

Commercial Insurance Fact Find

The aim in completing this form is to provide correct objective details for Bluefin to obtain quotations from insurers.

I/we understand that any premium levels obtained using this information are subject to verification by my/our existing insurers of the claims details provided, a survey by any new insurer and completion of their standard proposal form (if required).

I/we are not bound in any way to accept any proposals put forward by Bluefin

Proposer (including all Trading names):

Postal Address:

Email address:

Website address:

Full Description of Trade or Business

(Relevant brochures attached if available)

Date business was established:

Registration No.

Trade Association membership

How long at this location?

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- Declaration of Facts

Premium Information

Cover	Existing insurers	Last Year's Premium
Combined		£
Computer		£
Goods in Transit		£
Employers liability		£
Public liability		£
Personal Accident		£
Travel		£
Motor		£
Marine Transit		£
Engineering		£
Others (please specify):-		£
		£

Premises Information

State the addresses at which the property to be insured is situated.

Main Location:

Post Code

Occupied as

Other Locations

(NOTE TO USER: IF NONE, STATE "NONE" AND DELETE THE FOLLOWING)

1)

Post Code

Occupied as

2)

Post Code

Occupied as

3)

Post Code

Occupied as

General Information

THIS IS INTENDED FOR YOUR OWN USE. FEEL FREE TO INSERT SPECIFIC INFORMATION ON THE CLIENT/PROSPECT HERE

Assets & Financial Information

Property

Buildings	£
Tenants Improvements	£
Machinery Plant & All Other Contents	£
Computers / Electronic Equipment - Premises	£
Portable Computer/Electronic Equipment	£
<i>Territorial Limits</i>	<i>UK / Europe / Worldwide</i>
Other Portable Equipment	£
<i>Territorial Limits</i>	<i>UK / Europe / Worldwide</i>
Stock Debris Removal	£
General Stock	£

Sum Insured Split

Location	Buildings/ Tenants Imp.	Machinery & Plant	Computer	Portable Computer	Stock	Gross Profit
1						
2						
3						

Computers

Reinstatement of Data	£
Increased Cost of Working	£
Indemnity Period	

Business Interruption

Basis of Cover	
1. Gross Profit [Turnover less Purchases] / Revenue	£
2. Increased Cost of Working	£
3. Rent Receivable Premises / Payable	£
4. Additional Increased Cost of Working	£
5. Book Debts	£
Sum Insured:	£
Indemnity Period:	months
Current Basis:	75% deposit / declaration linked

Assets & Financial Information

Money

1. Maximum Cash on premises	£
2. In transit	£
3. Out of Safe during Business Hours	£
4. Out of Safe Overnight	£
5. In safe –	£

Estimated Annual Carryings by Security Company £

Estimated Annual Cash Carryings by Own Employees £

Turnover

Estimated Annual Turnover £

Split,

UK	£
USA/Canada	£
Rest of the World (please specify)	£

Wages

Clerical / Admin / Sales £

Wood Working Machinists £

Manual Work Away from own premises £

All Others – *please describe* £

Total number of Employees

Additional Information - Extensions

Stock

Is stock cover required? **YES / NO**

If yes,

1. Maximum value of Non-Ferrous Metals £
2. Please split the total Stock Sum Insured between: -
 - Finished goods %
 - Work in progress %
 - Raw materials %
3. Is Stock susceptible to water damage? YES / NO / not applicable
4. Is Stock brittle or prone to breakage? YES / NO / not applicable
5. Is cover required for stock in the open on your premises or away from your own premises? YES / NO
6. If Yes please provide details: -

Machinery & Plant

Is Machinery & Plant cover required? **YES / NO**

If yes,

1. Is all Machinery of standard manufacture & design & not built or modified for your particular requirements? YES / NO
2. What is the replacement time for key machines?
3. 5 year inspection and testing of electrical wiring and installations YES / NO
4. Date of last inspection
5. Annual inspection and testing of portable appliances YES / NO

Computer

Is Specialist Computer cover required? **YES / NO**

If yes,

1. Please confirm Equipment is subject of a maintenance agreement providing on-call corrective & remedial services YES / NO
2. Back up tapes and programmes taken at least weekly & stored offsite YES / NO
3. Is there an Uninterrupted Power Supply system in place YES / NO
4. Is the computer used as part of the manufacturing process YES / NO

Additional Information - Extensions

UK Transit

Is UK Transit cover required?

