



ACTIVITIES  
INDUSTRY  
MUTUAL

## Activities Industry Mutual Limited Proposal Form Property & Equipment

1. Full name of Member:

2. Address:			
3. Telephone no:		Post Code:	

4. Business description:

5. Website Address:	Email Address:
---------------------	----------------

6. Years in business:

7. Are you licensed by AALA:	Yes / No	Date of last inspection:	
------------------------------	----------	--------------------------	--

8. Please list the National Governing Bodies or Trade Associations to which you belong:	

9. Current Insurer		Renewal date	
--------------------	--	--------------	--

10. Current premium	£	Renewal premium	£
---------------------	---	-----------------	---

**Insurance Requirements**

<b>Buildings and or Tenants Improvements</b> (Total reinstatement value of all buildings)	£
<b>General Contents</b>	£
<b>Machinery Plant</b>	£
<b>Electronic Business Equipment</b>	£
<b>Stock of Wines, Spirits, Tobacco</b>	£
<b>Other Stock</b>	£
<b>Loss of Rent Receivable / Payable - Indemnity period 12 / 24 / 36 Months</b>	£
<b>Loss of Gross Revenue - Indemnity Period 12 / 24 / 36 Months</b>	£
<b>Book Debts</b>	£
<b>Loss of Liquor License</b>	£
<b>P A Assault</b>	£10,000
<b>Cash in transit / on premises during business hours</b>	£
<b>Cash in a safe</b> (safe make and model Details )	£
<b>Cash On premises</b> outside business hours not in a locked safe	



**ACTIVITIES  
INDUSTRY  
MUTUAL**

## Activities Industry Mutual Limited Proposal Form Property & Equipment

<b>Goods In Transit</b> - limit any one vehicle	£
<b>Frozen Food</b> - limit any one freezer unit	£

<b>Equipment</b>	<b>Value</b>
At your premises - please list	£
	£
	£
	£
	£
Anywhere within the UK - please list	<b>Value</b>
	£
	£
	£
	£
	£

**Questions to be answered by Proposer**

During the last five years have you had any loss, accident or claims made against you? If yes, please provide full details below.

11. Date of Loss	Type of Loss	Amount paid or outstanding

12. Do you occupy the whole of the premises? If NO please provide details.	Yes / No
--	----------

13. When where the premises built?	Are any parts of the building listed?	Yes / No
------------------------------------	---------------------------------------	----------

14. Are the premises near to any river, stream, lake, waterway or other body of water - If YES please provide details.	Yes / No
--	----------

15. Are the premises exposed to or do they have a history of Storm or Flood? If YES please provide details.	Yes / No
---	----------

16. Are all parts of the premises constructed of Brick/Stone/Slate or Tile and in a good state of repair? If NO please provide details.	Yes / No
---	----------

17. Do any part of the premises have a flat roof? If YES please provide approximate percentage of flat roof and construction.	Yes / No
---	----------



## Activities Industry Mutual Limited Proposal Form Property & Equipment

18. Are the premises occupied overnight?	Yes / No
19. Are the premises open all year? If NO please provide details.	Yes / No
20. If the premises have a kitchen is there a deep fat frying apparatus or range? If YES please provide details.	Yes / No
21. Is smoking permitted anywhere on site? If YES please provide details.	Yes / No
22. Are Fire Extinguishing Appliances installed?	Yes / No
23. Is a Fire Alarm Installed?	Yes / No
24. Distance from nearest Fire Brigade?	Miles
25. Are all external windows protected with key operated window locks? If NO please provide details.	Yes / No
26. Are all external doors protected with 5 Lever Mortice Deadlocks? If NO please provide details.	Yes / No
27. Is there an Intruder Alarm?	Yes / No
28. If YES please highlight type of signalling 999 / Central Station / Bells Only.	Pleased delete as applicable
29. If Central Station Is connection via Digital Communicator/Redcare/Paknet	Pleased delete as applicable
30. Is an annual maintenance agreement in force with a NACOSS registered company?	Yes / No
31. Is connection via an ex directory outgoing calls only telephone line?	Yes / No
32. Has any Insurer declined or refused to accept a proposal from you?	Yes / No
33. Has any Insurer terminated, refused to renew or continue a Policy of Insurance held by you?	Yes / No
34. Has any Insurer imposed special terms to which this proposal relates?	Yes / No
35. Have you, or any of your Directors or Partners ever been the subject of Customs or Inland Revenue investigations, bankruptcy order, voluntary arrangement with creditors, director of an insolvent company or convicted of (or charged with but not yet tried) a criminal offence other than a motoring offence?	Yes / No



## Activities Industry Mutual Limited Proposal Form Property & Equipment

<b>Subsidence Extension</b> – Please answer these questions only if you require Insurers to consider the peril of Subsidence, Landslip or Heave.	
1. What is the nature of the sub soil at the premises	
On any part of the park or in the surrounding area are there or have there been -	
2. Any excavations or similar works	Yes / No
3. Any underground workings	Yes / No
4. Is any part of the park close to a railway	Yes / No
5. On any part of the park or in the surrounding area has there been any incident of Subsidence, landslip or Heave.	Yes / No

I/We agree that if this insurance contract is completed, then I/We will immediately notify Underwriters if any details isolated by this questionnaire are changed, modified or altered.

The information provided in connection with this questionnaire, whether in my/own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will entitle Underwriters to void the contract.

I/We understand that the signing of this questionnaire does not bind me/us to complete the insurance contract. However, I/We agree that should a contract of insurance be completed, then this questionnaire and the declaration made herein shall form an integral part towards the basis of contract.

I/We understand that any change in information must be notified immediately and no cover exists until underwriters have approved such change.

**Data Protection Act 1998.** It is understood by the Insured and/or the Insured Persons that any information provided to CTBS Insurance Solutions regarding the Insured and / or the Insured Person will be processed by CTBS Insurance Solutions, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling of claims, if any, which may necessitate providing such information to third parties.

**IMPORTANT:** It is your responsibility to provide complete and accurate information to insurers when you take out your insurance policy, throughout the life of your policy and when you renew your insurance. It is important that you ensure that all statements you make on proposal forms, claims forms and other documents are full and accurate.

Please note that if you fail to disclose any material information to your insurers this could invalidate your insurance cover and could mean that part or the entire claim may not be paid.

(A material fact is one which is likely to affect or influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your Broker.)

Signed		Dated		Position	
--------	--	-------	--	----------	--

**Activities Industry Mutual Limited, Units A & B The Winery, Lamberhurst Vineyard,  
Lamberhurst, Kent TN3 8ER  
Tel: 01892 888314, Fax: 01892 891886, email: james.willis@rmml.com**