

G M Imber and Sons Ltd **Market, Craft, Antique, Car Boot, Event Operators**

Statement of Demands and Needs for Market Operators

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

Policy Information

You have asked for insurance to cover you as an operator of a market, car boot sale or event.

This policy offers Public Liability as standard. 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 at a £10,000,000 limit of indemnity as an optional extension.

This policy also covers office contents up to £2500. Please speak to GM Imber & Sons if you wish to increase this.

Please see the Market Operators' Endorsements attached for further policy Terms and Conditions.

Type of Cover	Standard/Optional		Sum Insured
Contents	Standard	Premises Only	£2500*
Public Liability	Standard	Any one loss	£1m/£2m/£5m
Employers Liability	Optional	Any one loss	£10m

Please inform G M Imber & Sons Ltd immediately if the number of events change/ or their locations

This policy does not cover Loss or Damage to Buildings or Business Interruption. Should you need cover for these or have office contents valued more than £2,500 please advise us so we can discuss your requirements further.

This basic cover is intended for those that work from home, should you have a larger office please advise us so we can arrange more appropriate cover.

*This figure is variable upon your requirements and to be agreed with G M Imber & Sons.

The Policy is insured by Ascot Underwriting Limited at Lloyd's as defined in the Policy

MARKET/CRAFT FAIR/CAR BOOT/COMPUTER FAIR
OPERATORS
COMBINED LIABILITY 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.....

Business description.....

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.....

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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) Public Liability Limit required: £1,000,000 £2,000,000 £5,000,000
- b) Estimated Gross Annual Turnover for the next 12 months £.....
- c) Do you use any Bona Fide Sub-Contractors? **Yes/No**
- d) If 'Yes' please detail annual payments to Bona-Fide Sub-Contractors £.....

5.

- a) Do you require Employers' Liability coverage? **Yes/No**
- b) If 'Yes' detail annual wage roll below:

Employee Type	Description of manual work	Number of Employees	Estimated Annual Wageroll for the next 12 months
Clerical/Administration	-		
Directors			
Manual			
Manual			
Manual			
Total			

- c) If you operate a PAYE scheme please provide your Employers' Reference Number

6. Details of Locations:

Address	No of stalls/pitches	Indoor/Outdoor	No. of days per week

7.

- a) Do you supply any stalls:
 i. For events operated by you? Yes/No
 ii. For any other events? Yes/No
- b) Do you erect/dismantle any stalls? Yes/No
 If yes, please give brief details including number of stalls and frequency hired, erected or dismantled
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- 8.
- a) Do you use marquees? Yes/No
 If 'Yes' are they:
 i. Hired in? Yes/No
 ii. Owned by you? Yes/No
- b) Who erects/dismantles the marquees?
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9. Do you require property coverage? Yes/No

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