YES / NO

If yes,

- By: Rail / Post / Hauliers / Own Vehicle(s)
- Limit any one vehicle £
- Limit any one consignment £
- Parcel post limit £
- Number of own vehicles
- Security arrangements for Own Vehicles overnight?
- Maximum Value of Goods any one transit £

Please delete the above section if overseas transits also required to avoid duplication of cover in the marine section

Additional Cover Information

Property

All Risks including Theft / Subsidence / Sprinkler Leakage / Terrorism

OR

Fire and Specified Perils, Aircraft, Explosion, Earthquake, Riot, Malicious Damage, Storm, Flood Burst Water Pipes, Impact, Theft, Subsidence, Sprinkler Leakage, Terrorism

OR

Other – Please specify Perils

Business Interruption

1. How long would it take for the client to relocate to alternative premises?
2. How long would it take to reinstate building following major loss?
3. Does Client anticipate any significant increase or reduction in GP over the next two years YES / NO
4. Can Client subcontract work to complete their orders? YES / NO
5. Is there a Business Continuity Plan in place? YES / NO

BI Extensions: -

Dependency on any **specific** supplier or customer? YES / NO

If yes please advise, for each supplier/customer,

Name

Address (including post code)

Dependency

%

Additional Cover Information

Business Interruption Cont.

1. Cover for **unspecified suppliers?** YES / NO

If yes, please advise dependency %

2. Any exposure to failure of Public Utilities?

- Electricity YES/NO
- Gas YES/NO
- Water YES/NO
- Telecom YES/NO

If yes, to any of the above, what limit? £

3. Denial of Access YES/NO

4. Murder & Suicide YES/NO

5. Notifiable Disease YES/NO

6. Research & Development Costs YES/NO

If yes, to any of the above, what limit? £

Book Debts

Are records stored off the premises YES/NO

Are records kept in a Fire Proof Safe YES/NO

Additional Cover Information

Employers Liability

Is Employers Liability cover required **YES / NO**

If yes, Indemnity limit required **£10,000,000**

1. Is there a system for the inspection of all parts of the workplace on a regular basis in order to identify defects & hazards & ensure any corrective action is taken **YES / NO**
2. Is all equipment that needs statutory inspection identified and routinely inspected **YES / NO**
3. How many First aid officer have been appointed
4. Are pre-employment health checks carried out **YES / NO**
5. Is there a health & safety policy statement tailored to the client's activities and kept up to date **YES / NO**
6. If yes, when was this last reviewed
7. Has this been communicated to all staff **YES / NO**
8. Is there a specifically trained director / employee responsible for health & safety issues **YES / NO**
9. Is health & safety training given to all staff throughout their employment **YES / NO**
10. Is a record kept of all health and safety training given to staff **YES / NO**
11. Does client engage external organisations to audit the Health & Safety systems and adherence of it **YES / NO**
12. Have all formal Risk Assessments been completed and are they subject to regular review [*COSHH; Fire; Manual Handling; Repetitive upper limb using tasks; Noise – Control of Noise at Work Regs 2005; Vibration*] **YES / NO**

Additional Cover Information

Employers Liability Cont

- | | |
|---|----------|
| 13. Have the results of the risk assessments been communicated to employees, their signature gained to acknowledge this & their understanding of them | YES / NO |
| 14. Have training needs, identified by the risk assessments, been addressed | YES / NO |
| 15. Do employees sign to acknowledge that they have received and understood training provided | YES / NO |
| 16. Are competency assessments made and recorded for all potential employees and subcontractors | YES / NO |
| 17. Mandatory use of machine guards | YES / NO |
| 18. Safety Notices / instructions prominently displayed | YES / NO |
| 19. Do you undertake post-incident reviews following losses or near misses | YES / NO |
| 20. Are you aware of the Control of Asbestos at Work Regulations 2002 | YES / NO |
| 21. Any prosecution/prohibition notice or improvement order issued during the last 5 years | YES / NO |
| 22. Any notice or order placed on the company under health and safety legislation in the past 5 years | YES / NO |
| 23. Is there any work on Offshore installations
If yes, give details | YES / NO |
| 24. Is there any external work above 10metres
If yes, give details | YES / NO |
| 25. Are employees involved in continuous repetitive work | YES / NO |

