

This gives only a brief summary of the cover provided and it does not give details of all the terms, conditions and exclusions. A full policy wording is available on request from your Insurance broker or adviser.

1. Contents

Your Contents are insured on a new for old basis against loss or damage by:

- Fire, Lightning, Aircraft, Explosion, Earthquake
- Riot, Malicious Damage
- Robbery, Theft
- Storm, Flood
- Escape of Oil or Water and leakage of beer and other beverages
- Impact
- Subsidence heave and landslip and, in addition includes:
- **Goods in Transit** – in your motor vehicles, up to £500 per incident
- **Breakage of Fixed Glass** – including framework, lettering, alarm foil and necessary boarding up as well as fixed external blinds and signs
- **Accidental Damage** – to fixed sanitary ware, defined business machines, underground pipes and cables
- **Seasonal Increase** – 20% increase in Stock Sum Insured for defined Christmas and Easter holiday periods
- **Guests Effects** – up to £500 any one guest
- **Property away from the Premises** – whilst being cleaned, renovated or repaired
- A Terrorism exclusion applies

2. Money

Your money is covered up to the following amounts:

- Crossed Cheques and other non-negotiable items £250,000
- Cash, Bank Notes and Open Cheques
 - In your premises when closed for business and **not contained** in a locked safe £250
 - In your premises when closed for business and **contained** in a locked safe £750
- In the private dwelling of any person to whom the money is entrusted £350
- In transit £2000
- In vending or gaming machines £250
- Any other money loss - £1,000 or 10% of the Contents Sum Insured, subject to a maximum of £5,000

3. Business Interruption

Damage to your Buildings or Contents can seriously interrupt your ability to trade and/or put your business to considerable additional expense. This Policy provides cover during the **36 months** after insured Damage for:

- Loss of Gross Profit (as defined) as a result of a reduced level of trading
- Reasonable expenses incurred to maintain income
- Accountants' fees, incurred as a result of your loss or claim, in providing supporting information
- Up to £450,000 in any one Period of Insurance and also covers loss of Gross Profit and/or additional costs resulting from:
- **Suppliers** - damage at the premises of any of your suppliers, up to £10,000
- **Denial of Access** – to your premises, following damage to nearby property by an insured event
- **Public Utilities** – accidental failure of public electricity, water or gas supplies
- **Food or Drink Poisoning** – defective sanitation, vermin, pests, murder, suicide at your premises, a notifiable human disease at or within 25 miles of your premises and specified diseases anywhere in the Channel Islands, UK or Northern Ireland
- **Book Debts** – your inability to collect outstanding accounts following insured Damage to your business records, up to £10,000
- A terrorism exclusion applies.

4. Legal Liability

Protection is provided against your legal liabilities for personal injury or damage to property up to the following limits:

- Liability for injury to employees – £10 million any one occurrence (£5 million in respect of an act of Terrorism)
- Liability to the public – £2 million any one occurrence
- Liability for goods sold or supplied – £2 million in any one Period of Insurance.

and additionally includes:

- Protection against legal liabilities under the relevant Channel Islands or UK Hotel Proprietors' legislation for guests' effects.

5. Personal Accident (Assault)

Cover is provided for injury or damage, as a result of robbery, for the following benefits:

- £5,000 following death or loss of limbs or sight or permanent total disablement
- £50 per week during temporary total disablement up to a maximum of 104 weeks
- Up to £500 for damage to clothing and personal effects.

A. Buildings

If you own the Building or are legally responsible as tenant for insurance, cover is available on a **New for Old** basis for events insured under CONTENTS.

B. Refrigerated Stock

Covers deterioration of stock caused by breakdown of or damage to freezers or refrigerators up to 10 years old.

C. Personal Accident

Cover is available for you and directors, partners and employees of the business.

In the event of bodily injury the following benefits are payable:

- **Death** – the capital sum you select
- **Loss of Limbs or Sight or Permanent Total Disablement** – double the death benefit
- **Temporary Total Disablement** – the weekly benefit you select
- **Temporary Partial Disablement** – 50% of the Temporary Total Disablement benefit.

Note: Weekly benefits are payable up to a maximum period of 104 weeks and premium discounts are normally available if you choose to exclude the first 2 or 4 weeks of each period of temporary disablement.

D. Loss of Licence

This cover is available for licensed premises to provide compensation for depreciation in value of your interest and other financial interests in the premises arising out of forfeiture of the licence or the renewal being refused as a result of circumstances beyond your control.

Costs and expenses, incurred with the Insurers' consent, in connection with any appeal against forfeiture or non-renewal are also included.

E. Accidental Damage

This wider cover includes the full range of perils specified under 1-COMMENTS plus Accidental Damage and is available on both Contents and Buildings if this option is selected on the proposal form.

