Pennant Insurance Services

Hotels, Guesthouses & B&B's

Inception Date:	

Proposer Details:

Title:		**Correspondence Address:**
Forename:		
Surname:		
Phone:		
Email:		
Website:		

Company Details:

Company Status (Circle as appropriate)	Partnership / Limited / Sole Proprietor / Club / Individual Trading as / Charity /Company Trading as / Limited Partnership / Public Limited / Religious Organisation / Society / Company Trading as/ Residents Association
Trading Name (List all Partner names if Partnership): Trading as (If Applicable):	
Trading as (if applicable)	
Business Address: (If different to correspondence address)	

Date Business Established:		**Years Experience in the Trade:**	
Estimated Annual Turnover:	£	**Estimated Gross Profits:**	£

Employees:

Working Directors/Partners:		**Clerical Only Directors/Partners**	
Full-Time Manual Employers:		**Part-Time Manual Employees:**	
Full-Time Clerical Employees:		**Part-Time Clerical Employees:**	

Estimated Wage Roll:

Clerical Only:	£	**All Other Workers:**	£

Pennant Insurance Services

Premises Details:

Construction of Building:

Walls:	
Roof:	
Floors:	Timber / Concrete / Both
Any Flat Roof at the premises:	Yes / No
If Yes, Percentage of roof:	
Material:	

Are there any Flats above/behind the premises?	Are the Premises Heated Solely by Fixed Systems?	Is there an ATM on the premises?
Yes / No	Yes / No	Yes / No
Location of Premises (Circle as Appropriate):	Arcade / Business Park / Covered Shopping Centre / Domestic Premises / High Street / Office Premises / Industrial Estate / Market / Market Hall / Parade / Precinct / Warehouse / Residential Area	

Accomadation:

No. of Letting Rooms	Max Occupancy	Do you accept walk in or booking only?	Latest arrival time

Security:

Please tick all that apply:

Owner /Employee Lives on the premises	
Closed Circuit Television (CCTV)	
24 Hour Site Security	
Security Patrols	
External Grilles/Roller Shutters Protection	
Fire Alarm	
Sprinkler Installation	
Intruder Alarm: (Must be a maintenance agreement in place)	
NONE	
Audible Only	
Central Station	
Duel Com	
Red Care	
Other – Give details	

Please confirm that the premises are:
Occupied only the business and not shared with other occupants (apart from rented accommodation) within the building that **MUST** have its own secure and separate entrance. ☐
Self-Contained with their own lockable entrance door(s) ☐

Minimum Security: All insurers require you to have a minumum level of security in addition to any listed below including all final exit doors being fitted with a 5 lever mortice or equivalentand made from structurally sound material

Having any extra security ticked above DOES NOT mean you are exempt from the minimum security requirements. They are considered "Extra" security and will discount your premim accordingly.

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Limits of Cover

Include Commercial Legal Expenses? Yes / No

Stock:

Customers goods in your custody & control:	**£**
Computers, Computers Equipment & Games:	**£**
Radio, TV, Audio & Video Equipment:	**£**
Mobile Phones & Equipment:	**£**
Video Tapes, DVD's, CD's:	**£**
Wines & Spirits:	**£**
All Other Stock:	**£**

Contents:

Computers & Electronic Business Equipment:	**£**
Trade Fixtures & Fittings:	**£**
All Other Contents:	**£**

Buildings:

Buildings Cover:	**£**
Shop Fronts:	**£**

Goods in Transit:

Max value of goods in any one vehicle:	**£**
Max number of vehicles:	

Public Liabilty: Limit of cover required (Circle as required)

£1million	£2million	£5million

Employers Liability: (Included at £10million for limited companies or if at least 1 employee)

Money:

Money left in locked safe (after business hours)	£
If over £2500 – Provide: Make/Model & Cash Rating of Safe	

Business Interuption:

Turnover	£
Number of Months	

Loss of Licence:

Alcohol Licence?	Yes / No	**(if yes cover inc at £50,000 as standard)**

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If you offer food, please complete the below:

Food Hygiene rating? (please circle)	0	1	2	3	4	5

Do you use Deep Fat Frying Equipment? Yes / No

If Yes (circle below and complete as appropriate):

	Frying Range	**Table Top Basket**	**Floor Standing Basket**
Date Built:			
Date Fitted:			

Entertainment:

Do you have entertainment at the premises?	Yes / No
If yes, how many times per month?	

Percentage of turnover relating to:

Food:	
Takeaway:	
Drink:	
Entertainment:	

How Many Covers Do You Have?	**Maximum Capacity?**

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History

Claims:

Please give details of any claims in the last 5 years:

Date	Type of Loss	Settlement Figure	Settled? Y / N	Brief Description

Please confirm the following:

THE PROPOSER(S) / DIRECTOR or PARTNER IN THE BUSINESS:	**I Agree**
Has never been convicted, charged (but not yet tried) or been given an official police caution in respect of any criminal offence (other than a Road Traffic motoring offence).	
Has never been Declared Bankrupt (other than a bankruptcy that has been discharged) or insolvent.	
Are not subject to any current bankruptcy or insolvency proceedings	
Have no outstanding County Court Judgements(s) or Sheriff Court Decree (s)	
Have never been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act, Health & Safety Act or welfare or environmental protection legislation.	
Have never had an Insurance application refused, an Insurance application cancelled or renewal refused, any increased or special terms applied to any business insurance.	

By signing below, you agree that all the information provided is true and accurate to the best of your knowledge and no attempt has been made to provide false information in order to influence the price of your quotation. You also agree that no action can be taken against Pennant Insurance Services in the event the information disclosed is not accurate or correct.

If your circumstances change after a quotation has been offered, it is important that you provide us with these changes as it may affect your quotation premium.
You MUST also notify us of any changes to your circumstances once a policy has gone on cover. Failure to do so may result in your insurance becoming invalid.

Name:	**Date**
Signature:	

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Additional Information