Additional Cover Information

Employers Liability Cont

26. Are there processes involving vibration which may be continuously transmitted to the body YES / NO
27. Any history of noise induced deafness YES / NO
28. Any exposure to noise levels above 85db (A) YES / NO
29. **Personal Protective Equipment** - Are any of the following items provided
- Head protection YES / NO
 - Eye protection YES / NO
 - Ear protection YES / NO
 - Hand & Arm protection YES / NO
 - Protective Body Clothing YES / NO
 - Respiratory equipment YES / NO
 - Are their use and wearing enforced YES / NO
 - Do staff sign to acknowledge receipt of the equipment and are they trained in its use YES / NO
30. Any discharge of effluent, fumes or anything of a noxious nature YES / NO
31. Any work in or on power stations, nuclear installations or establishments, refineries, bulk storage or production premises in the oil, gas or chemical industry, offshore structures, computers or computer rooms, aircraft, aerospace or watercraft, railways, airports or work underground or underwater YES / NO

Additional Cover Information

Public & Products Liability

Is Public & Products Liability cover required **YES / NO**

If yes, Indemnity limit required **£1,000,000 / £2,000,000 / £5,000,000**

1. Is there a planned premises maintenance programme and recording YES / NO
2. Quality control accredited to BS5750; ISO9000 YES / NO
3. Permit to work systems and recording YES / NO
4. Record kept of all contractors / subcontractors Public Liability insurance before allowing on site YES / NO

Products

Overview of the product and function and attach any product brochures

1. Are the products safety critical? YES/NO
2. Who will specifically use it?
3. Is the Product of a novel or new design? YES/NO
4. If yes, Methods of Product Testing
5. Does Client have full product traceability in the event recall is required? YES/NO
6. Are there Quality Control Procedures? YES/NO
7. If yes, what are they and how many checks?
8. Are Materials, Components or Products imported from outside the EC? YES/NO
9. Are Products supplied to the medical, motor, nuclear, power stations, computer, aviation, marine, production premises in the oil, gas or chemical or offshore industries? YES/NO
10. Details of any contracts or agreements which may affect liability under Statute or common law, *If none, state NONE*
11. Is there any Work Away from own premises? YES/NO
If so, type of work carried out away from premises

Additional Cover Information

Public & Products Liability Cont

12. Will this involve use of grinding wheels; cutting discs; angle grinders; electric oxy-acetylene or other welding or cutting equipment; blowtorches, blowlamps or flame guns or hot air paint guns or other application involving the use of heat YES/NO

If yes, give details

13. Have there been exports to North America or Canada last 3 years? YES/NO

If yes, what and how much?

14. Do you have any Representation in North America or Canada? YES/NO

Survey Information

Main Location

- Solely Occupied by the Proposer YES / NO
If **no**, is Proposer's part of the premises self contained with own lockable entrance/exit doors and no access by other tenants YES / NO
- Approximate Age of Premises:
- Is the property a listed building? YES / NO
- Is the property purpose built for trade /occupation YES / NO
- Number of Floors:
- Is there a mezzanine floor? YES / NO
If **yes**, what is its construction?
- Does building have any signs of cracking YES / NO
- Has the property suffered subsidence damage YES / NO
- Are the premises in an area free from flooding YES / NO
- Are the premises in a good state of repair YES / NO

Construction

Walls	Brick	Stone	Steel
Roof	Slate	Tile	Concrete
	Felt	Asbestos	Steel
Flat Roof	Yes	No	
Floors – how many			
Floors – what type	Wood	Concrete	Stone
Composite Panels	Yes	No	
If there are composite panels obtain specification			

Heating arrangements

LPHW Central Heating	Yes	No
Fixed Gas / Oil Space Heaters	Yes	No
Portable Oil / Gas Heaters	Yes	No
Portable Electrical Heaters	Yes	No

Waste:

