

Proposer's name in full including trading names

Correspondence address

Telephone

Mobile

Fax

Email

Website address

Address of place of risk/ business if different from above. If more than one address please give details of all locations on separate proposal form.

Please give a full description of all your business activities for which insurance cover is required.

(If a performing group please include the number of shows per year)

Are you a fully paid up member of any union?

Yes

No

Discounts may apply

If 'yes' of which union and membership number

If your membership includes public liability insurance, please provide full details

How long has your business been established, at these premises or elsewhere?

Please state commencement date of cover

1. Equipment all risks

What type of equipment is to be covered? Please attach a schedule showing the make, model, serial numbers and individual replacement as new sums insured for each category required for each item over £1,500.

Sums insured for each category required

	Own equipment, fittings, general and office contents including instruments and regalia	Hired in equipment	Hired in equipment based on hire charges	Computers	Stock and materials in trade
Restricted to premises only	£	£	£	£	£
Property which could be used anywhere in the UK including your premises	£	£	£	£	£
Property which could be used anywhere in Europe	£	£	£	£	£
Property which could be used Worldwide	£	£	£	£	£

2. The buildings

Do you require cover
Risk address

Yes No

Are the buildings

a. Constructed of brick, stone or concrete and roofed with slates, concrete, tiles, metal or asphalt?

Yes No

b. In a good state of repair?

Yes No

c. Will it be so maintained?

Yes No

If you have answered No to any question above, please provide full details

d. Is there any special exposure to damage by storm or flood, such as being near a river, stream, tidal waters or other natural or artificial water hazard? Yes No

e. To be left unoccupied for more than 30 consecutive days? Yes No
If you have answered Yes to any question above, please provide full details

If there is more than one risk address please photocopy these questions, provide full details for each risk address and attach to the proposal form.

f. Are you a tenant and responsible for landlords fixtures and fitting? Yes No
If Yes, please state the full replacement cost. Do not make an allowance for wear and tear.

g. Do you require subsidence cover? Yes No

h. Do the sums to be insured represent the full rebuilding/replacement costs? If No, please clarify. Yes No

Please state amount of cover required, the sum insured must represent the total cost of rebuilding the property to be insured (including any permanent fixtures, fittings, outbuildings, garages, etc.) to the same specification. In addition, approximately 15% should be added to cover demolition costs, removal of debris and architects' and surveyors' fees.

£

i. Do you undertake to maintain the sums to be insured at their full value? If No, please clarify. Yes No

j. Are there any other interests in the buildings to be insured (mortgage, bank, etc)? if yes please provide details. Yes No

3. Security and protection

Address of premises at which equipment is usually kept. If there is more than one risk address, or if equipment is transported in a vehicle, please give detailed answers to questions in respect of each address or vehicle, by using photocopies as necessary.

a. Are the premises used for the business or trade purposes? Yes No

b. If Yes, is the proposer the sole occupier of the premises? Yes No
If No, please provide full details

c. Does your section of the premises have its own separate lockable entrance, under your sole control? Yes No

d. Are the premises used solely for private residential purposes? Yes No

e. If Yes, if the residence is a flat, is it purpose-built and self-contained, with its own separate, lockable entrance, under your sole control? Yes No

On which floor is it?

If you answered No to question 3c or d, please give full details

- f. Are the premises left unoccupied at night? Yes No
- g. Please list types of locks (i.e. Yale, 5 lever mortice deadlock, key operated window lock etc)

On all external doors including patio doors

On accessible windows including fanlights

- h. Is an intruder Alarm installed at the premises? Yes No

If Yes, please provide a copy of the alarm specification and the following information

Is the alarm maintained under contract by a company who is a member of NACOSS? Yes No

Which type of signalling is used:

Bells only Digital communicator Redcare Central station other (please describe)

- i. Are there any other protections? Yes No

If Yes, please provide full details

4. Unattended vehicle cover

- a. Do you require unattended vehicle cover? Yes No

Please advise the limit you require

£

- b. Details of vehicle alarm (if installed)

Registration/ make/ model of vehicle

Make an model of alarm and whether professionally fitted

Does alarm protect all doors and windows, boot, sunroof and other openings?

- c. Is vehicle fitted with an immobiliser? Yes No

Please give details of any other protections, such as a cage, deadlocks etc.

5. Trailers

- a. Do you require cover in respect of trailers? Yes No

Please advise sum insured

£

6. Hired out equipment

- a. Do you require cover for equipment hired out by you: Yes No
with operator Yes No
without operator Yes No
- If so do you require:
- Contingent hire cover Yes No
Full hire cover Yes No

Please attach a copy of your normal hire conditions and indicate which items on your schedule of equipment are to be covered whilst hired out.

N.B. All policy terms, conditions and exclusions apply whilst equipment is hired out and it is your responsibility to make hirers aware of these. In particular we recommend that your hire conditions incorporate the unattended vehicle clause.

