

BOUNCEINSURE®



Please answer all questions in full.

Tick the appropriate boxes and provide other information as requested. Please use BLOCK CAPITALS.

Mr/Mrs/Miss/Dr/ Other..... Name of Proposer.....
Address.....
Postcode..... Tel No.....
Email..... Would you like to receive correspondence via email? **Yes/No**
Trading Name..... Inception Date

1. Has any insurer ever declined or refused to renew your insurance, increased the premium, modified the cover or made special stipulations? **Yes/No**

If 'Yes', give details and state which insurer

2. In respect of any risk to be covered by this insurance, give details of any claims made against you in the last five years or state none

3. Have you or any person directly connected with the ownership or management of the business ever been:

(a) convicted of arson, fraud, theft, receiving stolen goods or any other act of dishonesty? **Yes/No**

(b) prosecuted for breach of health & safety? **Yes/No**

(c) declared bankrupt or subject to a County Court Judgment? **Yes/No**

If 'Yes', give details

4. (a) How long have you operated an inflatable? Years

(b) Have you had any claims made against you in the past 5 years: **Yes/No**

If 'Yes', give full details on a separate sheet.....

(d) Did you purchase the equipment direct from the manufacturer? **Yes/No**

If 'No', from whom did you obtain the equipment? (please supply name and address)

(e) Is the equipment erected by you or your employees? **Yes/No**

If 'No', who does erect the equipment and what instructions do you give them?

(f) Does the equipment include all the safety features (e.g. safety mats) as detailed in the manufacturers instructions? **Yes/No**

5. (a) Address where the Property is normally kept if different from above

(b) Are the premises where the equipment is normally kept constructed of brick or stone and roofed with slates or tiles? **Yes/No**

6. Do you have an anemometer and test wind conditions before operating units in windy conditions? **Yes/No**

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