- Is all oily / dirty / greasy cleaning cloths placed in metal receptacles and removed outside the building every night YES / NO
- All paper cuttings & waste and other trade refuse swept up & bagged daily & removed from the premises at least once a week YES / NO

Survey Information

Storage

How are goods stored	Pallets	Racking	Floor
Maximum Height of racking			
Skips	Yes	No	Not applicable
Distance from buildings			
Are the skips lidded	Yes	No	
Removal Procedures – by whom			
How often			
Pallet storage	Yes	No	Not applicable
Where are they stored			
How far from the premises			
Removal Procedures – by whom			
How often			

Security

- Do premises have an intruder alarm YES / NO
 If **yes**, name of installer
 Is the installer NACOSS approved YES / NO
- Is there a maintenance agreement in force YES / NO
- Type of alarm signalling YES / NO
 - Bells Only YES / NO
 - Central Station YES / NO
 - RedCare YES / NO
 - RedCare GSM YES / NO
 - Dualcom YES / NO
- What level of police response YES / NO
 - Level 1 YES / NO
 - Level 2 YES / NO
 - Level 3 YES / NO
- Physical security – **DOORS** (Main entrance & final exit doors) YES / NO
 - 5 lever mortice deadlock YES / NO
 - Bolts top & bottom YES / NO
 - Grilles YES / NO
 - Shutters YES / NO
- Physical security – **WINDOWS** (Ground floor & all accessible first floor) YES / NO
 - Key operated locks YES / NO
 - Bars YES / NO
 - Internal grilles YES / NO
 - External shutters YES / NO

Survey Information

Security

- Do premises have anti-ram raid posts YES / NO
- Do premises have overnight manned security YES / NO
- Do premises have CCTV YES / NO
- If yes, is it monitored / recorded YES / NO

Fire Protection

- Is smoking allowed in designated areas only YES / NO
- Is there a fire alarm at the premises YES / NO
 - o If yes, is it linked to the intruder alarm YES / NO
 - o Name of installer
 - o Is there a maintenance agreement in force YES / NO
 - o Is the fire alarm system in full working order YES / NO
 - o Is the fire alarm tested weekly & can the bells/sirens be clearly heard throughout the premises YES / NO
 - o Are the weekly audible tests recorded YES / NO
- Are there smoke / heat detectors throughout the building? YES / NO
- Are the premises sprinklered? YES / NO
- Distance to the nearest fire station?
- Distance to the nearest fire hydrant?
- Fire extinguishing appliances as per Fire Officer's requirements YES / NO
 - o Are all fire extinguishers subject to a maintenance contract? YES / NO
 - o Is the service record on each appliance up to date YES / NO
- Are there at least 1 Hydraulic Hose Reel on each floor YES / NO
- Have staff been trained in the use of fire fighting equipment YES / NO

Hazardous Substances:

- What hazardous substances are used?

Type & Flashpoint	Quantity

- How are they stored?
(e.g. locked metal cabinet / internal flamstore/ external flamstore)

Paint Spraying

- Is this carried out at the premises YES / NO
- If yes, type of spray booth
- Installation date
- Is it fully ventilated to the outside YES / NO

Survey Information

Location 2

- Solely Occupied by the Proposer YES / NO
If **no**, is Proposer's part of the premises self contained with own lockable entrance/exit doors and no access by other tenants YES / NO
- Approximate Age of Premises:
- Is the property a listed building? YES / NO
- Is the property purpose built for trade /occupation YES / NO
- Number of Floors:
- Is there a mezzanine floor? YES / NO
If **yes**, what is its construction?
- Does building have any signs of cracking YES / NO
- Has the property suffered subsidence damage YES / NO
- Are the premises in an area free from flooding YES / NO
- Are the premises in a good state of repair YES / NO

Construction

Walls	Brick	Stone	Steel
Roof	Slate	Tile	Concrete
	Felt	Asbestos	Steel
Flat Roof	Yes	No	
Floors – how many			
Floors – what type	Wood	Concrete	Stone
Composite Panels	Yes	No	
If there are composite panels obtain specification			

Heating arrangements

LPHW Central Heating	Yes	No
Fixed Gas / Oil Space Heaters	Yes	No
Portable Oil / Gas Heaters	Yes	No
Portable Electrical Heaters	Yes	No

