

Policyholder Details

Business Details

Insured Name	
Trading Name	
Full Address	
Postcode	
Website	
Business Description	
Type of Business	

Subsidiary Businesses

Please list any subsidiary businesses to be insured

Business Name	Address

Interested Parties

Please note any interest in the business below

Party Name	Address	Nature of Interest

Directors

Please list the directors of the business

Title	Name	Date of Birth

General Questions

No Policyholder, director or partner involved with The Business or any other company or business has:

ever had an insurance proposal declined, renewal refused or insurance cancelled or special terms imposed	<Yes/No>
been convicted of or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence, other than a motoring offence, unless spent by the Rehabilitation of Offenders Act	<Yes/No>
been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings or been disqualified from being a company director	<Yes/No>
been the subject of a County Court Judgement, an Individual Voluntary Arrangement, a Company Voluntary Arrangement or a Sheriff Court Decree	<Yes/No>

If you have answered Yes to any of the above, please give details

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The Business, or businesses, listed in this policy

Have not been subject to an investigation by HMRC which has resulted in a prosecution in the last 10 years	<Yes/No>
Has a permanent registered address	<Yes/No>
Holds the necessary licensing and permissions from the relevant local authority, government or regulatory body.	<Yes/No>

If you have answered Yes to any of the above, please give details

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Claims History

Date of Loss	Status	Type of Claim	Risk Address	Paid	Outstanding

Risk Information

Security

Physical Security in place	
CCTV system	
Onsite warden	
Entrance security	
Other Security measures	

Health and Safety

Date of last Survey	Risk Improvements Identified	Risk Improvements Made

Fire Measures

Local station, distance and travel time to site	
Fire points on site	
Fire wardens	
Units comply with spacing regulations	

Insured Locations

Location Information

Name	Address	Postcode	Type of Park	Number of Pitches

Location Questions

all Premises are, and will be maintained, in a good state of repair	<Yes/No>
The Premises have suffered from or shown any visible signs of damage from subsidence, landslip or ground heave	<Yes/No>
all Premises are occupied for the sole purpose of The Business and otherwise only as private dwellings	<Yes/No>
none of the Premises is unfurnished, unused or unoccupied	<Yes/No>
none of the Premises is located in an area with a history of flooding	<Yes/No>
all Premises are protected by adequate security devices and/or intruder alarm systems	<Yes/No>
The premises is closed for more than 3 consecutive months	<Yes/No>
There is an ATM on the premises	<Yes/No>

If you have answered Yes to any of the above, please give details

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Buildings

Building Details

Type of Building	Park Location	Construction	Sum Insured
			£
			£
			£
			£
			£
			£
			£

Underground Services

Park Location	Number of Pitches	UG Services Sum Insured
		£
		£
		£
		£

Hire Fleet and Sales Stock

Park Location	Hire Fleet Sum Insured	Sales Stock Sum Insured	Unit Type
	£	£	
	£	£	
	£	£	
	£	£	

Contents and Computers

Contents	Park Location	Sum Insured
		£
		£
		£
		£
		£
		£
		£

Computers	Park Location	Sum Insured
Hardware		£
Software		£
Portable equipment		£

Park Machines	Park Location	Cover Type	Sum Insured
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£

		Reinstatement/Indemnity	£
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Business Interruption

Revenue

Revenue Stream	Revenue	Location	Indemnity Period

Key and Nominated Persons

Key person cover needed	Yes/No
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Name	Occupation	Date of Birth	Time with Business	Cover
				Key / Nominated
				Key / Nominated
				Key / Nominated
				Key / Nominated
				Key / Nominated
				Key / Nominated

Employers Liability

Main Business

Liabilities – Wageroll (EL)	
Clerical	£
Retail/Catering	£
Maintenance	£
Coaches/Instructors	£
Greenkeepers	£
Payments to Subcontractors	£

Employee Numbers		ERN Exempt?	<Yes/No>
Full Time	Part Time	ERN	
		Companies House Number	

Subsidiary Companies

Business	ERN Exempt	ERN

Public and Products Liability

Main Business

Liabilities – (PL)	
Total Turnover	£
Activities (please specify)	
Indemnity Limit	

Personal Accident

Persons to be Insured

Name	Occupation	Date of Birth	Category of Cover	Sickness Cover
				<Yes/No>
				<Yes/No>
				<Yes/No>
				<Yes/No>
				<Yes/No>
				<Yes/No>

Private Dwelling

Buildings and Contents

Building Description	Location	Building Sum Insured	Contents Sum Insured	Construction
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	

Valuables and Personal Belongings

Item	Sum Insured	Last Valued
	£	
	£	
	£	
	£	
	£	
	£	
	£	