7. Glass

- a. Do you require glass cover - including internal fittings? Yes No
If Yes, please provide full details and total replacement cost.

£

Special glass, please give details

Total replacement cost

£

8. Goods in transit

- a. Do you require cover for goods in transit other than media equipment Yes No
If Yes, please specify the nature of goods in transit

Will you be using:

- b. Your own vehicles? Yes No
c. Hired vehicles? Yes No
What is the estimated maximum value for any one consignment?

£

Are vehicles fitted with:

- Immobilisers? Yes No
Alarm systems? Yes No
Locking protections for all doors and boots? Yes No
A solid partition between cab and body? Yes No
Will vehicles be left unattended overnight? Yes No

What is the estimated total annual value of goods to be transported?

£

9. Business interruption

a. Please indicate if cover required

Yes No

*If Yes, please indicate type of cover required and the amount to be insured
Additional cost of working only*

£

Gross revenue

£

b. The standard cover is for a 12 month indemnity period is this adequate?

Yes No

Gross revenue cover includes increased costs of working, reasonable costs occurred to minimise the reduction in turnover and for professional fees and expenses to certify particulars of claim.

c. Do you require cover for additional hire charges?

Yes No

d. Please indicate the limit required:

£15,000 £30,000 £45,000

10. Money

Money is included automatically if you have insured for general contents.

The standard limits are as follows:

On the premises in business hours

£4,000.

At the premises outside business hours in a safe or strong room

£4,000.

At the premises outside business hours not in a safe or strong room

£250.

In the custody of the insured or authorised employees, during transit and whilst in bank night safe

£4,000.

Whilst in the residence of the Insured or of principles, Directors, or authorised employees

£500.

Non-negotiable money at the premises, in transit or in the custody of the Insured or authorised employees

£250,000.

Please state if these are not sufficient.

11. Liability

a. Do you require cover for Public/ Products liability?

Yes No

Limit of liability (£2, 3 or 5 million)

£

b. Do you require cover for Employers Liability?

Yes No

Limit of liability £10 million

c. Do you travel in connection with business outside the UK?

Yes No

d. Are any substances hazardous to health including acid, chemicals, gases, asbestos or explosives used in the course of your business?

Yes No

If Yes, please provide full details

e. Do you or will you use heating, burning, welding or flame-cutting equipment away from your premises?

Yes No

If Yes, please provide full details

f. Does your work include selling, manufacturing, supplying or installation of any product? Yes No

If Yes, please indicate if any goods are sold, supplied, hired out or serviced for use in any of the following by ticking the appropriate box:

Aircraft Watercraft Motor vehicles Motor cycles Outside the United Kingdom

If Yes, to any category, please provide full details

g. Do you undertake any woodworking, construction, or demolition work? Yes No

If Yes, please provide full details

h. Do you work at heights in excess of 3 metres? Yes No

If Yes, please advise the maximum height you work to (metres) and the percentage of work at height

i. Do you undertake any hazardous work i.e. stunts, pyrotechnics? Yes No

If Yes, please request a separate questionnaire

j. In the course of your business activities, do you dispose of fumes, effluent or other harmful waste? Yes No

If Yes, please provide full details

k. Do you undertake work in the USA or Canada? Yes No

If Yes, to any category, please give full details and percentage of work carried out in the USA or Canada

l. Do you or any Director or Employee own or control an aircraft or watercraft in connection with your business? Yes No

If Yes, please provide full details

m. Do you employ celebrities or well know personalities? Yes No

If Yes, please provide full details with particular reference to any Employer/ Employee relationship

n. Do you conform to the requirements of the Factories Act and Health and Safety at Work Act or any special regulations there under? Yes No

What is your estimated turnover for the next 12 months?

£

o. What is the estimated total wages and payments to employees and freelancers for the next 12 months, broken down as follows:

Description of employees	Number of current employees	Wages/ salaries and payments to partners/ principles or proprietors	Wages/ salaries and payments to persons employed	Payments to labour only sub-contractors, freelancers	Payments to bonafide sub-contractors
Clerical and non-manual		£	£	£	£
Woodworkers at the premises		£	£	£	£
Manual work at the premises		£	£	£	£
Manual work away from the premises		£	£	£	£
At high risk premises including use of heat		£	£	£	£
At high risk premises excluding use of heat		£	£	£	£
At other premises including use of heat		£	£	£	£
Overseas		£	£	£	£
All other manual work (please specify duties)		£	£	£	£
Offshore Work		£	£	£	£

12. General questions

Please give details of your existing insurance:

Insurance company

Policy number

Renewal date

Has any insurer in respect of the proposer, or any partner or director of the proposer ever:

Declined a proposal

Yes No

Not invited renewal of a policy?

Yes No

Cancelled or refused to renew a policy?