Waste:

- Is all oily / dirty / greasy cleaning cloths placed in metal receptacles and removed outside the building every night YES / NO
- All paper cuttings & waste and other trade refuse swept up & bagged daily & removed from the premises at least once a week YES / NO

Survey Information

Storage

How are goods stored	Pallets	Racking	Floor
Maximum Height of racking			
Skips	Yes	No	Not applicable
Distance from buildings			
Are the skips lidded	Yes	No	
Removal Procedures – by whom			
How often			
Pallet storage	Yes	No	Not applicable
Where are they stored			
How far from the premises			
Removal Procedures – by whom			
How often			

Security

- Do premises have an intruder alarm YES / NO
 If **yes**, name of installer
 Is the installer NACOSS approved YES / NO
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- What level of police response YES / NO
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Survey Information

Security

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- Do premises have overnight manned security YES / NO
- Do premises have CCTV YES / NO
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- Is smoking allowed in designated areas only YES / NO
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 - o Name of installer
 - o Is there a maintenance agreement in force YES / NO
 - o Is the fire alarm system in full working order YES / NO
 - o Is the fire alarm tested weekly & can the bells/sirens be clearly heard throughout the premises YES / NO
 - o Are the weekly audible tests recorded YES / NO
- Are there smoke / heat detectors throughout the building? YES / NO
- Are the premises sprinklered? YES / NO
- Distance to the nearest fire station?
- Distance to the nearest fire hydrant?
- Fire extinguishing appliances as per Fire Officer's requirements YES / NO
 - o Are all fire extinguishers subject to a maintenance contract? YES / NO
 - o Is the service record on each appliance up to date YES / NO
- Are there at least 1 Hydraulic Hose Reel on each floor YES / NO
- Have staff been trained in the use of fire fighting equipment YES / NO

Hazardous Substances:

- What hazardous substances are used?

Type & Flashpoint	Quantity

- How are they stored?
(e.g. locked metal cabinet / internal flamstore/ external flamstore)

Paint Spraying

- Is this carried out at the premises YES / NO
- If yes, type of spray booth
- Installation date
- Is it fully ventilated to the outside YES / NO

Motor Fleet

History

Has any insurer restricted cover, cancelled or imposed special terms? YES/NO

Attach three years claims experience and Proof of Bonus (if bonus rated)

Vehicles

Please complete the schedule on the next page or provide a list of vehicles

Please confirm: -

- All vehicles owned by the company or acquired by hire purchase/lease agreement YES/NO
- No vehicles altered from manufacturers specification YES/NO
- No toxic explosive corrosive or flammable goods carried YES/NO
- No vehicles based outside the UK or used regularly outside the UK YES/NO
- No vehicles operating 'Airside' at airports YES/NO
- If you are unable to confirm please give details below: -

Trailers

Please include any trailers for which cover is required when detached on the list of vehicles together with a sum insured

Use

Social Domestic and pleasure purposes and the business of the insured excluding use for hire and reward.

If hire and reward cover required please specify:-

Drivers Is there an age restriction on your present policy? YES/NO

Please disclose:-

- i. CD/DR convictions or licence suspensions
- ii. Physical or mental defects
- iii. Drivers under 25 years of age

Present Cover Comprehensive / Third Party Fire and Theft
(Any variations to be specified on the list of vehicles)

Excess £
(Please specify young / inexperienced driver excesses)

Motor Fleet

List of Vehicles

	Reg. No.	Make / Model	c.c. /GVW	Value	Garaging Postcode	Cover
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Engineering

