



Builders  
Property owners  
Golf clubs  
Theme parks  
Attractions  
Amusement arcades  
Textiles



Warehouses  
Precision engineering

**Wine Bars**  
**Restaurants**  
**Late Night Entertainment**

**Gentlemen's Clubs**  
**Cleaning contractors**



Golf professionals  
Professional indemnity  
Directors and officers  
Personal accident  
Wines spirits and tobacco  
Printing and publishing



Retail outlets  
Computer equipment  
Mobile telephones  
Paints and inks  
Plastics and fibreglass  
Recycling and waste  
Asbestos



Woodworking  
Sports clubs  
Metal working  
Paper and packaging  
Glass and ceramics  
Food and beverages  
Domestic appliances  
Sporting goods



Jewellery  
Art and antiques  
Hotels  
DSS and Asylum  
Couriers  
Haulage  
Software developers  
Residents property



Care homes  
Charities  
Telecommunications  
Shopping centres  
Go Kart and mini moto  
Race tracks  
Vacant premises  
Musical instruments



Equestrian goods  
Motor trade  
High net worth  
Products liability  
Legal expenses  
Motor fleet  
Waste paper

**LATE NIGHT ENTERTAINMENT SCHEME**

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)	

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"/>

**LATE NIGHT ENTERTAINMENT SCHEME****NATURE OF VENUE**

Does the premises have a dance floor or an area set aside for dancing ? YES  NO

Target age of customers

Do you operate a dress code ? YES  NO

(if YES please give details)

Do you provide live music, entertainment, bouncy castles, foam nights, rodeo rides, karaoke or other such entertainment ? YES  NO

(if YES please give details and frequency)

Do you provide food and/or restaurant facilities ? YES  NO

(if YES please give details)

Do you provide floor shows, cabaret, striptease, clientele participation (other than dancing) or any speciality nights ? YES  NO

(if YES please give details)

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

Do you have trained first aiders available on the premises during opening hours ?

**SMOKING (Health and Safety at Work Act 1974)**

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

**NOISE LEVELS (Noise at Work Regulations 1989, 85db(a))**

When did you last undertake a noise assessment of your premises ?

What was the maximum noise exposure in the following areas ?

Bar Area	dB(a)
Dance Floor	dB(a)
DJ Area	dB(a)

**LATE NIGHT ENTERTAINMENT SCHEME****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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Are the premises protected by a sprinkler system ?

YES  NO 

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

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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)

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Central Station (Digicom)

BT RedCARE

Other

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

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**LATE NIGHT ENTERTAINMENT SCHEME****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**

<b>ITEM TO BE INSURED</b>	<b>SUM INSURED REQUIRED</b>
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	£