**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** **and we will respond within 48 hours.

Any Additional Information**

|  |
| --- |
|       |