Yes No

Increased your premium on renewal, imposed special terms or conditions, or requested extra precautions to be taken?

If the answer to any of the above questions is Yes, please provide full details

If you require any of the following covers please tick the relevant box below (a separate proposal form may be required to be completed):

Engineering/ Breakdown

Yes No

Frozen food

Yes No

Book debts

Yes No

Legal expenses

Yes No

Business travel

Yes No

Personal accident

Yes No

Has the proposer or any director:

Been a director or partner of a company which has become insolvent and/ or which has gone into liquidation?

Yes No

Been convicted of or charged with (but not yet tried) a criminal offence other than a motor offence?

Yes No

Been prosecuted under Health and Safety at Work Act?

Yes No

Been declared bankrupt?

Yes No

Traded under another name?

Yes No

If the answer to any of the above questions is Yes, please provide full details

Are you now or have you previously been insured for any of the Risks proposed, either in the name of the proposer or any other name?

Yes No

If Yes, please provide full details

Are there any other material facts that may be relevant to this proposal?

Do you keep books of account?

Yes No

Have you or any of your partners or directors (whether under a current or previous trading name) sustained any loss, accident or injury (whether insured or not) by any of the risks proposed for insurance?

Yes No

If Yes, please provide full details

Year	Type of loss, claim or accident	Amount paid	Amount outstanding	Excess

If you have a complaint

We hope that you will be very happy with the service that we provide. However, if for any reason you are unhappy with it, we would like to hear from you. In the first instance, please notify your insurance adviser. Norwich Union is covered by the Financial Ombudsman Service for complaints from private individuals, certain small businesses, charities and trusts. If you have complained to us and we have been unable to resolve your complaint, you may be entitled to refer it to this independent body. Following the complaints procedure does not affect your right to take legal action.

Choice of Law

The appropriate law as set out below will apply unless you and the insurer agree otherwise: 1) The law applying in that part of the UK, Channel Islands or Isle of Man in which you normally live or (if applicable) the first named policyholder normally lives; or 2) In the case of a business, the law applying in that part of the UK, Channel Islands or Isle of Man where it has its principal place of business; or 3) Should neither of the above be applicable, the law of England and Wales will apply.

Important material facts

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one that is likely to influence an insurer in the acceptance and assessment of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.

Data Protection Act - Information Uses

For the purposes of the Data Protection Act 1998, the Data Controllers in relation to any personal data you supply are Aon Limited and Aviva Insurance Limited.

Insurance administration

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

In the case of personal data, with limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

Credit Searches and Accounting

In assessing your application, the insurer may search files made available to it by credit reference agencies who may keep a record of that search. The insurer may also pass to credit reference agencies information it holds about you and your payment record. Credit reference agencies share information with other organisations, enabling applications for financial products to be assessed or to assist the tracing of debtors or to prevent fraud.

The insurer may ask credit reference agencies to provide a credit scoring computation. Credit scoring uses a number of factors to work out risks involved in any application. A score is given to each factor and a total score obtained. Where automatic credit scoring computations are used by the insurer, acceptance or rejection of your application will not depend only on the results of the credit scoring process.

Sensitive data

In order to assess the terms of the insurance contract or administer claims that arise, the insurer may need to collect data that the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents.

Marketing

Aviva group and its agents may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about products and services that may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes. If you do not wish to receive marketing information, please write to Norwich Union, FREEPOST, Mailing Exclusion Team, PO Box 6412, Derby, DE1 1SB.

Fraud Prevention and Detection

In order to prevent and detect fraud we may, at any time, share information about you with other organisations and public bodies including the Police. You should show these notices to anyone who has an interest in the insurance under the policy.

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

I/We understand and give consent that the information provided will be passed to or used by Aon Limited, its agents, carefully selected suppliers, authorised bodies and insurance companies, for the underwriting, claims handling and processing of my insurance and to prevent fraud. Information may be passed to insurers in the UK or any other country, including those with limited data protection laws. We would like to keep you informed of selected products and services available from us and our carefully chosen suppliers. If you would prefer not to receive this information write to AAP Marketing, Aon Limited, 4th Floor, Capital House, 1 Houndwell Place, Southampton, SO14 1HU. For training and security purposes, telephone calls may be recorded or monitored. Aon Limited is authorised and regulated by the Financial Services Authority in respect of insurance mediation activities only. Aon Limited, 8 Devonshire Square, London EC2M 4PL. Registered in London no. 210725. A member of the British Insurance Brokers' Association.

I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We agree that the statements in this application shall form the basis of the contract between the insurer and yself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes on monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Signed	Position in company/firm	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

InFocus:Entertainment and Media team
Aon Limited, Capital House, 1 Houndwell Place, Southampton SO14 1HU
Tel: 0845 070 0387 Fax: 023 8035 7351
Email: entertainment.media@ars.aon.co.uk

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