Cover Required

Statutory Inspection

Sudden & Unforeseen Damage

Breakdown

Loss of Profits / Additional Costs

Deterioration of Stock

Damage to Lifted Goods

Please provide a schedule of inspected plant showing inspection frequency

General Questions

Is there a written scheme of examination in force YES / NO

Who is responsible for plant & machinery maintenance

Is any one machine crucial to the business YES / NO

If yes, please provide details

What is the longest lead time for the replacement of parts or machinery

Is there an alternative or emergency power supply YES / NO

Is any mobile plant fitted with any "tracking device" YES / NO

Is there a written security policy in respect of mobile plant YES / NO

Personal Accident / Travel

Cover	24 hour / Occupational Accidents Only / Including Commuting whilst travelling on Company Business Only	
Insured Persons	all Employees and Directors OR specify category of Insured People:	
Benefits	Death & Capital Sums	£
	Including Continental Scale	YES/NO
	Temporary Total Disablement per week	£
	Partial Total Disablement per week	£
Basis	Number of Persons	
	OR Estimated Annual Wageroll	£
Travel Benefits	Baggage (single article limit £)	£
	Money (limit for cash £)	£
	Cancellation and Curtailment	£
	Medical Expenses	£
	Employee replacement expenses	£
	Personal Liability	£2,000,000
	Hijack	£ per day
	Other - specify	£

Travel Pattern:

Destination	Average Duration	Number of Trips
Europe		
North America		
Rest of World		

Claims

Detail any Travel or Personal Accident liability claim made against you in the last five years

Date	Circumstances	Cost
/ /		£
/ /		£
/ /		£
/ /		£

Marine / Transit

Cover All Risks of loss or damage

Goods Insured

Packing

Conveyances Road / Rail / Air Freight / Sea Freight / Post

Basis of Valuation

Sales and Purchases: Cost, Insurance & Freight plus [**insert no.**] plus Duty &/or Taxes where applicable, or as declared, or as required to comply with Letters of Credit or Sales Contracts; **however**, in the event of goods being pre-sold prior to sending, the basis of valuation to be Invoice Price to customer

All other goods Market value or invoice cost at time of loss, whichever is less

Limits	Any one conveyance	£
	Any one location (in the ordinary course of transit)	£
	Any one specified storage location (outside ordinary course of transit)	£
	Any one postal sending	£
	Any one exhibition	£
	Trade Samples	£
	Demonstration and test equipment	£
	Engineers tools	£
	Any one own vehicle	£

Extensions	Returned Goods	YES/NO
	Sellers Interest	YES/NO
	Buyers Interest	YES/NO

Marine / Transit

Estimates (Goods which you are responsible to insure)

UK-UK incl. FOB / C&F exports £

UK to &/or from Europe £

UK to &/or from USA £

UK to &/or from Far East £

UK to &/or from Rest of the World £

Estimated annual turnover £

Number of exhibitions UK... N.America..... EC.....RoW.....

Number of vehicles: Salesmen..... / Engineers.....

Claims Detail any transit claim made against you in the last THREE years

Date	Circumstances	Cost
/ /		£
/ /		£
/ /		£
/ /		£

Freight Liability

Cover This insurance provides indemnity against your legal liabilities under statute, conditions of trading and common law.

Occupation

Territorial Limits UK / Europe / Worldwide

Description of Goods

Conditions of Carriage:

Trading conditions applicable	Annual Charges	
	Own vehicle	Sub-contracted
RHA 1998	£	£
FTA	£	£
BIFA	£	£
UKWA	£	£
CMR	£	£
CMR by Contract	£	£
Other Specific Contractual Conditions Please specify: -		
a)	£	£
b)	£	£
c)	£	£
d)	£	£

Do you require an increase in the Financial limitation of liability YES / NO
 If yes, a) Under what Conditions of Carriage
 b) What limit do you require per tonne £

Do you carry any target goods i.e. tobacco or wines/spirits YES / NO
 (If so, please specify, giving estimated annual charges)

Freight Liability

Limits	Any one Loss	£
	Any one Loss at Sea	£
	Any one Loss – in the aggregate per annum – E&O	£
	Any one Loss – iro T Forms	£
	Any one Loss – in the aggregate iro T Forms – E&O	£
	In the aggregate per annum iro T Forms – E&O section	£

Claims Detail any transit claim made against you in the last THREE years

Date	Circumstances	Cost
/ /		£
/ /		£
/ /		£
/ /		£

Cyber Liability Questionnaire

This cover protects businesses from the losses and liabilities, which may arise from using the Internet or email. The policy is designed to sit alongside, and act in conjunction with, the insured's traditional insurance policies.

