

# PROPOSAL FORM

### Please complete and return to:

MORIS
Minster House
42 Mincing Lane
London
EC2M 4QP

Tel: +44 (0) 20 3427 5960 Fax: +44 (0)20 3427 5961

Note: No insurance is in force until this form has been satisfactorily completed and accepted by insurers and method of payment agreed.





Full names of all partners/directors and relevant experience								
Trac	ling Name							
lf li	mited compar	ny, state co	ompany registrati	on numbei	-			
Add	ress for corres	spondence	and telephone nu	ımber				
Add	ress of all circ	uits where	insurance cover	is to apply				
a)								
b)								
c)								
d)								
Business Description Indoor kart Circuit / Outdoor Kart Circuit / Arrive and Drive / Corporate					ve / Corporate			
Pleas	Please state all other activities							
Year business established		blished	Length and surface of the track?			Width of the track?		
What previous experience do you have in this trade / business?								
<ul> <li>Please attach a brochure if available when returning this form.</li> <li>We also require a plan of the track layout indicating the position of:</li> </ul>								
Mai	shall posts	Race Cle	rk of the Course	Fire Exti	nguishers	First	t aid posts	Commentator
		•			•			

### **PREMISES**

PREIVITSES				
How old are the buildings?				
Is the building built entirely	of brick and ro	oofed with slates? If No, give d	etails	Yes / No
Is the site occupied solely by	yourselves a	s a Karting Centre? If No, give o	letails	Yes / No
Is the building detached?	Yes / No	If No, are adjoining buildings of	occupied?	Yes / No
If adjoining other buildings, is it separated by solid brick walls without any openings?				
Are your premises in a good state of repair and will they be maintained in good condition? Yes /				Yes / No
Is an intruder alarm installed? If Yes, give name of alarm company			Yes / No	
Does the alarm system signal by REDCARE to a Monitoring station?  Yes			Yes / No	
Are all doors fitted with five lever mortice deadlocks or closed shackle padlocks?  Yes				Yes / No
Are all windows permanently fixed shut or fitted with screw down window locks?  Yes / No				Yes / No



# SUMS TO BE INSURED

Building (rebuilding cost)	Tenants Improvements	Karts and components	Stock of tobacco/wines / spirits/	Other stock
£	£	£	£	£
Machinery, plant, all other contents	Fixed computer equipment	Portable computer equipment	Fixed glass	Frozen food
£	£	£	£	£

£	£	£		£		£	
MONEY	_		Is cover re	quired?	Yes / No		
What is the total am	ount of cash car	ried during	the year?			£	
What is the maximu	m amount of cas	sh in transit	at any one time?			£	
What is the maximum	m amount of ca	ish on your	premises whilst op	en for b	ousiness?	£	
Do you have a safe?	Yes / No	If Yes, giv	e make and model				
What is the maximum	m amount of cas	sh in safe o	vernight?			£	
BUSINESS INTERR	UPTION	_	Is cover re	quired	Yes / No		
12 months Gross Pro	ofit Sum Insured	I				£	
Additional Cost of W	orking Sum Insu	ıred				£	
GOODS IN TRANSIT –			Is cover re	quired	Yes / No		
What is the maximum	What is the maximum value per conveyance?					£	
How will the load be	transported?						
How will the load be	tested / packed	?					
EMPLOYERS LIABI	EMPLOYERS LIABILITY -			quired	Yes / No		
How many members	How many members of staff do you have?						
NOTE: Standard inde	NOTE: Standard indemnity limit is £10 Million						
Please state estimated annual wages for:							
Clerical	Track	Staff	Mechanics		Other		TOTAL
£	£		£	£		£	

# PUBLIC / PRODUCTS LIABILITY - Is cover required Yes / No

<u> </u>			
Please circle limit of Indemnity required: £1m / £2m / £5m / £10m			
Estimated annual turnover for next 12 months			
Estimated number of paying customers over next 12 months			
How many karts / vehicles are allowed to be used on the track at any one time?			
What type of vehicles used / maximum speed / modifications?			
Please state types of bumpers fitted to karts			
Do you display prominent warning notices?			
Do the karts have any sort of restraining device / seatbelt?			
What percentage of your turnover is made up of karts with restraining devices / seatbelts			



What precautions do you take to avoid injury to drivers and spectators?				
Maximum number of spectators				
Do all drivers wear Crash Helmets and C	Overalls?	Yes / No		
Do all drivers sign disclaimers?  Yes / No				
Do you allow driving by children?  Yes /				
What extra safety precautions do you take to safeguard children?				
If so, what is the minimum age?	How much of your turnover applies to this?	£		
Do you sell food or non-alcoholic beverages?  Yes / No				
Are you licensed to sell alcohol? Yes / No				

### **HEALTH AND SAFETY:**

Are remote controlled safety / breaking devices installed on the karts?  Yes				
Do you have a written Health and Safety policy? (If "yes" please supply a copy).				
Do you have a designated person managing Health and Safety?  Yes / N				
Do you have a written Health and Safety policy? (If "yes" please supply a copy).  Yes / No				
If "yes" please state who:				
Do you use an external Risk Management Consultant  Yes / No				
If "yes" please supply name and address:				
Have you ever been prosecuted under the Health and Safety at Work Act or other statute or regulation?				
If "yes" please give full details:				

# **GENERAL QUESTIONS:**

Which Association are you a member of?					
Are your preser	Are your presently insured ?				
If Yes, please p	If Yes, please provide the following details:  Last years renewal premium				£
Expiry Date		Name of Insurance Company			
Have there eve insured or not?	Have there ever been any incidents of loss, damage or injury resulting in a claim, whether insured or not?				
If Yes, please g	If Yes, please give details below:				
DATE		DETAILS of INCIDENT			PAID.
					£
					£
					£
Have there ever been any other incidents involving injury or damage to other persons or their property where a claim was not pursued against you  Yes / No					Yes / No
If Yes, please g	ive details				



Has an insurer ever refused, declined or imposed special terms?				
If Yes, please give details				
Have you or your Partner, Principle or Director ever:				
a) been declared bankrupt or insolvent ?				
b) been the subject of any County Court Judgements or Sheriff Court Decrees?				
c) been convicted or charged (but not yet tried) with any criminal offence?  Yes / No				
d) admitted committing an offence and have received an official Police caution?  Yes / N				
If Yes to above, please give details				

I/We have read, understand and will comply with, the guidelines supplied by an Approved Karting Association. I/We declare, that all statements and particulars given by myself/ourselves have been checked as correct and that no material fact has been omitted, misrepresented or misread and I /We are not aware of any other circumstances likely to affect the risks proposed. I/We agree that the statements made shall form the basis of the contract between the Insurers and myself/ourselves. I/We undertake to pay the premium when called upon to do so when insurance cover has been effected. I/We also agree to pay any additional premium due following adjustment of the policy in accordance with the conditions contained within the policy. I/We confirm that I/We have never been refused and/or declined insurance and/or asked to pay an increased premium and/or had special terms imposed.

Date	Proposer's Signature