

## **BOUNCEINSURE®**

### *Statement of demands and needs for Inflatable Hirers*

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

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

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 £5,000 You have underinsured by 50%. Only half of a claim for £2,500 would be payable by the Policy Insurer 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 £15.00 payable with your request.

**Minimum & deposit premiums start from £200.00 (plus Insurance Premium Tax at 12%) will apply. We charge a Fee instead of receiving any commission which will be stated in our quote and on policy documents.**

The Policy Insurer is Ascot Underwriting Limited at Lloyd's



# **BOUNCEINSURE<sup>®</sup>** **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 declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/we understand that if I/we breach the duty of fair presentation, the remedies available to the Insurer are as set out below:

- a) If the Insured's breach of the duty of fair presentation is deliberate or reckless:
  - i. The Insurer may void the contract, and refuse to pay all claims; and
  - ii. The Insurer need not return any of the premiums paid.
- b) If the Insured's breach of the duty of fair presentation is not deliberate or reckless, the Insurer's remedy shall depend upon what the Insurer would have done if the Insured had complied with the duty of fair presentation:
  - i. If the Insurer would not have entered into the contract at all, the Insurer may void the contract and refuse all claims, but must return the premiums paid.
  - ii. If the Insurer would have entered into the contract, but on different terms (other than terms relating to the premium), the contract is to be treated as if it had been entered into on those different terms from the outset, if the Insurer so requires.
  - iii. In addition, if the Insurer would have entered into the contract, but would have charged a higher premium, the Insurer may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims). In those circumstances, the Insurer shall pay only X% of what it would otherwise have been required to pay, where  $X = (\text{premium actually charged/higher premium}) \times 100$ .

I/we confirm that I am/we are authorised 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.....

## 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 the 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 Firm Reference No. 448476**

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