

Gauntlet Insurance Proposal Form

Gauntlet is the leading hotel insurance brand in the UK. For more than 30 years we have provided protection and peace of mind to hotel companies, groups, consortia and independents.



Introduction: General information about your business

Company details	
Full Name of proposed company	
Business description	
Registered postal address (if different from address required below)	
Your next insurance renewal date	
How many individual hotel establishments do you operate?	

General details of the hotel that you operate	
Hotel Name	
Address line 1	
Address line 2	
Town/city	
Postcode	
Number of letting bedrooms	
How long have you operated this hotel?	
Is the business seasonal?	
What type of liquor licence is held? (e.g. full, residential, restaurant)	
Describe all activities at premises (e.g. nightclub, casino, fitness centre, sports activities, conferences, weddings etc.)	
Which activities are available to non-residents?	

Part one (a): Insurance for loss or damage to buildings, contents, stock and other risks

This part asks you to specify the value of property to be insured following an event such as a fire, explosion, storm, flood or any accidental cause not specifically excluded.

Please complete details below for the hotel establishment requiring cover.

Cover on buildings and own contents		
1.1	BUILDINGS that you own or have assumed responsibility for arranging insurance	Day 1 Declared Value Basis: £ _____
1.2	Your HOTEL CONTENTS including FURNITURE, FIXTURES & FITTINGS, MACHINERY & PLANT & STOCK other than wines, spirits and tobacco	Replacement Value Basis: £ _____
1.3	Your maximum STOCK of: <ul style="list-style-type: none"> a) Wines b) Spirits c) Tobacco 	All at Replacement Value Basis: <ul style="list-style-type: none"> a) £ _____ b) £ _____ c) £ _____

Additionally please specify sums insured IF YOU REQUIRE A COVER QUOTATION for following risks and exposures:

Cover on tenanted property		
1.4	TENANTS IMPROVEMENTS and DECORATIONS when the building insurance is not your responsibility and items not otherwise covered by Landlord's policy	Replacement Value Basis: £ _____
1.5	PAYMENT OF RENT that you are required to make despite premises damaged by an insured event Please also detail <i>indemnity period</i> required in months	£ _____ _____ months

2

Cover on guests' and employees' property		
1.6	Loss or damage to GUESTS and other VISITORS PERSONAL EFFECTS <i>Note cover limited to specified amount per person by insurers</i>	Replacement Value Basis: £ _____
1.7	Loss or damage to EMPLOYEES PERSONAL EFFECTS <i>Note cover limited to specified amount per person by insurers</i>	Replacement Value Basis: £ _____

Cover on damage to glass		
1.8	Damage to glass following an accident or act of vandalism	Replacement Value Basis: £ _____

Cover on loss or damage to property in transit	
1.9	Loss or damage to your property in transit in a vehicle to or from the hotel Replacement Value Basis: £ _____

Cover on loss or damage to your own household property	
1.10	Loss or damage to your private household contents Replacement Value Basis: £ _____

AND now tell us of any other type of property coverage, not categorised above, that you wish to include within this property loss or damage section

Cover on ANY OTHER PROPERTY not previously categorised	
1.11	Specify any other property a) Replacement Value Basis: £ _____
	b) Replacement Value Basis: £ _____

Cover on deterioration of chilled stock	
1.12	Deterioration of chilled stock in fridges, cold stores and freezer cabinets caused by unforeseen failure of electricity supply Replacement Value Basis: £ _____
	Specify number of fridge or freezer units _____ cabinets/units
	<i>Please state the maximum value of stock carried per individual fridge or freezer unit</i> Maximum Value per unit £ _____

Cover on loss of money through theft or robbery	
1.13	Specify negotiable* money loss limit for: a) money contained in locked specified safe(s) b) money on the premises but not in specified safe(s) c) money in transit *not crossed cheques, credit card vouchers etc. Please also state your estimated annual money carryings (e.g. total cash taken to / from bank each year)
	a) £ _____ b) £ _____ c) £ _____
	Total annual cash carryings £ _____

Cover following an act of terrorism	
1.14	Please indicate whether you require a quotation for terrorism cover Yes <input type="checkbox"/> No <input type="checkbox"/>

Part one (b): Property risk assessment

Accurately identifying perils and risk exposures is a vital step in preventing losses; or at least minimising them.

Gauntlet's identification of some of your major risk features will enable us to obtain the best available premium for you as well as to develop "best practice" to share.

Building information	
Are premises detached, semi-detached or terraced?	
If semi-detached or terraced, what is nature of occupation of all adjoining premises?	
No of Storeys (including basements)	
Age of buildings	
If the building is listed, please tell us whether grade 1, grade 2* or grade 2	
General Construction Details	Walls
	Floor
	Roof
<i>Note: Please also estimate above percentage of material composition if mixed construction types used. (e.g.. Floors: 60% timber / 40% concrete)</i>	

Fire & security details	
Is a Fire Certificate in Force?	
Describe the nature and extent of:	Heat detection equipment
	Smoke detection equipment
	Fire alarm signalling system
What distance is the nearest full time Fire Brigade?	
Describe age & general condition of electrical installation	
When was the electrical installation last inspected by a competent person (NICEIC, ECA or UKASS accredited)	
Describe age & general condition of heating installation(s)	
Describe the nature and extent of security equipment	
Are staff present and on duty at the premises 24 hours per day? <i>If not please describe arrangements</i>	

Other property risk details	
Is there any history of the premises flooding? <i>If yes please provide details</i>	
Is there any history of subsidence or landslip of premises? <i>If yes please provide details</i>	
Is there any history of malicious damage to premises? <i>If yes please provide details</i>	

Part two: Loss of revenue or loss of profit and increased costs of working as a consequence of damage to your property

This section pays the amount of your financial loss resulting from interruption or interference following damage to property.

