



COMMERCIAL RISKS (UK) LTD

Copenhagen House, 5-10 Bury Street, London, EC3A 5AT
Tel: 020 7702 2103 Email: info@commercialrisks.co.uk

Licensed Premises Quotation Request

1. Proposers full name

2. Proposers Postal Address
Postcode (complete in full)

3. Proposer's Occupation	Business

4. How Long Trading	
These premises / other premises	<input type="text"/>
If less than 3 years please give name of previous owner	<input type="text"/>

5. Age of Building	<input type="text"/>
6. Is the building in a good state of repair (If no give details of any defects)	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is the building unoccupied for more than 14 days in any one year, at any one time (If yes give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>

8. Type of Area i.e. Commercial, Industrial, Residential Rural etc.	<input type="text"/>
--	----------------------

9. Construction of Building	
(a) Walls	<input type="text"/>
(b) Roof (If flat roof percentage of roof area & age / condition)	<input type="text"/>
(c) Floors	<input type="text"/>
(d) Stairs	<input type="text"/>
10. Is the building multitenure (If yes give details of other occupants)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Number of storeys	<input type="text"/>
12. How is the building heated	<input type="text"/>
13. Is the building protected by Automatic fire Alarm/Break Glass Boxes/ Connected Central Station	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Is the building protected by a sprinkler system (If yes what edition)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Does the building have any undue exposure to storm, flood or subsidence (If yes give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Distance from full time fire station (Miles) / Distance from full time Police station (Miles)	<input type="text"/>
17. Is there a current IEE Certificate in force? If no when was the electrical system last inspected?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Doors (i.e. 5 MDL etc)	<input type="text"/>
19. Windows / other openings	<input type="text"/>

Management

20. Number of years experience in the trade	<input type="text"/>
21. Details of housekeeping (e.g. Rules re. clearance of glasses & spillages, Intervals & mopping up etc)	<input type="text"/>
	<input type="text"/>
22. Details of housekeeping (e.g. Rules re. clearance of glasses & spillages, Intervals & mopping up etc)	<input type="text"/>
23. Details of methods to prevent drug use / trafficking on the premises	<input type="text"/>
24. Numbers of incidents resulting in attendance by the police over the last 3 years (reasons for visit)	<input type="text"/>

Material Damage (Is cover required for this section)

25. Fire Explosion Aircraft Lighting Earthquake Storm & flood (Delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Bursting / Overflowing Water pipes (Delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Riot, impact, theft, strikes, labour & political disturbances (Delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Malicious damage / Accidental damage / sprinkler leakage (Delete as appropriate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Subsidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Terrorism	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Buildings and Tenants Improvements	<input type="text"/>	
32. Wines Spirits Cigarettes and tobacco	<input type="text"/>	
33. Frozen foods	<input type="text"/>	
34. Other stock excluding frozen foods	<input type="text"/>	
35. Gaming machines and entertainment equipment	<input type="text"/>	
36. Computers	<input type="text"/>	
37. Fixtures fittings and all other contents	<input type="text"/>	
38. Misc.	<input type="text"/>	

Business interruption (Is cover required for this section)

39. Annual Gross Profit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Increased cost of working	<input type="text"/>	
Rent Receivable / Payable	<input type="text"/>	
Indemnity Period (12/24/36 Months)	<input type="text"/>	

Book Debts (Is cover required for this section)

40. Sum Insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are books and records kept in a fire resistant safe	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are duplicate books kept away from the premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Glass (To be completed even if cover on buildings is on an AD basis) is cover required for this section

41. External fixed glass sum Insured	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Internal glass including showcases / counter cases etc	<input type="text"/>	
External signs and blinds	<input type="text"/>	

Money Is cover required for this section	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42. Transit / night safe	<input type="text"/>	
When open for business	<input type="text"/>	
Out of safe / Out of hours	<input type="text"/>	
In safe (Type of safe _____)	<input type="text"/>	
In private residence	<input type="text"/>	
In gaming machines (Limit of any one machine	<input type="text"/>	
Non negotiable documents	<input type="text"/>	
Estimated annual carryings	<input type="text"/>	
Personal Accident / Assault / Capital benefits	<input type="text"/>	
Weekly benefit	<input type="text"/>	

Goods in Transit (Is cover for this section required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
43. Transit by own vehicles any one load	<input type="text"/>	
Estimated Annual carryings	<input type="text"/>	

All Risks (Is cover for this section required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
44. Unspecified machines (Limit any one item (_____))	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is cover required (a) Premises only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is cover required (b) UK only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is cover required (c) Worldwide (cover for unattended vehicles will be excluded unless otherwise agreed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Deterioration of stock (Is cover for this section required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
45. Total sum insured	<input type="text"/>	
Limit per cabinet / per freezer	<input type="text"/>	
Age of cabinet / freezer(s)	<input type="text"/>	
Are the cabinets / freezers subject to a maintenance agreement	<input type="text"/>	

Loss of licence (Is cover for this section required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
46. Limit of indemnity	<input type="text"/>	

Liability (Is cover for this section required)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
47. Employers Liability limit required	<input type="text"/>	
Public / Products Liability limit required	<input type="text"/>	
Property Owners Liability limit required	<input type="text"/>	
Annual Clerical / Managerial wages	<input type="text"/>	
Doormen wages	<input type="text"/>	
All other employees wages	<input type="text"/>	
Estimated Annual Turnover (UK / Other)	<input type="text"/>	<input type="text"/>

General Questions

48. Is an intruder alarm installed

 Yes
 No

(If yes type of signalling i.e. Redcare, central station, bells only)

49. Is the installation NACOSS approved

50. Are there any other security measures/ night watchmen)

 Yes
 No

If yes give details

51. Is the building occupied overnight by personnel (If yes by whom)

 Yes
 No

Claims

52. Have there been any claims in the last five years

 Yes
 No

If yes give details

Date Circumstances

Outstanding

Paid

General Information

Do they provide

53 (a) Live music (if yes frequency and details)

(b) Facilities for private functions (if yes frequency and details)

(c) Restaurant facilities

 Yes
 No

(d) Floor shows, cabaret, table dancers (If yes provide details)

54. Does the venue have a dedicated or specialist type of music (If yes, please provide details)

 Yes
 No

(Heavy metal, pop, revival, Indy, rave, house etc

55. Maximum Attendance / Age group of clientele

 /

56. Is there a Dance floor / area? (if yes provide details)

57. Number of days open per week / Opening hours

 /

58. Is there a membership system in existence

59. Is there a charge made for entry (if yes please give details)

60. Do you have doormen (If yes are they)

 Yes
 No

61. (a) Your own employees

 Yes
 No

(b) Provided by an agency

 Yes
 No

(c) Vetted and approved

 Yes
 No

(d) Subject to a door registration scheme organised through local / licensed council

 Yes
 No

62. Are there any other material facts?

 Yes
 No

Previous Insurers Name

Expiry Date of Insurance Policy

Target / Renewal Premium & Target Date

Brokers Name / Phone & Fax Number

 Commercial Risks (UK) Limited

Contact name

Do you hold this risk