



HOTEL/GUEST HOUSE QUOTATION FORM

(PLEASE ANSWER ALL QUESTIONS FULLY)

Sub Broker Name:

Contact :

Telephone Number:

Email:

Name of Insured:

Property Name & Address:

Postcode:

Website Address:

No. of Letting Rooms:

Maximum No. of Guests:

Members of Tourist Board / AA etc. YES NO If Yes, which one?

Does the property have a Restaurant or Bar open to the public?

YES NO

Are there any Self-Catering Facilities (Sum Insured split required)?

YES NO

BUILDINGS

What is the Rebuilding Cost of the Property:

£

What is the Construction of the Walls of the Property? (If OTHER please advise construction)

Brick

What type of Roof does it have? (If OTHER please advise construction)

Slate

Roof:

Is there more than 20% Flat Roof?

YES NO

What is the percentage of Flat Roof?

%

What is the Flat Roof constructed of?

Felt on Timber

What is the age of the Roof and when was it last maintained?

Are there any Outbuildings?

YES NO

If YES, is cover for the Outbuildings included within the above sum insured?

YES NO

What type of Outbuildings are they?, Eg. Sheds/Stables/Guest accommodation/Staff accommodation etc.

What is the construction of the Walls and Roof/s of each Outbuilding?

Are the Premises, including Outbuildings, in a good state of repair and will they be so maintained?

YES NO

What year was the Property built?

How far is the nearest Fire Brigade?

Miles

Is the Property a listed building?

No

Does the Property have timber or concrete floors?

Concrete % Timber %

CONTENTS / FROZEN GOODS / GOODS IN TRANSIT

CONTENTS

Replacement cost of Trade Contents:	£	
Replacement cost of Wines & Spirits (excluding Beer)	£	
Replacement cost of stock of Tobacco	£	
Replacement cost of all other Business Stock (including Beer):	£	
Does the PROPRIETOR live on the Premises?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, does a MANAGER live on the Premises?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Replacement cost of Proprietors / Managers Household Goods & Personal effects whilst on the Premises?	£	
Do you require cover for PROPRIETORS Personal Possessions away from the premises?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Unspecified - total for items under £1,000 each:	£	
Specified – all items over £1,000 each (Valuation or recent receipt required for each)	£	
Guests Effects are covered up to £1,000 per guest, is this adequate? Limit if not adequate	£	

FROZEN FOOD

We provide £1,000 frozen food cover per unit is this adequate? Limit if not adequate	£
Number of Units	

GOODS IN TRANSIT

We provide £2,000 Transit cover is this adequate? Limit if not adequate?	£
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LEGAL LIABILITIES

We provide Employers Liability cover up to £10m is this adequate? Limit if not adequate	£
Please note that the ERN number/s will be required if cover is taken up	
We provide Public Liability cover up to £2m is this adequate? Limit if not adequate	£

LOSS OF INCOME

Select Period of Indemnity:	12 months
Sum Insured (this is the anticipated turnover for ABOVE period less food, drink and laundry costs only)	£
We provide Book Debts cover up to £50,000 is this adequate? Limit if not adequate	£

MONEY

Do you require cover for more than £2,000 cash in safe/s? YES NO

If YES, what limit is required? £

Details of the safe/s required if higher limit requested:

Make

Model

Is the safe: Free Standing

Location of the safe within the Property

Is the area alarm protected? YES NO

Who has access to this area?

We provide Money in transit, bank night safe or on premises during business hours up to £5,000. Is this adequate? Limit if not adequate £

LOSS OF LICENCE

We provide Loss of Licence cover of up to £100,000. Is this adequate? Limit if not adequate £

CONFERENCE / LEISURE FACILITIES

▪ Does the property have any Conference / Meeting Facilities YES NO

▪ Does the Property have any Leisure Facilities? YES NO

If YES, what facilities are provided:

Swimming Pool Gym Sauna Spa Steam Room Jacuzzi Hot Tub Sun Beds
Hairdressers Beauty Salon Other (please specify)

i) Are they for residents use only? YES NO

ii) Are they used by a members club? YES NO

iii) Are they open to the public? YES NO

iv) Are they managed by an outside company? YES NO

v) Is tuition provided? YES NO

Please outline level of supervision provided and by whom:

CONFERENCE / LEISURE FACILITIES continued

▪ Does the property have facilities for discos or live entertainment? YES NO

Are they private functions only? YES NO

If No:

i) Do they pay an entrance fee? YES NO

ii) How many functions per week?

iii) Do they employ door attendants? YES NO

Do they provide outside play areas for children? YES NO

If yes, please give details of equipment provided, surface type underneath and any precautions taken to minimise injury:

GENERAL QUESTIONS

▪ Does the client have any facilities for deep fat frying? YES NO

If Yes, is the usage: Light

Who is responsible for the cleaning?

How often do they clean the extraction flues?

How long are the flues?

▪ Does the client have an up to date IEE Certificate? YES NO

When was the fixed electrical installation last checked?

When were the portable appliances last tested?

▪ Will the property be left unoccupied for periods in excess of 30 days? YES NO

If yes, will it be checked and how often?

▪ Does the property have any special exposure to damage by storm or flood such as being near a River or any other natural or artificial water hazard? YES NO

▪ Does the property show any signs of damage by subsidence, heave or landslip Or, to your knowledge have they suffered in the past? YES NO

▪ Are DSS referrals or students as guests accepted? YES NO

GENERAL QUESTIONS continued...

- How long has the client traded at the Property?
- How long has the client traded elsewhere in this trade?
- Who are the current insurers?
- What is the renewal premium? (if unknown please provide current premium)
- What is the renewal date of the current policy?
- Have there been any claims within the last 5 years? YES NO

If Yes, please provide details of dates (including Month and Year), details of claims and remedial action taken to prevent the loss happening again, and total costs involved.

OPTIONAL ADDITIONAL COVER (IF REQUIRED)

TERRORISM

Cover Required YES NO

D&O

Cover Required YES NO

ENGINEERING

Cover Required YES NO

PA TRAVEL

Cover Required YES NO

ADDITIONAL INFORMATION (please use a separate sheet if required)