**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings | Yes |  | No |  |
| ◦ Had a proposal refused or declined | Yes |  | No |  |
| ◦ Had insurance cancelled or special terms imposed | Yes |  | No |  |
| ◦ Had any convictions for criminal offences | Yes |  | No |  |

**Business Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |  |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Proposers Title |  |
| ◦ Proposers Forename |  |
| ◦ Proposers Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Year Business Established |  |
| ◦ Years at Current Address |  |
| ◦ Details of Licensing/Certification |  |
| ◦ Number of Employees |  |
| ◦ Current Insurer |  |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes  No |
|  | If yes, please give details. |
| ◦ Material Facts | None  The business is not self-contained with its own access  The location has a history of flooding  The property is made of non-standard materials  The property/adjacent property has signs of Subsidence  The proposer is not the sole occupant of the premises  There is a cash machine (ATM) at the premises |
| ◦ Total Number of Members |  |
| ◦ Average Age of the Members |  |
| ◦ New Members - Medical Examinations Required | Yes  No |
| ◦ Are Staff Trained in CPR and First Aid | Yes  No |
| ◦ Procedure for Handling Accidents/Injuries |  |
| ◦ Detail any Products Supplied |  |

**Facility Information:**

|  |  |
| --- | --- |
| ◦ Tanning Beds/Booths | Yes  No |
| ◦ Pool | Yes  No |
| ◦ Diving Board | Yes  No |
| ◦ Waterslide | Yes  No |
| ◦ Sauna/Steam Room | Yes  No |
| ◦ Jacuzzi | Yes  No |
| ◦ Aerobics | Yes  No |
| ◦ Free Weights | Yes  No |
| ◦ Treadmills | Yes  No |
| ◦ Stair Climbers | Yes  No |
| ◦ Universal Exercise Machines | Yes  No |
| ◦ Trampolines | Yes  No |
| ◦ Racquet Ball/Tennis or Handball Courts | Yes  No |
| ◦ Jogging Track | Yes  No |
| ◦ Cycle Track | Yes  No |
| ◦ Climbing Wall | Yes  No |
| ◦ Nutritional Counselling | Yes  No |
| ◦ Fitness Instructors | Yes  No |
| ◦ Snack Bar | Yes  No |

**If you have any Tanning Beds/Booths, please complete the following information.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Quantity | Make | Model | Type of Bulb | Rented |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |
|  |  |  |  | Yes  No |

|  |  |
| --- | --- |
| ◦ Are Timers Controlled by Employees | Yes  No |
| ◦ Are Timers Tested Daily | Yes  No |
| ◦ Are Goggles Required and Provided | Yes  No |
| ◦ Are Beds/Booths Disinfected After Each Use | Yes  No |

**If you have selected Pool, Waterslide, Sauna/Steam Room or Jacuzzi, please complete the following.**

|  |  |
| --- | --- |
| ◦ Maximum Depth of Pool |  |
| ◦ Water Depths Marked on Pool | Yes  No |
| ◦ Height of any Diving Boards |  |
| ◦ Lifeguards on Duty | Yes  No |
| ◦ Non-Slip Flooring in Wet Areas | Yes  No |

**If you provide any Childcare Services whatsoever, please complete the following.**

|  |  |
| --- | --- |
| ◦ Maximum Number of Children (any one time) |  |
| ◦ Total Number of Childcare Employees |  |
| ◦ Youngest Children Accepted |  |
| ◦ Are Sick Children Accepted | Yes  No |

