

# **G.M. Imber and Sons Ltd.** **CRAFTSINSURE STARTER**

## ***Statement of Demands and Needs for Craft Workers***

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

You have asked for liability cover to cover you as a Craft Worker.

### ***Policy Information***

This policy will cover you as a Craft Worker for Public Liability, Products Liability and Employers' liability. This policy is designed for craft workers who make their own products. As such you will be covered for when you trade from a table, stall, pitch, kiosk, gazebo's, or fixed unit, indoor or outdoor at a market, craft fair, exhibition, shopping mall (not shops), marquees or workshops and while working/trading from home.

<b>Type of cover</b>	
Public Liability	£10,000,000
Products Liability	£10,000,000
Employers' Liability	£10,000,000

Party planning (i.e. going round to houses of others to display and sell products) is covered if done only a few times each month.

The **CRAFTSINSURE STARTER** Policy covers both husband and wife or formal legal partnership for the same annual premium. However, this policy will **not** cover craft teachers although there are separate policies available on request.

This Policy **EXCLUDES** exports to USA/Canada. Insurers may be able to quote for this cover subject to more information and an additional premium.

**There is NO cover for your stock under this policy, should this be required please advise us and we can arrange cover under a different policy.**

Further information is required if you participate in woodturning, blacksmithing or certain other higher risk activities.

This policy excludes traders with an Online Turnover greater than £25,000 or Wholesale over £5,000 a year.

There is no cover for Teaching under this policy.

Photography cover must be agreed with us.

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



## Craftsinsure Starter

**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.....

.....

.....

What goods do you produce/manufacture?.....

What goods do you sell?.....

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) Is your estimated annual turnover below £100,000? **Yes/No**  
b) Do you offer a direct delivery service to customers? **Yes/No**  
c) Do you sell anywhere other than markets? (e.g. online/wholesale/shop/other?) **Yes/No**  
If yes please advise where/how/and estimated annual turnover .....

d) Do you purchase your stock from a wholesaler in the EU? **Yes/No**  
If no please advise where you purchase your stock.....  
.....

5. a) is your estimated annual wage roll below £50,000? **Yes/No**  
If you operate a PAYE scheme please provide your Employers' Reference Number  
.....

**A total premium of £110 per annum (inclusive of Insurance Premium Tax at 12% and our admin fee of £37.20) will apply.**

**DECLARATION**

I/we confirm that the information in this 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**