How will you illuminate the 'smoking' area?

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41. Where will your staff be permitted to smoke?

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RATING BASIS

Estimated Turnover for the next 12 months	£
Estimated Clerical Wages for the next 12 months	£
Estimated Wages for own Door Staff for the next 12 months	£
Estimated fees paid to agency Door Staff for the next 12 months	£
Estimated Wages for All Other Employees for the next 12 months	£

PART 4: Claims and Previous Insurance

1. Please detail any claim any of the Proposer's have made against any Insurer at any time during the last five years.

Date Of Incident	Description / Details	Amount	Status (i.e outstanding or reserved)

2. Has any Insurer ever cancelled, refused to insure, or imposed special terms to any Policy for any of the Proposer's or any person who effectively controls the business?

3. Have any of the Proposer's, or any person who effectively controls the business been convicted or charged (but not yet tried) :-

a) with a criminal offence

b) been declared insolvent

PART 5: Declaration

I/We agree that if this insurance is completed the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Underwriters without their consent.

To the best of my/our knowledge and belief all the information provided to all the answers in this Proposal Form are true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to void the insurance.

I/We understand that the signing of this Proposal Form does not bind me to complete the insurance but agree that, should a Contract of Insurance be concluded, this Proposal and the statements made therein form the basis of the contract.

Signature of Proposer

Position

Date

Financial Questionnaire for all new businesses

PROPOSAL FORM ADDENDUM (All questions to be answered in full)

To be completed by the Proposer:

Please note that the answers given below will form part of your proposal form to Insurers.

1. List the names of all Directors of the Assured (or partners or principals if not a limited company).

2. Have any companies which the above named Directors, Partners or Principals been associated with, made any claims on any policy of insurance over the past 5 years?

YES/NO

If YES please give details

3. Have any companies with which the above named Directors, Partners or Principals been associated gone into liquidation or receivership? **YES/NO** **If YES please give details**

4. Is any Director, Partner or Principal currently the subject of pending bankruptcy or proceedings for the failure to pay debts? **YES/NO**

5. Name and address of bankers:

Signed by Proposer:

Dated:

To be completed by the Assured's agent:

1. How long have you known the proposer

2. To the best of your knowledge and belief, does the proposers company have any financial or trading problems?

Signed by Assured's agent:

Dated:

SUPPLEMENTARY QUESTIONNAIRE FOR SUBSIDENCE LANDSLIP & HEAVE

FULL NAME _____

ADDRESS

_____ POSTCODE _____

1. Age of buildings? _____
2. Are the premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave (such as internal or external cracks) **YES / NO**
3. Are the premises being monitored for subsidence, landslip or heave; have they ever been monitored for subsidence, landslip or heave, or been the subject of an occurrence of subsidence, landslip or heave? **YES / NO**
4. Are there any trees or shrubs within 20 feet of the premises (whether inside or outside the boundary) which are more than 10 feet tall? If so please identify in the space overleaf **YES / NO**
5. Has the structure been extended within the last 25 years? **YES / NO**
6. Has the premises ever been the subject of a survey which mentions settlement or movement of Buildings? (If yes Please enclose a copy with this questionnaire) **YES / NO**

Signed _____

Dated _____

Authorised and Regulated by the Financial Services Authority