

Proposal form

Casinos



Important Information Your insurance contract will be prepared based on the information supplied by you, which is shown on this Proposal. To the best of your knowledge and belief, you must be satisfied the information is correct. It is important that you let us know about anything that could influence the insurers attitude to your proposal.

Your Personal Details Please complete clearly in BLOCK CAPITALS

Proposer's full name: (including any subsidiary companies to be covered)

Address of premises _____

_____ Eircode _____

Telephone no _____ Fax no _____

Address for correspondence (if different) _____

Telephone no _____ Fax No _____

E-mail address _____

Business (please describe fully and provide full product information) _____

_____ Year business established _____

Directors/Partners full names (where not shown) _____

Date on which insurance is to commence _____ / _____ / _____

Renewal date (if not 12 months from commencement date) _____ / _____ / _____

Cover Required

Please complete all sections under which coverage is required

Section A Property Damage

Accidental loss, damage or destruction to the Property Insured by fire, defined perils and theft or attempted theft.

1 Please insert Sums insured (remembering that these should represent the full replacement value of the property at risk)
Coverage is limited to the Premises only unless otherwise requested

PROPERTY INSURED

SUMS INSURED

a) Buildings at the Premises the property of the Insured or for which the Insured is responsible € _____

b) Fixtures, Fittings and All Other Contents the property of the Insured or for which the Insured is responsible € _____

c) Stock of Wines, Spirits, Tobacco and Cigarettes the property of the Insured or for which the Insured is responsible € _____

Section A continued

- d) Other Stock in Trade including Food and Beer the property of the Insured or for which the Insured is responsible € _____
- e) Gaming Machines and other Entertainment Equipment the property of the Insured or for which the Insured is responsible € _____
- f) Other items (please describe in full) € _____
- TOTAL € _____

- 2 Is any Property kept in outbuildings or away from the premises? Yes ☐ No ☐
If YES state type of Property, Sum Insured, location and construction.
- 3 Is cover to include accidental loss, damage or destruction? Yes ☐ No ☐
- 4 Is cover to include Subsidence? Yes ☐ No ☐

**Section B
Business Interruption**

Interruption to the Business as a result of loss, damage or destruction by any of the Perils Insured

- 5 Please insert Sums Insured for the chosen Period during which compensation is to apply to enable the Business to fully recover from serious loss or damage
- a) Estimated Gross Profit, or € _____
- b) Increased Cost of Working Expenses € _____
- c) Outstanding Debit Balances (Standard coverage €20,000) € _____
- d) 12/24/36 months Rent Payable/Receivable (please delete as necessary) € _____
- 6 Maximum Indemnity Period required _____ Mths 12/24/36 (please specify)
- 7 Is cover to include accidental loss, destruction or damage? Yes ☐ No ☐
- 8 Is cover to include Subsidence? Yes ☐ No ☐
- 9 Please state name and address of your accountants and your financial year end
- _____
- _____
- _____

**Section C
Glass**

Accidental loss, damage or destruction to Property Insured

PROPERTY INSURED

SUMS INSURED

- 10 Internal/External Glass, Signs and Canopies the property of the Insured of for which the Insured is responsible (Standard coverage €10,000 per location or can be increased if required) € _____

**Section D
Money**

Loss, damage or destruction to Money arising in the course of the Business

- 11 Please insert Limits of Liability required, the standard coverage being shown

LIMITS OF LIABILITY

- a) In transit to or from Bank or Post Office and/or in Bank Night Safes € _____
- b) In the Insured's Premises when open for Business and not left unattended € _____
- c) In Insured's Premises when closed for Business not in a locked safe (Max limit €500) € _____
- d) In a locked safe in the Insured's Premises when closed for Business € _____
- e) In the private residence of the Insured (Max limit €500) € _____
- f) In Gaming Machines and Entertainment Equipment including Change Machines and ATM's € _____
- g) Non-negotiable documents € _____
- 12 Estimated annual carryings € _____
- 13 Safe Limit Required € _____

Section D continued

14 Please provide details of any safe or strongroom at the Premises

Make and model _____	Make and model _____	Make and model _____
Year of Manufacture _____	Year of Manufacture _____	Year of Manufacture _____
Serial Number _____	Serial Number _____	Serial Number _____
Dimensions _____	Dimensions _____	Dimensions _____
Anchored or free standing _____	Anchored or free standing _____	Anchored or free standing _____

**Section E
Loss of Licence**

Depreciation in value of the interest of the Insured in the Premises by the forfeiture, revocation or refusal to renew the licence.

LIMIT OF LIABILITY

15 Please insert Limit of Liability required

€ _____

**Section F
Frozen Food**

Loss, damage or destruction to foodstuff by deterioration, contamination or putrefaction.

16 Please insert Sum Insured required
(Standard coverage €1,000)

€ _____

**Section G
Employers Liability**

Bodily injury, death, disease, illness or nervous shock to any employee arising in the course of the Business.

Limit of Indemnity €10,000,000 any one claim.