IMPORTANT

1. Excess

The first amount of each claim (referred to below as the excess) is excluded under the following Sections:

– Contents	£200 excess
– Goods in Transit	£50 excess
– Money	£50 excess
– Buildings	£200 excess
– Refrigerated Stock	£50 excess

Premium discounts are normally available if a higher excess is selected in which event it will apply to both Contents and Buildings (but not Money or Refrigerated Stock where a £50 excess would continue to apply).

2. Index-Linking

To help you maintain adequate levels of protection, Sums Insured under the following Sections will be index-linked and amended in line with monthly movements in appropriate indices:

- Contents
- Buildings
- Refrigerated Stock.

Any resulting increases will be provided **free of charge** until next renewal, when your renewal premium will be based on the amended Sums Insured.

It is important to select and maintain adequate Sums Insured, which take into account turnover, growth, increases in stock levels and acquisitions of equipment, etc. The notes below will assist you in calculating your initial Sums Insured and Index-linking in certain Sections, will help to maintain them at the correct level.

Contents

Stock Sums Insured – should represent the full cost of replacing all stock at current wholesale (cost) prices.

Business Equipment Sums Insured – should represent the cost of replacing, as new, all the undernoted items which you own or are legally responsible for as tenant, without any deduction for wear, tear and depreciation including any delivery and installation charges.

- Furniture, Fixtures, Fittings, Internal Decorations.
- Equipment and Machines e.g. tills, microwave ovens, mixers, food slicers, freezers, etc.
- Fixed Glass, Signs and Blinds.
- Guests' Effects.
- Cost of debris removal.

Buildings

Your Sum Insured should represent a calculation of the full rebuilding cost (**not market value**) which ignores wear, tear and depreciation but includes:

- an allowance for inflation during the period needed to rebuild
- landlord's fixtures and fittings
- boundary walls, gates and fences

- additional professional expenses: architects', surveyors', consultants' and legal fees
- cost of debris removal
- additional costs necessary to comply with States of Jersey or Guernsey or other Local Authority requirements as a result of damage.

If you are in doubt regarding the adequacy of your Sum Insured a professional assessment is advisable.

Refrigerated Stock

The Sum Insured should represent the **total** cost of replacement of all business stock in your refrigerators and/or freezers at current wholesale (cost) price.

Personal Accident

You should select the benefits which best meet your requirements although any amount for Temporary Total Disablement, when added to States Insurance Benefits should not exceed gross salary or wages.

Loss of Licence

The value of your interest in the premises could reduce following the loss of your liquor licence.

Compensation is provided for the resultant reduction in value and legal costs associated with an appeal. The limit of indemnity selected should represent the maximum reduction in value envisaged.

Remember

It is important that your Sums Insured are adequate or you may find that your claim will not be settled in full. You should reconsider the adequacy of your Sums Insured whenever you increase stock levels, acquire equipment or refurbish or extend your premises.

HOTEL AND GUEST HOUSE INSURANCE PROPOSAL FORM



A policy book with full policy wording is available on request.
Please write clearly.
PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency
Broker/Agent	<input type="text"/>	
Quote Ref	<input type="text"/>	
OFFICE USE ONLY		
Policy No	<input type="text"/>	
Authorised	<input type="text"/>	

Full Name of Proposer

Postal Address

Postcode:

Telephone No. Website address

Directors/Partners Full Names (where not shown above)

Full Description of Business Activities

Period of Insurance From: To:

General Questions (complete in full in all cases)

1. Do any of the buildings you occupy have walls **other than** of brick, stone, or concrete or roofs **other than** of slate, tile, concrete, metal or asbestos? Yes No
2. Does any other business occupy or operate from your premises? Yes No
3. If you have a swimming pool, is it built of anything **other than** concrete and tiles and/or fibreglass? Yes No
4. Have you or has any director or partner been convicted of, or is any prosecution pending for arson or any offence involving dishonesty of any kind e.g. fraud, robbery, theft or handling stolen goods? Yes No
5. In respect of any of the risks against which you now wish to insure:
 - a) Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years? Yes No
 - b) Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? Yes No
 - c) Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last 5 years? Yes No
6. Are your premises closed to the public and left unoccupied for any part of the year? Yes No

If you have answered 'YES' to any of the above Questions give details below including name(s) of previous insurers/trading interests and dates and amounts paid or outstanding in respect of any claims.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

Employers Liability (complete in all cases)

Do you have any Employees based in the UK?