Calculating your gross revenue loss limit	
a) Insert estimated turnover in past 12 months	£ _____
b) Cost of consumables in past 12 months	£ _____
c) Sub-Total (a - b)	£ _____
d) Add any anticipated increase in the next 12 months	£ _____ Total for 12 months = £ _____
<i>Note: when a longer indemnity period is required (18,24 or 36 months), the loss limit should be increased accordingly with due regard to anticipated business trends</i>	

Cover for loss of gross revenue		
2.1	Loss of annual gross revenue	£ _____
2.2	Additional increase in cost of working	£ _____
2.3	Loss of rent receivable	£ _____
2.4	Indemnity period required	_____ months

Cover for accounts receivable		
2.5	Payment of outstanding balances following destruction of business records	Replacement Value Basis: £ _____

Part three: Employers liability

Employers Liability cover is compulsorily required by law and covers your legal liability to pay compensation following injury to an employee. You are required to insure for a minimum amount £5,000,000 although our standard limit of £10,000,000 any one occurrence and in all during the period of insurance is provided at no additional cost.

Cover for employee injury	
3.1	SPECIFY ESTIMATED SALARIES and WAGES next 12 months allocated between categories below: a) Clerical & management b) All other employees
	a) £ _____ b) £ _____

Additional EL risk information	
Has the business ever been prosecuted or served with a notice under the Health & Safety at Work Act or EC Directives on Health and Safety at Work <i>If yes please provide details</i>	
Please state maximum number of employees at any one location at any one time	
When was your Health & Safety policy statement last revised?	

Part four: Public and Products Liability

This part insures your legal liability for claims brought by guests or the public following death or bodily injury & loss or damage to property. Products liability covers your liability for injury or damage from goods sold or supplied by you.

Public and products liability	
4.1	SPECIFY ESTIMATED TURNOVER for the next twelve months
	£ _____
4.2	SPECIFY LIMIT of INDEMNITY required (any one occurrence and in all during period of insurance)
	£ _____

Part five: Compensation for loss of drinks licence

This part pays the loss of revenue for a 12 month period proceeding a loss of your drinks licence and a sum to cover financial loss for depreciation in the value of the premises

Loss of drinks licence	
5.1	SPECIFY SUM(S) INSURED required
	£ _____

Additional loss of drinks licence risk information

In regard to either the Proposer(s) or the Premises: Has there been within the last five years any opposition to the issue, renewal or transfer of the licence, or any circumstances or incidents which might prejudicially affect the licence or be likely to prevent a renewal being obtained?

Yes

No

If 'Yes' please give details here:

Part six: Engineering plant (inspection & breakdown)

	No. of items	Make and Model(s)	Specify whether owned or hired in	Is quotation required for loss of revenue following breakdown
Hot water heating boiler(s)				
Steam cafe				
Air receiver(s)				
Air conditioning unit(s)				
Passenger and/or goods lift(s)				
Stand-by generator(s)				
Please tell us if you have any other items of plant requiring statutory inspection such as a fork lift truck or an escalator				

Part seven: Historic loss information

All classes loss details

Have there been any incidents in the past five years that have or could have given rise to claims under any section for which cover is required?

Yes

No

If 'Yes' please detail in the summary below and list specifically any losses paid or currently reserved in excess of £5,000 including date, description of loss incident and amount:

7.1 Property Damage

Year (e.g.. dd/mm/yy - dd/mm/yy)	Number (of incidents)	Outstanding (£)	Paid (£)	Total (£) (o/s & pd)

7.2 Business Interruption

Year (e.g.. dd/mm/yy - dd/mm/yy)	Number (of incidents)	Outstanding (£)	Paid (£)	Total (£) (o/s & pd)

7.3 Employers Liability

Year (e.g.. dd/mm/yy - dd/mm/yy)	Number (of incidents)	Outstanding (£)	Paid (£)	Total (£) (o/s & pd)

7.4 Public/Products Liability

Year (e.g.. dd/mm/yy - dd/mm/yy)	Number (of incidents)	Outstanding (£)	Paid (£)	Total (£) (o/s & pd)

Large loss details

Please detail the circumstances of all losses which have exceeded £5,000 in total value over the past 5 years and remedial action taken to prevent similar occurrence:

Part eight: Declarations

Declarations

8.1 Have you or any director, partner or member of the family involved in this business ever been any of the following (*please answer yes or no and add details if you wish*):

Declared bankrupt or been disqualified from being a company director or been involved as owner, director or partnership with any company which went into receivership, administration or liquidation?

Convicted (or charged but not yet tried) of arson or any criminal offence involving dishonesty of any kind ? (e.g. fraud, theft, handling stolen goods etc.)

Refused insurance or had any special terms, restrictions or conditions imposed by an insurer ?

I/We confirm that as far as I am/we are aware, the statements made by me/us or on my/our behalf in connection with this insurance application are true and complete.

I/we agree to accept a policy in the insurers usual form for Gauntlet business

Signed _____ Print Name _____ Date _____

Just some final details to ensure that we manage things smoothly when asking Gauntlet's Insurers for quotations on your behalf:

Please tell us the name(s) of your current insurers	
Please tell us your renewal premium, if known, or your expiring premium for the cover requested	
Please let us know when your Gauntlet quotation is required by	