Coverage

- Defence costs and legal liability due to:
 - Defamation, breaches of privacy, breaches of intellectual property rights or the breach of any statutory duty as a result of any electronic communications.
 - Third parties' financial losses as a result of a hacking attack or virus that emanated from the insured's computer systems or due to their inability to access the insured's computer system.
- Damage to computer systems as a result of a virus or hack attack.
- Business interruption (loss of revenue) as a result of a virus or hack attack.
- Ransom demands or threats to introduce a virus or hack into the insured's computer systems.
- Legal expenses incurred in the enforcement of intellectual property rights on the Internet.
- The costs of a public relations consultant to mitigate reputation damage as a result of any loss that is covered under the policy.

Questionnaire

The following questions regarding your client's business activities should be asked. If it is clear that coverage is lacking under the commercial policies, quotations can be obtained from a specialist market

Cyber Liability Questionnaire

Question	Answer Yes/No	Major exposures
Do you have a website?	Yes/No	<ul style="list-style-type: none"> • Breach of intellectual property rights. • Libel & slander • Misleading advertising/pricing
Do you hold HR/payroll data on your network?	Yes/No	<ul style="list-style-type: none"> • Breach of employees' privacy rights
Do you allow staff to use email and the internet?	Yes/No	<ul style="list-style-type: none"> • Libel & slander • Damage to your systems due to a virus or hacking attack • Damage to third parties systems by you forwarding a virus. • Employees creating or sending a virus to your business contacts • Employees hacking activities • Employee claims for an inappropriate workplace • Breach of Data Protection Act.
How many staff have access to internet & email		
Total No of staff		
Do you allow suppliers to access your network?	Yes/No	<ul style="list-style-type: none"> • Damage to your computer systems due to a virus or hacking attack. • Consequential loss to your business due to downtime.
Do you operate a bulletin board, discussion forum or chat room?	Yes/No	<ul style="list-style-type: none"> • Libel & slander • Breach of intellectual property rights or confidentiality.
Do you have sensitive data accessible through your web server?	Yes/No	<ul style="list-style-type: none"> • Libel & slander • Breach of intellectual property rights or confidentiality. • Breach of Data Protection Act
Do you transact business via your website or rely heavily on email?	Yes/No	<ul style="list-style-type: none"> • Damage to your systems due to a virus or hacking attack • Your lost revenue due to a virus or hacking attack • Breaches of statutory duties regarding the advertising or sale of goods or services by e-commerce
Do you hold/obtain customers' credit card details and personal details on your network?	Yes/No	<ul style="list-style-type: none"> • Breach of Data Protection Act. • Third parties financial loss due to dishonesty of your Employees
Internet reliant turnover as percentage of total turnover		

Supplementary Questionnaire

Licensed Premises

Appendix 1

General Information		
How long have you been trading at these premises		
How many years management experience do you have in running this type of Business		
Full description of Business Activity		
Nightclub	Yes	No
Bar	Yes	No
Restaurant Facilities	Yes	No
Function Room	Yes	No
Live Music	Yes	No
Cabaret / Striptease / Table Dancing	Yes	No
Overnight Accommodation	Yes	No
Does the venue have a dominant, dedicated or speciality type of music (e.g. Pop / Revival / heavy Metal / House / Rave / Garage). If yes, detail	Yes	No
If a nearby theatre or sports ground provides increased trade, please provide details		
What is the maximum permitted attendance		
What is the average nightly attendance		
Is there a membership system in operation	Yes	No
What are your opening hours		
How long have you held a licence to serve alcohol		
To your knowledge, has there been any formal objections to the Licence during the last 5 years	Yes	No
Has the present owner or management been refused a licence at any time	Yes	No
Has the present owner or any person who controls/manages the business received any threats verbally or in writing from any person		
Intent on illegal drug dealing within or outside the premises	Yes	No
Demanding protection money	Yes	No
As competitors	Yes	No

Supplementary Questionnaire

Licensed Premises (cont)