Yes

No

If **'YES'** please provide in the box below the following information to supply the Employers' Liability Tracing Office with mandatory Employers Reference Number (ERN) details:

A) Your ERN or confirmation that you are ERN exempt

B) All your subsidiary company details (if you have any that are to be insured for Employers' Liability) together with their ERN(s) or confirmation they are ERN exempt

N.B. An ERN is often referred to as the PAYE code so it is available on correspondence with HMRC

An entity will be ERN exempt if they pay none of their employees above the minimum weekly/monthly thresholds, details of which are available from HMRC

An ERN should commence with a numeric and be of more than 3 characters but less 13

Premises (complete in all cases)

1. State the address at which the property to be insured is situated.

If more than one premises are to be insured please supply full addresses and Sums Insured on a separate sheet of paper.

Postcode:

2. Are your premises in a good state of repair and will they be maintained?

Yes

No

3. Are your premises open to non-residents?

Yes

No

4. Do you provide live music, dancing, disco or fitness facilities (e.g. swimming pool, weight training etc.) for residents or non-residents?

Yes

No

5. Do your premises have a certificate of compliance with the requirements of the relevant Fire Precautions legislation?

Yes

No

6. If your premises are an Hotel within the terms of the relevant Channel Islands or UK Hotel Proprietors' legislation are notices displayed as required by the law?

Yes

No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

Contents (complete in all cases and see notes on How To Calculate Your Sums Insured)

1. State sums to be insured

A) **Specified Goods**, i.e. tobacco, cigarettes, cigars, wines and spirits

B) **Stock**, (other than Specified Goods)

C) **Business Equipment**, (fixtures, fittings, fixed glass, guests' effects and all other contents for which you are legally responsible)

2. Do you wish to increase the excess applying to each claim?

Yes

No

If 'YES' indicate the increased excess required

£1,000

£2,500

Other

N.B. Premium discounts are normally available for higher excesses.

Business Interruption (see notes on How to Calculate Your Sums Insured)

1. Estimated annual takings

2. Less estimated annual cost of food and other purchases

3. Estimated Annual Gross Profit

4. State maximum Indemnity Period required (if more than 36 months)

5. a) When does your financial year end

b) State name and address of your accountants and auditors

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

Optional Additional Covers (complete only those Sections required)

A) BUILDINGS

1. State sum to be insured (see the How to Calculate your Sums Insured page)

2. State name(s), nature and address(es) of any other financial interest in the building(s) to be noted on the policy

3. Are the buildings in a 'good state of repair' and will they be maintained?

Yes No

B) REFRIGERATED STOCK

1. State sum to be insured (minimum £100)

C) PERSONAL ACCIDENT (Age limits 16-65)

1. Persons to be insured (continue on a separate sheet, if necessary)

Name	Date of Birth	Death (BENEFIT 1)	Loss of Limbs/Sight Permanent Total Disablement	Temporary Total Disablement (BENEFIT 2)	Temporary Partial Disablement
		£	DOUBLE BENEFIT 1	£ per week	50% of BENEFIT 2
		£		£ per week	
		£		£ per week	

2. Do you wish to exclude an initial period of temporary disablement?

Yes No

If 'YES' tick box for excluded period required

2 weeks 4 weeks

3. Are any of the persons to be insured engaged in any occupation other than the business?

Yes No

4. Are any of the persons to be insured suffering from a disability, an illness or are not in good health?

Yes No

5. Have any of the persons to be insured been involved in any accident causing disability in the last 3 years?

Yes No

If you have answered 'YES' to any of Questions 3-5 give details below.

D. LOSS OF LICENCE

1. State limit of indemnity required

2. Has there been within the last 3 years any opposition to the granting, renewal or transfer of the licence, or any circumstances or any incidents which might prejudice the granting, renewal or transfer of the licence?

Yes No

If 'YES' please give details in the 'Additional Information' Section at the end of this Proposal Form.

3. State the name(s) and address(es) of any other financial interest in the premises to be noted on the policy.

E. ACCIDENTAL DAMAGE

1. Do you wish this option to apply to Buildings?

Yes No

2. Do you wish this option to apply to Contents?

Yes No

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION AT THE END OF THIS PROPOSAL FORM.

Additional Information

If you have answered 'YES' to ANY Questions on this Proposal Form or need to provide further information to help us consider the Insurance see the Important Note and Declaration. Please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the risk which makes losses more likely to happen or more serious if they do.
- Please disclose in the Additional Information Section above or on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal Form is available on request. Please tick box if required.

Declaration (complete in all cases)

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

/ /

This insurance will not commence until the insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
 - If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

Valid from Date (as shown on card):

Expiry Date (as shown on card):

Switch Issue No. (if shown on card):

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

Option 2. Annual Payment by cash or cheque

Policy Number

Premium

BY POST to the address shown below. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number

Premium



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY
Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of Account Holder(s)

Bank Sort Code

Bank/Building Society account number

Service User Number

Reference Number (FOR OFFICE USE ONLY)

Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

