

Tasker & Partners Limited

GENTLEMEN'S CLUBS & LAP DANCING VENUES



ClubEX
Proposal Form

GENTLEMEN'S CLUBS & LAP DANCING VENUES

Name of Insured	
Trading Name	
Address (include postcode)	
Business description	
Website	

The information you provide on this proposal form is vital to Underwriters' consideration of the relative risks associated with your business. The premium quoted will be based on a number of factors including the responses you give to the questions below. This proposal must be signed and dated by a partner, principal or director of this business. It is your duty to disclose all material facts to the Underwriters. A material fact is one that is likely to influence underwriters' judgement and acceptance of your proposal.

GENERAL

How long have you traded at these premises ?	
How long have you traded elsewhere ?	
When do you want cover to start ?	
Who is your current insurer ?	
How much is your current insurance premium ?	
What are your opening hours	
How many patrons are the premises licensed to hold ?	
Is there a membership system in place ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is there a charge made for entry ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(if YES please give details)	
What is the maximum number of dancers / entertainers working at one time ?	
How many dancers / entertainers work at the venue in all ?	
Do you provide food and/or restaurant facilities ?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(if YES please give details)	

GENTLEMEN'S CLUBS & LAP DANCING VENUES

Please confirm which of the following you comply with

Management of Health and Safety at Work Regulations 1999	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Workplace (Health, Safety and Welfare) Regulations 1999	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Personal Protective Equipment at Work Regulations 1992	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Manual Handling Operations 1992	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health and Safety (First Aid) Regulations 1981	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The Health and Safety Information for Employees Regulation 1989	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Noise at Work Regulations 1989	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FIRST AID PROCEDURES (Health and Safety (First Aid) Regulations 1981)

Do you have trained first aiders available on the premises during opening hours ?	
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SMOKING (Health and Safety at Work Act 1974)

Please describe what measures you will be taking to accommodate the forthcoming smoking ban ?	
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ABOUT YOUR PREMISES

Please describe the construction materials of the following

Walls		Roof	
Floor		Stairs	

Are the premises in a good state of repair and free from signs of subsidence, landslip or heave ?

YES NO

Are the premises Multi Tenure ?

YES NO

(if YES please give details of other occupants)

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Does the premises have an electrical certificate issued within the last three years ?

YES NO

Age of Premises		Number of Storeys	
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Please describe the type of area in which your premises are situated (i.e. Residential / Commercial)

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GENTLEMEN'S CLUBS & LAP DANCING VENUES

Are the premises protected by a sprinkler system ? YES NO

(if YES please give details of edition, installer etc.)

What is your distance from the nearest:

Police Station		Fire Brigade	
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SECURITY

Type of intruder alarm	
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Name of installer and maintenance company	
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Is the installer NACOSS / SSAIB approved ? YES NO

Please indicate the method of signalling for your intruder alarm Audible Bells Only

If Other (please specify)	Central Station (Digicom) <input type="checkbox"/>
	BT RedCARE <input type="checkbox"/>
	Other <input type="checkbox"/>

Please detail any additional security protections (i.e. grilles on windows)	
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SECURITY Continued

Type of fire alarm	
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Please indicate the method of signalling for your fire alarm Audible Bells Only

If Other (please specify)	Central Station (Digicom) <input type="checkbox"/>
	BT RedCARE <input type="checkbox"/>
	Other <input type="checkbox"/>

Are the premises occupied overnight ? YES NO

(if YES please give details)

Do you have external CCTV cameras ? YES NO

Do you have internal CCTV covering the premises and entrances ? YES NO

Are all your door supervisors provided by an approved agency ? YES NO

Are any of your door supervisors directly employed by you ? YES NO

FINANCIAL AND TRADING HISTORY

List the names of all directors of the insured (or partners or principals if not a limited company)

Has any company which the above named have been involved with gone into liquidation or receivership ?

YES NO

(if YES please give details)

Has any director, partner or principal ever been the subject of an HM Customs or Inland Revenue investigation or have a criminal record (other than minor motoring offences)

YES NO

(if YES please give details)

Have any incidents occurred in the past 5 years requiring the police to be called to The premises ?

YES NO

(if YES please give details)

OTHER INFORMATION

Please detail here any other information which you feel may influence our decision in considering this proposal form

INSURANCE HISTORY

Has any Insurer refused to accept a proposal from you? YES NO

Has any Insurer refused to continue a contract of Insurance held by you? YES NO

Has any Insurer imposed special terms upon you? YES NO

Have there been any claims in the past 5 years? If yes please complete details below YES NO

Incidents (please detail incidents such as accident book notifications, claims you have settled and circumstances which have been advised to your insurers but were **NOT** dealt with as a claim)

Date	Type and details

Material Loss or Damage and Business Interruption Claims (which have been dealt with as claims by your insurers)

Date	Type and details	Amount Paid	Amount Outstanding

Liability Claims (which have been dealt with as claims by your insurers)

Date	Type and details	Amount Paid	Amount Outstanding

DECLARATION

To the best of my/our knowledge and belief, the information provided in connection with this Proposal, whether in my own hand or not, is true and I/We have not withheld any material facts. I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract.

Signed _____

Date _____

Name _____

Position in Company _____

INSURANCE REQUIREMENTS

ITEM TO BE INSURED	SUM INSURED REQUIRED
Buildings, walls, gates & fences	£
Machinery, plant and equipment including property held in trust	£
Stock of alcohol	£
Non Alcoholic Beverages and all other Stock	£
Lighting and Entertainment equipment	£
Sound equipment	£
Other (specify)	£
Other (specify)	£
Other (specify)	£
Other (specify)	£
Other (specify)	£
Annual Loss of Rent	£
Indemnity period	months
Annual Gross Profit	£
Indemnity period	months
Glass / Signs	£
Money in transit to Bank / Night safe	£
When open for business	£
Out of safe out of business hours	
In safe out of business hours	
Make / model of safe	
In gaming machines	
Estimated Annual Carryings	£
Book Debts	£
Deterioration of frozen foods	£
Loss of Licence	£
Names of Individual Licence Holders	
Employers Liability Limit	£10,000,000
Clerical Wages	£
Bar Staff, Glass Collectors and Cleaners Wages	£
Wages of Door Supervisors Employed Directly by You	£
Public & Products Liability Limit	£
Turnover	£