Appendix 1

General Information		
As rival door stewards	Yes	No
For any other reason	Yes	No
How many patrons are the premises licensed to hold		
Are all working fireplaces guarded	Yes	No
Describe what measures you undertake during the handling of cash. <i>State None, if none</i>		
Please provide details of any live entertainment, bouncy castles, foam nights, rodeo rides, karaoke or other such entertainment. <i>State None, if none</i>		
What evacuation procedures do you have in place. <i>State None, if none</i>		
Please provide details of any promotions. <i>State None, if none</i>		
Please provide details of your door policy. <i>State None, if none</i>		
Please give details of your methods to stop drug use/dealing on your premises		
First Aid [The Health & Safety (First-Aid) Regulations 1981]		
When did you last undertake a First Aid Assessment		
How many Qualified First Aiders do you employ		
How many First Aiders are on duty during opening hours		
When did your First Aiders last attend a training course		
Do you have a clearly marked receptacle specifically for broken glass / crockery	Yes	No
Dance Floor		
Does the premises have a dance floor or an area set aside for dancing	Yes	No
Are all dance floors (if applicable) covered by CCTV	Yes	No
Do you employ staff specifically to collect empty glasses	Yes	No

Supplementary Questionnaire

Licensed Premises (cont)

Appendix 1

Passive Smoking (The Health & Safety at Work etc Act 1974)		
Do you have an area set aside for non-smokers	Yes	No
Do you have a high quality air filtration / extraction system	Yes	No
What action have you taken in the last 12 months to reduce the risk of passive smoking		
Noise Levels (Noise at Work Regulations 1989,85db(a))		
When did you last undertake a noise assessment of your premises		
What was the maximum noise exposure in the following areas		
Bar Area	dB (a)	
Dance Floor	dB (a)	
DJ Area	dB (a)	
Do you have a peak sound regulator	Yes	No
Are the patrons allowed within 2 metres of any loud speaker	Yes	No
Is there an area designated as a quiet area (i.e. not exceeding 85db(a))	Yes	No
What is the maximum number of hours a member of staff may be exposed to music during a single shift		
Do you provide any form of hearing protection for the following		
Door Staff	Yes	No
Glass Collectors	Yes	No
DJ's	Yes	No
Security		
How many staff steward or patrol the premises during opening hours and stand on the door	Inside	Door
Direct Employees		
Agency Staff		
Are all public entrances covered by CCTV	Yes	No
Do you train the bar staff to be non-provocative and let stewards handle problems	Yes	No

Uninsured Risks Checklist

Policy Type	(A) Already Insured (Q) Quote Required (X) Not Required
Computer	
Fidelity Guarantee	
Goods in Transit	
Marine Transit	
Product Recall	
Product Contamination	
Financial Loss	
Environmental Impairment	
Cyber Liability	
Engineering Inspection	
Engineering Insurance	
Contract Works	
Professional Indemnity	
Directors & Officers Liability	
Pension Trustees Indemnity	
Employment Practices Liability	
Intellectual Property	
Deterioration of Refrigerated Foods	
Kidnap & Ransom	
Legal Expenses	
Motor Fleet 'Gap' cover for leased vehicles	
Loss Assessors Fees	
Credit	
Loss of Licence	
Personal Accident & Illness	
Travel	
Private Health	
Keyman Insurance	
Life & Pensions	

Commercial Fact Find – Declaration of Material Facts

General

Has the Company or any Director or Partner ever:-

been convicted or charged but not yet tried with any criminal offence other than minor motoring offences? YES/NO

been refused insurance or had special terms applied? YES/NO

Declaration

We agree that this form is to be the basis of the review being conducted by Bluefin

I/We understand that signing this form does not bind me/us in any way to transact business with Bluefin or any insurer they may approach on my/our behalf.

I/We declare that the Statements made by me/us or on my/our behalf are true and to the best of my/our knowledge and belief no Material Fact has been withheld.

Material Facts are those which an insurer would regard as likely to influence acceptance or assessment of the risk proposed. If you are in any doubt about whether a fact is material or not it must be disclosed as failure to do so could result in any quotation or subsequent cover being invalidated.

Signature of Prospective client.....

Position.....

Date:/...../.....

We agree that the information contained in this form is confidential and must only be disclosed to those insurers from whom we seek a quotation.

We reserve the right to withhold or amend our report to you should serious discrepancies be discovered at a later date.

Signed on behalf of Bluefin

Date:/...../.....