17 Estimated annual wages, salaries and all other payments for the next twelve months:

DESCRIPTION OF EMPLOYEE, including any persons supplied to or borrowed

PAYMENTS

a) Clerical and Managerial employees not engaged in manual labour

€ _____

b) Doormen

€ _____

c) All other employees (please describe activities)

€ _____

Please provide your Employers Reference Number _____

**Section H
Public and Products Liability**

Bodily injury, death, illness, disease or shock causing bodily injury to any person and physical loss of or damage to material property occurring in connection with the Business.

18 Limit of Indemnity required any one occurrence? (Please tick)

☐ €1,000,000 ☐ €2,000,000 ☐ €5,000,000

Other amount? Please specify € _____

19 Estimated annual turnover in the next 12 months

€ _____

**Section I
Terrorism**

Loss, damage or destruction from an Act of Terrorism

PROPERTY INSURED

a) Property and Money in Rep of Ireland as insured by the Property and Money Sections of this Policy Yes ☐ No ☐

b) Interruption and interference as insured by the Business Interruption Section of this Policy

**Section J
General Questions**

THE PREMISES

20 Are your buildings all of standard construction i.e. do all your buildings have walls of brick, stone, or concrete and roofs of slate, tile, concrete, metal or asbestos? If

Yes ☐ No ☐

NO, please provide details. _____

21 Are your premises heated in whole or in part by a paraffin waste oil or LPG (Liquefied Petroleum Gas) appliance or system?

Yes ☐ No ☐

If YES, please provide details. _____

Section J continued

22 a) Are you the sole occupier of the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Are the premises occupied at night by the Proposer, Director or Partner of their families or an Employee of the Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, please provide details _____		

23 Are records of stock, purchases and sales kept?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24 Are your premises in good repair, your plant and equipment properly guarded and maintained and your walls, gates and fences in good order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, please provide details _____		

25 In what type of area are the premises situated?		
a) Residential	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Industrial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Commercial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) Rural	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26 Is there a cellar or basement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27 Has there been any history of flooding in the area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28 Please advise:		
a) Age of Premises	_____	
b) Number of Storeys	_____	
c) How far are the premises from a full time Police Station?	_____	
d) How far are the Premises from a full time Fire Station?	_____	
e) When the wiring was last checked by a qualified electrician?	_____	

**Section K
Security**

29 Is an intruder alarm fitted at the Premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide		
a) Name of installers	_____	
b) NACOSS approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Type of signalling		
- Bells only	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Central Station Connection?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
- Digital Communicator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other? Please specify	<input type="checkbox"/>	<input type="checkbox"/>

30 Are the access doors to your premises secured with 5 lever mortice deadlocks and all accessible windows fitted with suitable fastenings?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If NO, please provide details _____		

31 Are all keys to final exit doors, safes and alarms removed from the Premises when closed for Business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32 Have the Premises any additional security measures, i.e. security cameras?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, please provide details. _____		

Section K continued

- 33 Is a fire alarm fitted at the premises? Yes ☐ No ☐
- If YES, does it include
- a) Break glass boxes in all parts of the Premises? Yes ☐ No ☐
- b) Automatic Fire Detection, e.g. smoke detectors? Yes ☐ No ☐
- c) Connection to Alarm Receiving Centre? Yes ☐ No ☐

- 34 Is there a sprinkler system at the Premises? Yes ☐ No ☐
- If YES, please provide details

INSURANCE HISTORY

- 35 Have you or has any Director or Partner ever been prosecuted under the Factories Act, Health and Safety at Work Act, the Consumer Protection Act or any other Statutory Regulations? Yes ☐ No ☐
- 36 Do you have a formal written Health and Safety Policy? Yes ☐ No ☐
- 37 Have you or has any Director or Partner or employee
- a) been convicted of arson or any offence involving violence or dishonesty of any kind, e.g. fraud, robbery theft or handling stolen goods? Yes ☐ No ☐
- b) been the subject of any action in bankruptcy or involuntary liquidation? Yes ☐ No ☐
- c) during the past 5 years traded in another name? Yes ☐ No ☐
- If YES, please provide details

- 38 Have you or has any Director or Partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years for any risks against which you wish to insure? Yes ☐ No ☐
- If YES, please state your current Insurer, Policy Number(s) and expiry date.

- 39 Has any such previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions for any of the risks against which you wish to insure? Yes ☐ No ☐
- If YES, please provide details.

LOSS/CLAIMS HISTORY

- 40 In respect of any of the risks against which you wish to insure have you or has any Director or Partner
- a) Incurred any loss, destruction or damage or made a claim Yes ☐ No ☐
- b) Had any claim made against you by employees or other parties. Yes ☐ No ☐
- (whether under a current or any previous trading name or interest during the last 5 years) If YES please provide details

Date	Brief description of claim(s)	Amount paid	Amount Outstanding
		€	€
		€	€
		€	€

☐

Section L
Declaration

To the best of my knowledge and belief the information and statements provided in connection with this proposal, whether in my own hand or not, are true and complete and no material facts or information have been withheld or suppressed. I understand that non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (N.B. a material fact is one likely to influence acceptance or assessment of the risk by insurers. If you are in any doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or insurers to accept, this insurance. I understand and agree that insurers may seek information from credit and other agencies in connection with this proposal. ☐

Signature(s): _____ Date _____

Please note: If you are returning this form by electronic means (email or upload), please either enter your electronic signature in the space provided or type in your full name. In both cases this legally binds you to the information supplied.