
All information provided from this form is strictly private & confidential. This information is used only to submit to insurers to provide you a competitive quotation and ensure you are sufficiently covered. To ensure appropriate cover is in place, please provide as much information as possible.

CONTACT INFORMATION

Proposers name in full

Trading Name(s)

Correspondence Address

Post Code

E-mail

Phone

RISK INFORMATION

Please fill in all details about your business, the more you fill in the more we understand your risk.

Premises to be insured address

Post Code

Business Description - Please provide a full description of all business activities. If you require any extensions to cover please provide what covers are required in the 'Any other comments'

MATERIAL

DAMAGE

Do you require buildings insurance?	Yes	No
If yes, do you require subsidence cover?	Yes	No
Is the building of standard construction?	Yes	No
If no, please provide what construction		
Is there any flat roof on the premises?	Yes	No
If yes, what % of the roof is flat?		
Has the area within 100 metre radius of the property ever flooded or been subject to flood alerts?	Yes	No
Does any cooking take place on the premises?	Yes	No
If 'Yes' please provide how many litres of frying equipment you have on the premises (L)		
Buildings Value (£)		
Tenants Improvements (£)		
Own Computer Equipment/Office Machines other than stock (£)		
Sound System/Till System/Any other Electrical Business Equipment (£)		
All other contents (£)		
Wines, Spirits & Champagnes (£)		
Do you have a designated dance floor?	Yes	No

BUSINESS INTERRUPTION

Gross Profit

(£)

Rent (Payable) (£)

Book Debts (All Premises) (£)

MONEY

Money on premises during opening hours or in transit (£)

Money in safe (£)

Make of the safe

STOCK (Including frozen goods)

Stock in transit (£)

Do you require cover for Frozen Food? Yes No

If yes, what value of Frozen Food do you require? (£)

LOSS OF LICENCE

Do you require loss of licence cover at £100,000? Yes No

Employers Liability -
£10,000,000

Please provide full details of staff wage roll over the next 12 months

Do you employ door staff? Yes No

Employees (excluding door staff) (£)

Directors (£)

Employed door staff (SIA Licenced only) (£)

Agency door staff (SIA Licenced only) (£)

Do you have an Employers Reference Number? Yes No

If yes, please provide this

PUBLIC LIABILITY & PRODUCTS LIABILITY

Projected turnover for the forthcoming 12 months insured (£)

What limit of indemnity do you require?

LEGAL EXPENSES

Do you require legal expenses cover? Yes No

ABOUT YOU Insured Status

Company website

How many years have you been conducting trade or business in this name?

How many years experience do you have in this type of business overall?

Has any insurer cancelled your insurance or refused to renew it? Yes No

If yes, please provide full details of why ;-

Have you or any of your directors, officers or business partners ever been convicted of or charged (but not yet tried) with any criminal offence (other than motoring convictions)? Yes No

Have you or any of your directors, officers or business partners ever been declared bankrupt or insolvent or has any business which you were director or involved in management gone insolvent or into liquidation, administration receivership, entered into arrangement with creditors? Yes No

If yes to either, please provide full details of why ;-

CLAIMS

Have you made any claims within the last 5 years or had any incidents you are about to claim for?	Yes	No
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If Yes, please provide full details of all claims including date, what happened, what the amount paid out was and if any steps have been put into place to try prevent reoccurrence?

Security

What type of alarm do you have on the premises?

Is your alarm annually maintained?

Is there any police response?	Yes	No
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Do you have any shutters on the premises?

Please provide what days you are open and full opening hours :-

Monday	Opening Hours
Tuesday	Opening Hours
Wednesday	Opening Hours
Thursday	Opening Hours
Friday	Opening Hours
Saturday	Opening Hours
Sunday	Opening Hours

Is there an entrance charge?	Yes	No
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If yes, what is the charge?

What is the maximum amount of people allowed on the premises at any one time?

Anything else we should know?

Who are your current insurers?

What price did you pay last year?

Once information has been entered please press the above button to submit your quote. If you are unable to press the submit quote button, please save this .pdf and email to info@adultsure.uk. We aim to have a quotation back to you within 24 hours.