

PUBS/NIGHTCLUBS/LIVE ENTERTAINMENT VENUES QUESTIONNAIRE

Please append any additional information that does not fit into the spaces provided along with a company brochure, if available.
All details should be completed in **BLOCK LETTERS**. Cover will be withdrawn if Underwriters do not accept the questionnaire.

Proposer's Full Name

Trading Name (if different)

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Postal Address

Address of premises to be insured
(if different from postal address)

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 Postcode.....

.....

 Postcode.....

Occupation / Business / Trade

Web-site Address

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Date the Company was established

Date from which insurance is required

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1. Please state the **COVERAGE** required:

Sums Insured required:

BUILDINGS	£
DISCO & LIGHTING EQUIPMENT	£
FIXTURES, FITTINGS & OTHER CONTENTS	£
WINES & SPIRITS	£
BEERS	£
CIGARETTES & OTHER TOBACCO	£
OTHER STOCK	£
COMPUTERS & ELECTRICAL EQUIPMENT	£
MONEY (ESTIMATED ANNUAL CARRYINGS)	£
BUSINESS INTERRUPTION (months indemnity)	£
LOSS OF RENT (months indemnity)	£
LOSS OF LICENSE	£
EMPLOYERS LIABILITY	Limit: £10,000,000 any one claimant
PUBLIC & PRODUCTS LIABILITY	Limit: £
PROPERTY OWNERS LIABILITY	Limit: £

2. Please describe the PUB/CLUB/VENUE:

- (a) Style of music
- (b) Target age of clientele
- (c) Do you advertise 'happy hours' or promote 'theme nights'?
- (d) Is there a charge made for entry?
- (e) Hours of business
- (f) Maximum attendance
- (g) Number of floors and bars

3. Please describe the PROPERTY:

- (a) Age
- (b) Construction
- (c) Tenure
- (d) Nature of businesses in surrounding properties

4. Please describe the PHYSICAL PROTECTIONS:

- (a) Are all doors fitted with locks? YES/NO
Please provide details of the type of locks fitted in each case
- (b) Are all windows fitted with locks? YES/NO
- (c) Is a burglar alarm installed? YES/NO
If YES, please advise
-Is the installer NACOSS/SSAIB approved? YES/NO
-Is the system under a maintenance contract? YES/NO
-Method of signalling:
Bells Only Redcare Central Station Dualcom
- (d) Are any of the following provided?:
-fire extinguishing appliances YES/NO
-fire blankets YES/NO
-smoke detectors YES/NO

5. Do you have a written HEALTH & SAFETY policy? YES/NO

If YES (a) Please provide a copy

- (b) How do you ensure that this policy is kept up-to-date?
- (c) Please state the name of the designated person managing Health & Safety
- (d) Do you use an external Risk Management Consultant? YES/NO
If YES, please provide details
- (e) How do you minimise the likelihood of recurrence following an accident at work?
- (f) Have you been prosecuted under the Health & Safety at Work Act? YES/NO
If YES, please attach details

6. In the event of EMERGENCY please confirm:

- (a) You have a written emergency/evacuation plan as a result of a bomb scare, outbreak of fire or similar experience YES/NO
- (b) You have emergency procedures in place for missing Persons YES/NO
- (c) The number of qualified first aiders you have

7. Please confirm you have a LOCAL AUTHORITY LICENSE YES/NO

- If YES, (a) Has there been a transfer of license in the past 12 months? YES/NO
- (b) Has there ever been any objections to your licence? YES/NO

8. Please detail the TRAINING METHODS and level of qualifications required of your staff

9. Are your premises INSPECTED periodically as the regulations require, any repairs or recommendations carried out immediately and the records are kept safe? YES/NO

10. Do you have CCTV cameras in strategic positions throughout your premises and keep the tapes in a secure place for at least 6 months? YES/NO
11. Do you use an INCIDENT LOG BOOK and keep it in a safe place? YES/NO
12. Do you stop glasses from being taken onto the DANCE FLOOR? YES/NO
13. Are your staff advised to REFUSE ALCOHOL to patrons who are visibly drunk? YES/NO
14. Do you operate an ANTI DRUGS policy and are all staff instructed to report suspicious behaviour? YES/NO
15. Do you rotate staff between smoking & non-smoking areas?YES/NO
16. Do you have a 3 metre non-smoking gap at the bar? YES/NO
17. Do you have an Air Filtration System?YES/NO
If YES, please provide details
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18. Have you fitted ANTI SLIP tiles in areas that become persistently wet? YES/NO
If NO, (a) How have you tried to keep these areas safe?
(b) How regularly do you check these areas?
19. Do you use SECURITY STAFF? YES/NO
If YES (a) trained in Crowd Control and Human Behaviour Technique? YES/NO
(b) Are they Vetted and Approved? YES/NO
(c) Are they Sub-Contractors / Agency Provided? YES/NO
(d) Please provide details of your security procedures
20. If you use SUB CONTRACTORS do you check they carry at least £10,000,000 of E L and £2,000,000 of P L cover prior to them carrying out any work? YES/NO
21. Please state your total WAGEROLL for this year £ and show the split

	Number of personnel	Employee or Sub Contractor	
Clerical, Directors			£
Bar Staff, DJ			£
Security			£
Dancers			£

22. Please state your total TURNOVER for this year £
and the estimate for the coming 12 month period £
23. INSURANCE HISTORY
(a) Please state name of present and previous Insurers over the last 3 years
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- (b) Has any Insurer ever cancelled your policy, increased your premium or imposed special conditions or restrictions mid-term? YES/NO
If YES, please provide details

24. COMPANY PERSONNEL

(a) Please provide details of all partners/directors

-Name: Position: Date of Birth:
 -Name: Position: Date of Birth:

(b) Have you and/or has any Director/Partner/financially associated person(s) been:

-Involved in a company that has become insolvent or gone into liquidation? YES/NO
 -Subject to a County Court Judgement? YES/NO
 -Convicted of a crime (other than a motor offence)? YES/NO

25. Please provide details of any CLAIMS made against you

(a) Material Damage/Business Interruption

Year	Settled Claims		Outstanding Claims		Circumstances
	No.	Amount	No.	Amount	
1999 - 00					
2000 - 01					
2001 - 02					
2002 - 03					
2003 - 04					

(b) Employers Liability

Year	Settled Claims		Outstanding Claims		Circumstances
	No.	Amount	No.	Amount	
1999 - 00					
2000 - 01					
2001 - 02					
2002 - 03					
2003 - 04					

(c) Public & Products Liability

Year	Settled Claims		Outstanding Claims		Circumstances
	No.	Amount	No.	Amount	
1999 - 00					
2000 - 01					
2001 - 02					
2002 - 03					
2003 - 04					

IMPORTANT NOTICE, TO BE COMPLETED IN ALL CASES

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it or consult your broker.

I/WE declare that to the best of my/our knowledge all the statements given on this Proposal are true and complete and that I/we have disclosed all material facts that need to be provided to Underwriters.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE agree that this Proposal and this Declaration shall be the basis of the Contract of Insurance between the Insurers and Myself/Ourselves.

I/WE understand that any change to the information must be notified immediately. No cover will exist until such changes have been approved by Underwriters.

Name Position

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Signature

Date.....

Note: This Contract is subject to English and Welsh Law (or Scottish Law where applicable). Any claim for loss or damage to property will be paid exclusive of VAT. Please arrange the sums insured accordingly. Allowance should be made if you are not VAT registered.