

G.M. Imber and Sons Ltd.
BOUNCEINSURE®

Statement of demands and needs for Inflatable Hirers

This document sets out clearly and concisely your demands and needs for insurance.

Policy Information

You have asked for insurance to cover you as a hirer of Bouncy Castles and/or similar leisure equipment. This policy offers Public Liability as standard at £5,000,000 and this figure can be reduced if requested. Should you have staff either on a casual or full time basis it is a statutory requirement you have Employers' Liability and this can be purchased as an optional extension. You may also choose to opt for All Risks including Theft cover for items you hire out, which should be insured at replacement value.

Type of Cover		Sum Insured
Public Liability	Standard	£5,000,000
	Optional	£10,000,000
Employers' Liability	Standard	Not Insured
Employers' Liability	Optional	£10,000,000
Equipment	Optional	As Requested

We also include access to a Business Legal Helpline and £50,000 Sun Insured against HMRC Investigation and a £2,000 sub-limit for Aspect Enquiries (this is a separate policy with a different insurer).

You will be covered for hiring out Bouncy Castles, Soft Play items, Sumo Suits, Inflatable Slides, Rodeo Bulls, Photo Booths and as per the items stated in our Proposal Form. No other items are covered under this policy unless expressly notified to and agreed by us.

Property is subject to an Underinsurance clause being applied.

For example; If Your Sum Insured for property is £2,500 and the value of the property is £5000 You have underinsured by 50%. Only half of a claim for £2,500 would be payable by Us as only half the value of the property is insured. In this example, half of £2,500 is £1,250 less any Excess payable.”

Alterations to the policy, duplicate documents and Completion of Insurance Questionnaires will result in an administration fee of £15.payable with your request.

A minimum & deposit premium of £120.00 (plus Insurance Premium Tax at 12%) will apply. A £15.00 administration fee will apply for setting up or renewal of a policy, and to each amendment, alteration or set of duplicate documents requested.

The Policy Insurer is Syndicate 1991 at Lloyd's.

BOUNCEINSURE® **PROPOSAL FORM**



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..... Start Date

Date business established.....
If less than 12 months do you have other experience in business of this nature? **Yes/No**
Please detail relevant experience below.....
.....
.....

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. Have you had any claims or incidents which may give rise to a claim relevant or relating to this proposed insurance within the previous 5 years? **Yes/No**

If 'Yes' give full details.....

3. Have you or any individual involved in the business of the proposer/insured being a Director, Business Partner, provider of working capital or loan guarantees to this business or anyone playing a significant role in making decisions about how the Proposer/Insured is managed or organized (including family members):

i. Ever been declared bankrupt? **Yes/No**

ii. Ever been disqualified from being a company director? **Yes/No**

iii. Ever had any County Court Judgment(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgments have been entered? **Yes/No**

iv. Ever been, or are currently a director or officer of a company which has been, declared insolvent or had a receiver or liquidator appointed or entered into arrangements with creditors in accordance with The Insolvency Act 1986, or had an Individual Voluntary Arrangement (IVA)? **Yes/No**

- v. Ever been party to, or involved in a company which was party to a Company Voluntary Arrangement (CVA)? **Yes/No**
- vi. Ever been convicted or have any prosecution pending in respect of any criminal offence (other than motoring offences or any offences which are spent under the Rehabilitation of Offenders Act 1974), **Yes/No**
- vii. Ever been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company serviced with an improvement order or prohibition notice under such legislation? **Yes/No**

If Yes to (i) to (viii) above give details.....

4.

- a) Address where the equipment is normally kept if different from the one provided above.....

- b) Are the premises where the equipment is normally kept constructed of brick, stone or concrete and roofed with slate, tile or concrete? **Yes/No**
- c) Are the external doors of your premises or internal doors which provide access to any part of the buildings not occupied by you secured by mortice deadlock which has a minimum of 5 levers which conforms to British Standard BS3621 specifications? **Yes/No**

If No please advise

- d) Are all window/skylights capable of opening at ground floor, basement or other easily accessible floor levels secured by key operated locking devices with keys removed or screwed shut? Or are they protected by solid steel bars, grilles, locked gates, shutters, expanded metal or weld mesh. **Yes/No**

If No to the above please provide full details.....

- e) Do you have a CCTV system monitoring the premises? **Yes/No**
- f) Do you have a maintained security alarm monitoring the premises? **Yes/No**
 If yes, how does it respond when triggered?.....

- g) Do you have any other noteworthy safety features **Yes/No**
 If , yes Please detail (e.g smoke detectors, overnight security etc).

- h) To the best of your knowledge have the premises where the equipment is usually kept ever been subject to:
 - i) Flood **Yes/No**
 - ii) Break in, forced entry or theft **Yes/No**
 - iii) Any form of arson, malicious damage or vandalism **Yes/No**

If Yes to any of (i) to (iii) above please provide full details.....

- 5.
- a) How long have you operated the equipment to be insured under this policy? years
 - b) Did you purchase the equipment direct from the manufacturer? **Yes/No**
 If No from whom did you obtain the equipment (please include name and address).....
 - c) 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?.....
 - d) Does the equipment include all the safety features (e.g. safety mats) as detailed in the manufacturers instructions? **Yes/No**
 - e) Do you have an anemometer and test wind conditions before operating units in windy conditions? **Yes/No**

6. Please detail below the property/equipment for which insured and/or liability coverage is required

Item	Size	Public Liability Limit	Description	Name of manufacturer	Sum Insured*
Ancillary equipment e.g. generators, fans, ground sheets					
Total					

**to represent the cost of replacement as new*

- 7.
- a) Do you require Employers' Liability coverage? **Yes/No**
 - b) If 'Yes' what is your annual wage roll?
 - c) If you operate a PAYE scheme please provide your Employers' Reference Number

DECLARATION

I/we confirm that the information in the proposal form is correct and complete and that all material information* requested for a fair presentation of risk has been disclosed.

I/we understand that non-disclosure or misinterpretation of relevant material information may entitle the Insurer to refuse to settle a claim in full or in part, alter the premium or terms or conditions or void the Policy from inception.

I/we confirm that I am/we are authorized to sign this proposal form on behalf of the proposer/insured and do so according to the knowledge of the proposer/insured, the proposer/insured having made all reasonable enquiries necessary to make a fair presentation of the risk.

Signature of Proposer..... Date.....

***What is material information?**

You must search for all material information and disclose it to Insurers without misrepresentation. Material information is anything which might reasonably influence an Insurer's decision to offer you insurance or the terms (including the premium) on which any offer is made. It includes facts, circumstances, allegations and events. Material information includes special or unusual facts concerning you or your business, any particular concerns you may have which have led you to seek or increase your insurance cover and any other facts relevant to the risk taken by insurers. You should assume that all information specifically sought by insurers is material, whether in a proposal form or otherwise.

IMPORTANT NOTICE

The liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium payment cleared.

Please return completed form with your payment to:

GM Imber & Sons Ltd, 77a High Street, East Grinstead, West Sussex, RH19 3DD

GM Imber & Sons Ltd are regulated by the Financial Conduct Authority

FSA No. 448476