

Amusement Arcades Insurance Presentation/Proposal



T H O R N H I L L
I N S U R A N C E
EST—1982

A trading style of Brian Thornhill (Insurance Brokers)

*In order to obtain the best possible terms please answer **EVERY** question in this form. The more information the better the terms.*

BROKER NAME

BROKER EMAIL

BROKER TELEPHONE

INSURED FULL NAME & TRADING TITLE

RISK ADDRESS

(If more than 1 risk address
Please copy sums Insured
For each address)

**FULL BUSINESS
DESCRIPTION**

PERIOD OF COVER

WEBSITE

| <u>Property Damage</u> | <u>Sum Insured</u> |
|--|---------------------------|
| Buildings | £ |
| Rent Payable – months | £ |
| Tenants Improvements | £ |
| Fixtures/Fittings and all other contents except as below | £ |
| Wines, Spirits, Tobacco & Cigarette Stock | £ |
| Other Stock | £ |
| Gaming Machinery & Entertainment Equipment | £ |
| Fixed Glass and Signs | £ |
| Other – Please Specify | £ |

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Business Interruption

Cover: As per Property Damage Section

| | |
|------------------------------------|---|
| Gross Profit Sum Insured required | £ |
| Maximum Indemnity Period in months | |
| Rent Receivable | £ |
| Maximum Indemnity Period | |
| Increase Cost of Working Expenses | £ |
| Turnover | £ |

Loss of Licence – 12 month indemnity period

£

Frozen Stock

| | |
|-------------------|---|
| Total Sum Insured | £ |
|-------------------|---|

Money

| | |
|---|---|
| In premises during business hours | £ |
| In safe during business hours | £ |
| In transit | £ |
| In premises in specified safe/s out of Business hours | £ |
| Safe 1 | |
| Safe 2 | |
| In premises in unspecified safe/s out of Business hours | £ |
| Number of Gaming Machines | |
| Money in Gaming Machines (Total) | £ |
| If more than £500 per machine please specify | £ |
| Money Not In Safe Outside Business Hours | £ |
| On premises during Business Hours | £ |
| In Transit | £ |
| Estimated Annual Cash in transit by employees | £ |
| Estimated Annual Cash in transit by Security Company | £ |

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Goods in Transit

Maximum Load any one vehicle £

Number of vehicles

Estimated Annual carryings £

Employers' Liability

Limit of Indemnity any one occurrence
including costs and expenses £10,000,000

Wage roll split

Clerical/Managerial £

Agency Doormen and security staff £

Own Doormen and security staff £

All other staff £

Public Liability/Products Liability

Limit of Indemnity Any One Incident £

Estimated Annual Turnover £

What is the maximum licensed capacity of the premises people

Does the Insured have an Evacuation Procedure Documented?

If so, please submit with this form YES NO

INFORMATION

How long have you traded from these premises

How long have you traded elsewhere

Existing Insurers

Renewal Premium £

Renewal Date

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FIRE SAFETY DETAILS:

| | | |
|--|--------------|----------------------|
| Do the premises have a Deep Fat Frying Range? | YES | NO |
| If Yes, please state range or if just a basket fryer please state. (Deep Fat Frying Equipment means equipment used for frying by immersing in fat or oil). | | |
| Is the Deep Frying, Frying and Cooking equipment installed, operated and maintained in accordance with the manufacturers instructions? | YES | NO |
| Is a written record of all cleaning including details of any contractors employed together with invoices for such work kept in a safe fire resistant place? | YES | NO |
| Do you keep in the kitchen and on the premises at least a 2kg or 3kg CO2 or dry powder fire extinguisher which is subject to an annual maintenance contract and have staff that are trained to use them? | YES | NO |
| Are the premises protected by an automatic fire detection system? | YES | NO |
| If Yes, please state type of signalling: | Redcare | Redcare GSM |
| | Audible only | Other |
| | | Digital Communicator |
| Is an annual maintenance contract in place for the fire detection system? | YES | NO |
| Distance from the Fire Brigade | | |
| Does the premises have a working Fire Suppression System? | YES | NO |
| If so, what type is it? | | |
| Is this system subject to a maintenance contract? | YES | NO |
| Has a Risk Assessment been completed in accordance with the Regulatory Reform (Fire Safety) Order 2005? | YES | NO |
| Has the electrical system and wiring at the premises been checked in the past 5 years and all defects remedied? | YES | NO |
| Has the system been certified as IEE compliant? | YES | NO |
| How are the premises heated? | | |

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PREMISES DETAILS

| | | |
|---|-----|----|
| Is the premises a listed building or situated in a conservation area? | YES | NO |
|---|-----|----|

Year premises built

Number of storeys

Full construction details, including the following:- (brick, stone, tile, slate, concrete, timber, etc)

1) Walls

2) Floors

3) Roof

| | | |
|---|-----|----|
| 4) Does the building have any flat roofed extensions? | YES | NO |
|---|-----|----|

| | | |
|---|--|---|
| If Yes a) what proportion of the overall roof area do they make up? | | % |
|---|--|---|

| | | |
|--|-----|----|
| b) is the construction of this roof area felt or asphalt on timber or similar combustible decking? | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| 5) If Flat is it subject to an annual maintenance contract? | YES | NO |
|---|-----|----|

6) Internal Dividing Walls / Partitions

Are the Premises:

| | | |
|--|-----|----|
| 1. Solely occupied by the proposer? If not please give details of other tenants and details of how the premises are divided | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| 2. Detached? If not please give details of adjoining premises and the construction of dividing walls | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| 3. Near to any rivers, lakes or other watercourses? Please give details | YES | NO |
|--|-----|----|

| | | |
|-------------------------------|-----|----|
| 4. In a good state of repair? | YES | NO |
|-------------------------------|-----|----|

| | | |
|--|-----|----|
| 5. In an area with a history of Vandalism? | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| Are the premises in a position or area where flooding is possible or where flooding has occurred? | YES | NO |
|---|-----|----|

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PHYSICAL SECURITY

| | | |
|--|-----|----|
| Do all external doors have 5 (or more) lever mortice deadlocks conforming to BS3621? If not please provide security details | YES | NO |
|--|-----|----|

| | | |
|--|-----|----|
| Are all Windows and sky lights accessible by ground, roofs, downpipes and porches fitted with Key operated window locks? If not please provide security details | YES | NO |
|--|-----|----|

Do the premises benefit from CCTV cameras?

