

# Park Business Insurance Submission Form



## Policyholder Details

### Business Details

Insured Name	
Trading Name	
Full Address	
Postcode	
Target Premium	
Website	
Business Description	
Type of Business	

### Subsidiary Businesses

Please list any subsidiary businesses to be insured

Business Name	Address

### Interested Parties

Please note any interest in the business below

Party Name	Address	Nature of Interest

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### Directors

Please list the directors of the business

Title	Name	Date of Birth

### General Questions

No Policyholder, director or partner involved with The Business or any other company or business has:

ever had an insurance proposal declined, renewal refused or insurance cancelled or special terms imposed	<Yes/No>
been convicted of or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence, other than a motoring offence, unless spent by the Rehabilitation of Offenders Act	<Yes/No>
been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings or been disqualified from being a company director	<Yes/No>
been the subject of a County Court Judgement, an Individual Voluntary Arrangement, a Company Voluntary Arrangement or a Sheriff Court Decree	<Yes/No>

If you have answered Yes to any of the above, please give details

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The Business, or businesses, listed in this policy

Have not been subject to an investigation by HMRC which has resulted in a prosecution in the last 10 years	<Yes/No>
Has a permanent registered address	<Yes/No>
Holds the necessary licensing and permissions from the relevant local authority, government or regulatory body.	<Yes/No>

If you have answered Yes to any of the above, please give details

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## Claims History

Date of Loss	Status	Type of Claim	Risk Address	Paid	Outstanding

## Risk Information

### Security

Physical Security in place	
CCTV system	
Onsite warden	
Entrance security	
Other Security measures	

### Health and Safety

Date of last Survey	Risk Improvements Identified	Risk Improvements Made

### Fire Measures

Local station, distance and travel time to site	
Fire points on site	
Fire wardens	
Units comply with spacing regulations	

## Insured Locations

### Location Information

Name	Address	Postcode	Type of Park	Number of Pitches

### Location Questions

all Premises are, and will be maintained, in a good state of repair	<Yes/No>
The Premises have suffered from or shown any visible signs of damage from subsidence, landslip or ground heave	<Yes/No>
all Premises are occupied for the sole purpose of The Business and otherwise only as private dwellings	<Yes/No>
none of the Premises is unfurnished, unused or unoccupied	<Yes/No>
none of the Premises is located in an area with a history of flooding	<Yes/No>
all Premises are protected by adequate security devices and/or intruder alarm systems	<Yes/No>
The premises is closed for more than 3 consecutive months	<Yes/No>
There is an ATM on the premises	<Yes/No>

If you have answered Yes to any of the above, please give details

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## Buildings

### Building Details

Type of Building	Park Location	Construction	Sum Insured
			£
			£
			£
			£
			£
			£
			£

### Underground Services

Park Location	Number of Pitches	UG Services Sum Insured
		£
		£
		£
		£

### Hire Fleet and Sales Stock

Park Location	Hire Fleet Sum Insured	Sales Stock Sum Insured	Unit Type
	£	£	
	£	£	
	£	£	
	£	£	

## Contents and Computers

Contents	Park Location	Sum Insured
		£
		£
		£
		£
		£
		£
		£

Computers	Park Location	Sum Insured
Hardware		£
Software		£
Portable equipment		£

Park Machines	Park Location	Cover Type	Sum Insured
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£
		Reinstatement/Indemnity	£

		Reinstatement/Indemnity	£
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## Business Interruption

### Revenue

Revenue Stream	Revenue	Location	Indemnity Period

### Key and Nominated Persons

Key person cover needed	Yes/No
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Name	Occupation	Date of Birth	Time with Business	Cover
				Key / Nominated
				Key / Nominated
				Key / Nominated
				Key / Nominated
				Key / Nominated
				Key / Nominated



## Employers Liability

### Main Business

Liabilities – Wageroll (EL)	
Clerical	£
Retail/Catering	£
Maintenance	£
Coaches/Instructors	£
Greenkeepers	£
Payments to Subcontractors	£

Employee Numbers		ERN Exempt?	<Yes/No>
Full Time	Part Time	ERN	
		Companies House Number	

### Subsidiary Companies

Business	ERN Exempt	ERN

## Public and Products Liability

### Main Business

Liabilities – (PL)	
Total Turnover	£
Activities (please specify)	
Indemnity Limit	

## Personal Accident

### Persons to be Insured

Name	Occupation	Date of Birth	Category of Cover	Sickness Cover
				<Yes/No>
				<Yes/No>
				<Yes/No>
				<Yes/No>
				<Yes/No>
				<Yes/No>

## Private Dwelling

### Buildings and Contents

Building Description	Location	Building Sum Insured	Contents Sum Insured	Construction
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	
		£	£	

### Valuables and Personal Belongings

Item	Sum Insured	Last Valued
	£	
	£	
	£	
	£	
	£	
	£	
	£	