

Retail Package Enquiry Form (not Pubs)

1. Proposers Name(s) _____
2. Trading Name _____
3. Trading Address _____

 _____ Post Code _____
4. Full Business Description _____

5. Proposers web site address _____
6. Are the premises used for any business other than the one shown above? YES / NO
 If YES, give details _____
7. How long trading at:
 a) These premises _____ b) Other premises _____
8. Please fully describe construction of the following:
 Walls _____ Roof _____
 Floor _____ Stairs _____
9. Flat Roof: YES/NO
 If YES % of roof area _____
 Age _____
 Condition _____
10. Are the premises protected by an alarm system? YES / NO
 Is it NACOSS Approved? YES / NO
 Please give details of system and method of signalling _____
11. Please give details of final entry and exit lock types _____

12. Are the premises protected by shutters / grills / bars? YES / NO
 If YES, give details? _____
13. Are there any **private** living quarters on the premises? YES / NO
 If YES, who are they occupied by? _____
14. Do the living quarters communicate with the business? YES / NO
15. Does the insured provide accommodation as part of the business? YES / NO
 If YES, please state number of letting rooms _____
16. Is any part of the premises occupied by DSS, Students or Refugees? YES / NO
17. Is any part of the premises unoccupied? YES / NO
18. Does the Insured serve food? YES / NO
- If YES:
- a. Does the Insured use a Fish and Chip Shop style frying range? YES / NO
 If YES, state manufacture and year of make _____
- b. Is the frying range subject to an annual maintenance agreement? YES / NO
- c. Is it fitted with a working thermostat limiting the fat temperature to a maximum of 205°C (401°F) YES / NO
- d. Does the Insured use any other method of cooking? YES / NO
- e. Is there a separate eating or dining area? YES / NO
 If YES, give seating capacity _____
- f. Does the insured ever deliver, prepare and / or serve food and drink at premises other than his / her own? YES / NO
 If YES, give details and state what percentage of annual turnover this represents

19. Does the Insured provide any form of entertainment? YES / NO
20. Have there been any claims in the last 5 years? YES / NO

If **YES**, please give date of loss, full description of loss, settlement figure and details of any of any remedial action taken. _____

21. Material Facts: _____

Sums Insured

- a) Buildings and/or tenants improvements £ _____
- b) Plant Machinery, Fixtures and Fittings and all other contents £ _____
- c) Wines and Spirits £ _____
- d) Cigarettes and Tobacco £ _____
- e) Clothing £ _____
- f) Video and Audio Tapes, Records, CDs DVDs and Computer Games etc £ _____
- g) Video, TV and Hi-Fi Equipment £ _____
- h) Other Electrical equipment (please specify) £ _____
- i) All other stock (excluding frozen food) £ _____
- j) Frozen Food £ _____
- k) Glass £ _____
- l) Loss of Licence £ _____

Business Interruption

- a) Sum insured £ _____

Money, Goods in Transit and Liabilities

Normal package policy limits apply unless otherwise requested

| | | | |
|-----------------|-------|--------------------|-------|
| Renewal Date | _____ | Quotation Deadline | _____ |
| Broker's Name | _____ | Contact | _____ |
| Phone No. | _____ | Fax No. | _____ |
| Holding Insurer | _____ | Target Premium | _____ |

Are you the Holding Broker for this business? YES / NO

IT IS THE CUSTOMERS' DUTY TO DISCLOSE ALL CIRCUMSTANCES MATERIAL TO THE INSURANCE BOTH BEFORE AND THROUGHOUT THE TERM OF THE INSURANCE. FAILURE TO DO SO COULD MEAN THAT THE INSURANCE IS INVALID OR PART OR ALL OF A CLAIM MAY NOT BE PAID.