- | | | |
|---|-----|----|
| <input type="checkbox"/> Are tapes retained? | YES | NO |
| <input type="checkbox"/> If so for how long? | | |
| <input type="checkbox"/> Is this 24 hr CCTV? | YES | NO |
| <input type="checkbox"/> Is the CCTV Inside, Outside or both? | | |
| <input type="checkbox"/> How many camera are there? | | |
| <input type="checkbox"/> Where are they positioned? | | |

| | | |
|---|-----|----|
| Are the premises protected by a NACOSS approved Intruder Alarm system? If Yes, Please state type of signalling | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Is there an annual maintenance contract in place? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| Are the premises protected by shutters, bars or grilles? If so, where is the protection? | YES | NO |
|---|-----|----|

DOOR STAFF

| | | |
|---|-----|----|
| Are all Door Staff licensed by the SIA? | YES | NO |
|---|-----|----|

| | | |
|------------------------------------|-----|----|
| Are they Employees of the Insured? | YES | NO |
|------------------------------------|-----|----|

| | | |
|--|-----|----|
| Are they bona fide subcontractors employed by a SIA licensed company/Agency who are registered under the SIA approved contract scheme? | YES | NO |
|--|-----|----|

| | | |
|--|-----|----|
| Are the Door Staff Managed by the Arcade Manager or by a Manager supplied by the Agency/Company? | YES | NO |
|--|-----|----|

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GENERAL

Is there a membership system in existence? YES NO

Is the club members only? YES NO

How many current members are there?

What are the Opening Hours?

Do you operate a Function Room or Party Room? YES NO

Number of: Pinball / Video Games
Simulators
Pool Tables
Interactive Games
Other (state)

What type of entertainment is provided?

1) Restaurant YES NO %

2) Other – Please specify YES NO %

Who is the licensee?

Do you employ staff especially to collect empty glasses?

Does the Insured use Plastic Glasses? YES NO
If Yes, is this compulsory or are bottles and traditional glasses still used?

Do Staff carry out regular inspections/clearing exercises of the premises ensuring any spillages/wet floors/toilets are cleared once known? YES NO
If so, when are these inspections carried out?

When these inspections are carried out are these logged in writing, signed off by management at the end of each day and kept for a period of 3 years? YES NO

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FINANCIAL

Is the company profitable, financially stable and in line with your business plan? YES NO

If NO,
is the company financially stable and on track to improve in line with the business plan? YES NO

CLAIMS HISTORY

Please provide details of any occurrences during the past 5 years resulting in loss, destruction, damage, bodily injury or legal liability claims for which insurance is required.

| Date of incident (dd/mm/yyyy) | Full details of incident | Payments made (£) | Current Reserve / OS amount (£) | What action has been taken by yourselves to prevent a reoccurrence of this incident. |
|----------------------------------|--------------------------|----------------------|------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*** Please attach the current Insurer confirmed claims experience**

Any Other Additional / Material Information (Continue on a separate sheet if required)

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If you require any additional cover to that above please specify here. In addition if you have any surveys or additional information regarding the risk please either advise below or attached a separate sheet.

Please read the below statements and if any are not accurate please advise which statement is not accurate and provide full details.

You, The Business, or any director or partner or licensee in relation to this business or any other business or in a personal capacity :-

- 1) Has Never been convicted, charged (but not yet tried) or received an official caution for any offence other than a motoring offence?
- 2) Has Never been declared bankrupt or been a direct or officer of any company or organisation that went into liquidation.
- 3) Has Never had any insurance declined, cancelled, refused, renewal refused or had any special terms applied by any insurer for the risks and/or covers proposed.
- 4) Has Never been prosecuted under the Health & Safety at Work Act or had any health and safety prohibition notices imposed
- 5) Had any opposition to the transfer, grant or renewal of the licence in the last 5 years by the Local Authority or Police Authority.
- 6) Had a licence revoked, cancelled, refused or suspended in the last 5 years by the Local Authority or Police Authority.
- 7) Do not have any circumstances or incidents occurred which might be prejudicial or lead to any refusal.

Declaration

You are responsible for the accuracy of the answers on this form, not your agent or insurer. Please do not sign this form unless you are sure that all questions have been answered fully and correctly

I/We agree that the information given on this form has been carefully checked and that if any answer has been completed by any other person such person shall be regarded as my/our agent and not the agent of the insurer

I/We declare that to the best of my/our knowledge and belief the information on this form is true and correct and all material facts have been disclosed. A material fact is one that is likely to influence an insurer in the acceptance or assessment of this presentation/proposal.

I/We consent to the seeking of information from other insurers to check the information I/we have provided and I/we authorise the giving of such information for such purposes

I/We agree that this declaration shall be the basis of the contract between me/us and the insurer and I/we agree to be bound by the terms, conditions and exceptions of the Insurer's policy.

Signature of Proposer

Name of Proposer

Date