

UNIQUE PLACES TO STAY PROPOSAL FORM



General Information:

Name:

Correspondence Address:

Postcode:

Business Address:
(if different to above)

Postcode:

Address to be insured:

Postcode:

Telephone Number:

Email Address:

Website Address:

How long have you been in business:

Have you ever traded under a different name? Yes* No

**if 'Yes' please provide full details:*

Do you currently have insurance in place for your business / organisation? Yes* No

If 'Yes' who is the insurer

When is the policy due to renewal?

What is the current premium?

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Have you had any claims, or sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been force?

Yes* No

**if 'Yes' please provide full details. Include date of claim. incident, amount of settlement and the insurer who settled the claim. If applicable, please explain any action taken to prevent reoccurrence:*

Premises Details

For the risk address:

Please provide a summary of the property you use as property lets.

To the best of your knowledge, and following reasonable enquiries, have there been any case of flood at the premises or in the neighbourhood?

Yes* No

If 'Yes' please give the approximate height of the ground floor above the high water mark:

Are there any rivers, streams or tidal waters in the neighbourhood?

Yes* No

If 'Yes' please provide the approximate distance therefrom:

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Does the premises have any of the following fire protections:

- Fire Risk Assessment Completed
- Fire Extinguishers
- Fire Alarms
- Co2 Alarms
- Sprinkler System Installed

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

What is the value of contents in the property?

£

Do you have any other infrastructure at the premises you need to insure (such as decking, outdoor shower/toilet facilities, hot tub/sauna etc.)? If so, please list them here with replacement costs.

Please provide details about any portable heaters or woodburners, including when they were installed, who by and what protections are in place to ensure that these are safe.

Business Interruption & Liability

For your business or organisation please provide:

Your estimated Gross Rental income for the next 12 months

£

Your estimated total Wage Roll for the next twelve months

£

(this should include any clerical staff, cleaners, maintenance staff etc. Please put N/A if not applicable).

Will you have any volunteers assisting you during the next year?

Yes No

Will you be providing any cooked meals or beverages, any welcome supplies or have a shop honesty box?

Yes* No

If 'Yes' please provide details

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ADDITIONAL INFORMATION

Please use this space to tell us any additional information about your company / organisation. Include any activities you provide for guests, any unusual features of your place to stay.



Registered in England. Company no. 2797137
Registered Office as above

Naturesave Insurance is a trading style of Naturesave Policies Ltd, which is authorised and regulated by the Financial Conduct Authority

Naturesave Policies Ltd
Insurances effected with certain
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STATEMENT OF FACT

Have you, or any of the company directors, ever been convicted of a criminal offence?

Yes* No

If 'Yes' please provide details

Have you, or any of the company directors, ever been declared bankrupt?

Yes* No

If 'Yes' please provide details

Have you, or any of the company directors, ever been declared bankrupt?

Yes* No

If 'Yes' please provide details

Have any insurers even declined your proposal for insurance, refused to renew or cancelled your policy or imposed any special conditions?

Yes* No

If 'Yes' please provide details

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Declaration

I hereby declare that I am authorised to complete this proposal on behalf of the proposer and that, to the best of my knowledge and belief, the statements and particulars in this proposal are true and complete and no material facts have been mis-stated or suppressed.

I undertake to inform underwriters of any material alteration or addition to these statements or particulars which occurs before any contract of insurance based on this proposal is effected and acknowledge that this proposal (together with any other information supplied to underwriters) shall be the basis of such contract.

Signed*:

Name:

Capacity*:

Date:

**the signatory should be a director or senior officer of, or partner in, the proposer.*