

PAVEY

group

HOTELSURE INSURANCE QUOTATION REQUEST FORM

POST OR FAX TO: PAVEY GROUP, FREEPOST (TQ 601), TORQUAY, TQ1 3BR
FREEPHONE: 0800 0746187 FAX: 01803 211307

CONTACT NAME: _____	TEL NO: _____
HOTEL NAME: _____	FAX NO: _____
ADDRESS: _____	EMAIL: _____
_____	_____
_____	POST CODE: _____

HOTEL INFORMATION (*delete as appropriate)

RENEWAL DATE: ____/____/____ CURRENT INSURER + BROKER _____

ANNUAL PREMIUM: £ _____ TYPE OF HOTEL: Licensed/Unlicensed/Open to non residents*

NO. OF LETTING BEDROOMS: _____ OWNER LIVES ON PREMISES: Yes/No* OPEN 365 DAYS? Yes/No*

LEISURE FACILITIES: Swimming Pool/Sauna/Gym/Other* _____

CONSTRUCTION OF WALLS: Brick/Stone/Concrete/Other* _____

CONSTRUCTION OF ROOF: Slate/Tiled/Concrete/Other* _____

ANY AREA OF FELT ON TIMBER FLAT ROOF? Yes/No* IF SO _____%

CLAIMS IN LAST 5 YEARS: NO: _____ COST: _____ TYPE: _____

<u>COVER & SUMS INSURED</u>		<u>OPTIONAL COVERS</u>		REQUIRED?
ACCIDENTAL DAMAGE COVER	Yes/No*	MONEY	£1,500	Yes/No*
SUBSIDENCE COVER	Yes/No*	BOOK DEBTS	£10,000	Yes/No*
<u>CORE COVER (COMPULSORY)</u>		LOSS OF LICENCE	£100,000	Yes/No*
BUILDINGS £ _____		FROZEN FOOD		Yes/No*
CONTENTS £ _____		- Please state sum £ _____		
STOCK:		PERSONAL CONTENTS		Yes/No*
WINES & SPIRITS £ _____		- Please state sum £ _____		
TOBACCO £ _____		PERSONAL POSSESSIONS (WORLDWIDE)		Yes/No*
ALL OTHER STOCK £ _____		- Please state sum £ _____		
BUSINESS INTERRUPTION:		COMPUTERS inc BREAKDOWN £2,500		Yes/No*
£300,000 OVER 12 MONTHS. IS THIS ADEQUATE?		- REINSTATEMENT OF DATA £5,000		Yes/No*
IF NOT, PLEASE STATE AMOUNT £ _____		LEGAL EXPENSES £50,000		Yes/No*
12/24/36* MONTHS INDEMNITY PERIOD		PERSONAL ACCIDENT		
PUBLIC LIABILITY/PRODUCTS LIABILITY –		£10,000 death		Yes/No*
£2,000,000		£100 p/w temp total disablement		Yes/No*
EMPLOYERS LIABILITY - £10,000,000		£50 p/w temp partial disablement		Yes/No*
		GOODS IN TRANSIT £2,500		Yes/No*
		EMPLOYEE DISHONESTY £10,000		Yes/No*
		DIRECTORS & OFFICERS’ £250,000		Yes/No*