1. **Buildings Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Buildings Cover | Yes  No |
|  | If no, continue to section 2 Contents Cover. |
| ◦ Location |  |
| ◦ Occupancy |  |
| ◦ Is the Building Listed |  |
| ◦ Year Property Built |  |
| ◦ Is the Building in a Good State of Repair | Yes  No |
| ◦ Number of Floors |  |
| ◦ Construction of Walls (brick, stone etc) |  |
| ◦ Construction of Roofs (tile, slate etc) |  |
| ◦ Percentage of Flat Roof | % |
| ◦ Construction of Floors (concrete, wood etc) |  |
| ◦ Is the Building Purpose Built or Converted | Purpose Built  Converted |
| ◦ Fire Alarm Installed | Yes  No |
| ◦ Required Cover (select only one) | All Risks  All Risks plus Accidental Damage  All Risk plus Subsidence  All Risks plus Accidental Damage & Subsidence |
| ◦ Buildings Cover Basis (select only one) | Reinstatement  Indemnity |
| ◦ Buildings | £ |
| ◦ Landlords Fixtures & Fittings | £ |
| ◦ Tenants Improvements | £ |
| ◦ Is Terrorism Cover Required | Yes  No |
| ◦ Loss of Rent Payable/Receivable | £ |

1. **Contents Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Contents Cover | Yes  No |
|  | If no, continue to section 3 Money Cover. |
| ◦ Computers Sum Insured | £ |
| ◦ Other Electrical Equipment Sum Insured | £ |
| ◦ All Other Contents | £ |

1. **Money Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Money Cover | Yes  No |
|  | If no, continue to section 4 Goods In Transit. |
| ◦ Money During Hours | £ |
| ◦ Money Out of Hours, in Safe | £ |
| ◦ Money in Transit/Bank Night Safe | £ |
| ◦ Money Out of Hours, Not in Safe | £ |
| ◦ Money – Tills/Floats | £ |

1. **Goods in Transit:**

|  |  |
| --- | --- |
| ◦ Do you require Goods in Transit Cover | Yes  No |
|  | If no, continue to section 5 Business Interruption. |
| ◦ Own Vehicles | £ |
| ◦ Hauliers | £ |

1. **Business Interruption:**

|  |  |
| --- | --- |
| ◦ Do You Require Business Interruption Cover | Yes  No |
|  | If no, continue to section 6 Other Options. |
| ◦ Gross Profit/Revenue | £ |
| ◦ Indemnity Period (months) |  |
| ◦ Loss of Licence | Yes  No |

1. **Other Options:**

|  |  |
| --- | --- |
| ◦ Legal Expenses | Yes  No |
| ◦ Equipment Breakdown | Yes  No |
| ◦ Personal Accident | Yes  No |

1. **Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Employers Liability | Yes  No |
| ◦ Public Liability | Yes  No |
| ◦ Select Limit of Indemnity | £ |
| ◦ Total Annual Turnover | £ |
| ◦ Wage Roll (next 12 months) | Clerical £       Manual £       Work Away £ |

**If you have selected Buildings and/or Contents cover, please complete the following information.**

|  |  |
| --- | --- |
| ◦ Alarm Type | ABC  Audible  Central Station - Dial-Up Line  Central Station - Direct Line  Digicom  Dualcom  High Decibel Internal Sounder  Line - Site Security Office  Paknet  Police - Direct Line  Redcare  Redcare - GSM  Visual |
| ◦ Police Response | Level 1  Level 2  Level 3  No Police Response |
| ◦ Additional Security Details | Close Shackle Padlock – 5 (or more) Levers  Open Shackle Padlock – 5 (or more) Levers  Rim Lock  Rim Lock Automatic Deadlock  Rim Lock Automatic Deadlock – BS3621  Hinge Bolts  Steel Lined Doors  Bars on Windows  Anti-Ram Raid Bollards  External Grills  Proposer/Family Members/Employees Residing  Rim Deadlocks  Internal Grills  Shutters - Metal  Shutters – Wooden  Standard Non-Iron Grills  Encasement Devices on Computer Equipment  Lock Down Devices  Town Centre CCTV  Private CCTV  Other Monitored CCTV  24 Hour Security  Security Patrols |
| ◦ Risk Improvement Features | Sprinklers  Fire Blankets  Fire Extinguishers  Smoke Detectors |
| ◦ Fire Alarm | Bells Only  Automatic/Redcare System |
| ◦ Premises Heated by | Gas or Electric Conventional Central Heating Pipes  Other Electric Heating (excluding portable/non-fixed)  Other |

**Please email the completed form to** [**admin@tcfellis.co.uk**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.  
  
Any Additional Information**

|  |
| --- |
|  |