



SWINFORD INSURANCE CONSULTANTS LIMITED
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Betting Shop Insurance - Proposal

Please answer all questions in BLOCK CAPITALS

Proposer's Name(s) in Full
Trading Name
Full Postal Address
Postcode
Telephone No. Fax No. E-Mail:
Full description of business
Risk address of premises (if different from above)
Postcode
Telephone No. Fax No. E-Mail:
Description of premises. E.G. Betting shop on ground floor with flat above

Cover Commencement Date (dd/mm/yy) [/ /]

Is the building in which your premises are situated;

- 1) Occupied solely as a Betting Shop and/or private dwelling? Y/N
2) Built of brick, stone or concrete with slate, tile, or concrete roof and in good state of repair? Y/N
3) Does the property have any history of damage caused by subsidence or landslip? Y/N
4) Are you aware of any subsidence or landslip problems in the local area? Y/N

If NO, please give details
If Yes, please supply separate details.
If Yes, please supply separate details.

How long have you been established at these premises? [Years]

If less than 3 years, previous business details must be provided.

CORE COVER comprising: Contents, Business Interruption, Money, Glass and Liability Insurance.

Contents The sums insured should be the full, new replacement cost.

Trade and office furniture, business machines (including satellite equipment), fixtures, fittings, utensils, employee's personal effects, tenants improvements, shop fronts (excluding glass) and all other contents owned by you, or for which you are responsible.

Sum Insured

£

Value of Shop Front and Tenants Improvements included within this **Sum Insured**

£

SECURITY Please state details of the physical security of your premises e.g. locks, shutters, panic buttons etc. (minimum standards of security apply - see attached).

Is there a burglar alarm system installed at the premises?

Y / N

If yes, state A) Name of Alarm Company _____

B) Is it maintained by the Alarm Company under contract?

Y / N

C) Method of signalling (e.g. Redcare - Digital Communicator - Bell only) _____

Is there a Panic Button System in Operation?

Y / N

MONEY

1) Please state make, model and age of safe and whether anchored to the floor. _____

2) Annual money carryings. _____

3) How frequently and by whom is money carried to and from the Bank? _____

OPTIONAL COVER Please complete if required, otherwise leave blank.

Buildings (index linked) Sum Insured

£

The sum insured should be based on rebuilding costs, plus an amount to cover 'extras' such as architects and surveyors' fees.

Terrorism Do you require cover for terrorism? (Buildings and Contents)

Y / N

Frozen Foods (subject to any frozen or chilled food cabinet, deep freezer, cold room or cold store being under 10 years old)

Total sum insured of frozen or chilled food

£

Goods in Transit

Total sum insured on trade contents per vehicle.

£

Number of vehicles

All Risks Details of any item requiring cover anywhere within Europe together with the sum insured.

"On Course" Liability

Number of persons to be covered

GENERAL QUESTIONS (to be answered in all cases)

1) Have you, or any principal in the business, or any company in which you have an interest:

- a) Ever been refused insurance or had special terms or conditions imposed by any insurer?
- b) Sustained any loss or had any claim made against you, whether insured or otherwise, in respect of any of the insurance required at this or any previously occupied premises during the last 5 years?
- c) Ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (e.g. involving fire, fraud, theft or handling stolen goods)?
- d) Ever been prosecuted, or received notice of intended prosecution, under the Health and Safety at Work Act or Consumer Protection Act?
- e) Ever been declared bankrupt, the subject of bankruptcy proceedings or made any arrangements with creditors?

If YES, please give full details.

2) Are you at present insured or have you ever proposed for insurance in respect of any of the covers to which this application applies?

If Yes, state class of insurance and name of Insurer.

3) Are account ledgers kept and will they be maintained up to date?

DECLARATION Important Notice

You are reminded that you must provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material, it should be disclosed above. Failure to disclose all material facts may invalidate your policy or may result in your policy not operating fully.

I DECLARE that the sums insured represent the FULL REBUILDING COST of the buildings to be insured and in the case of trade contents they represent the FULL VALUE of the property to be insured.

The statements made by me in ANY PART of this Proposal to the best of my knowledge and beliefs are true and complete and if any answer has been given by any other person that person shall be deemed to be my agent for the purpose. Also, I have not omitted any material facts and agree this Proposal and Declaration shall be the basis of the contract between me and the Zurich Insurance Company and to accept a policy (a specimen of which is available upon request) in the form issued by the company for the insurance now proposed, and to pay the premiums thereon.

Signature

Date

NOTE: If you require any further information or a copy of the standard policy, please contact Swinford Insurance Consultants Ltd who will gladly supply one on request.

ARRANGED BY: SWINFORD INSURANCE CONSULTANTS LTD
POTTERS CROSS, ENVILLE ROAD, KINVER, STOURBRIDGE, WEST MIDLANDS, DY7 6BX
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UNDERWRITTEN BY



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