

Arranged by

BrooksBraithwaite
(Sussex) LTD

Part of the Petc🐾ver Group

Petplan[®]
Sanctuary

Petplan Sanctuary

Proposal Form for Hydrotherapists

Please return completed form to:

Petplan Sanctuary
4 Bridge Road Business Park
Haywards Heath
RH16 1TX

Email: enquiries@petplansanctuary.com

Reference _____

**Pet business
insurance**

Proposal Form - Hydrotherapists

Please complete this proposal form in full and ensure that it is signed by all proposer(s). If you are unsure of any definitions used, or the relevance of any sections, then please refer to the Policy Information document or call us on 0345 070 1064. If you would like a copy of the Terms and Conditions, Petplan Sanctuary (0345 070 1064) will be able to supply you with a copy.

If you need any additional space to complete any questions, please use an additional sheet.

If the insurance is to apply to more than one premises, please complete a separate form for each.

You must ensure that the information given in this application is true and complete, further assistance can be provided by Petplan Sanctuary (0345 070 1064).

When we have received the necessary information to process your Policy, we will promptly dispatch documentation to you. If we require any further information we will request it within a few days of receiving this proposal.

We are committed to providing policyholders with the highest level of service. To that end we have set ourselves guidelines within which we will undertake important processes such as providing quotations, issuing policies and facilitating the settlement of claims.

GENERAL INFORMATION *(please answer all questions)*

Please include trading name and any related companies - stating the relationship e.g. subsidiary, mortgages etc that are to be included in the insurance and the names of any directors if a limited company

Full name of Proposer(s):

Date of Birth of Proposer(s):

Trading name:

If a Limited Company, please state company number:

Contact address:

Postcode:

Home telephone number:

Business telephone number:

Mobile telephone number:

Email address:

Additional named persons. **A named person is someone with whom we may discuss your policy/application details**

Additional named person 1: Relationship:

Additional named person 2: Relationship:

Address of premises where insurance is to be applied:
(If different to contact address)

Postcode:

Please provide FULL details of all business activities i.e. boarding kennels, cattery, rabbit hotel, grooming, training, sale of pet accessories/food etc:

Please state the date from which cover is required: *(please note that cover cannot be backdated)*

Is your company registered for VAT? *(including flat rate registrations)*

Yes ☐

No ☐

(If Yes, please give details, including VAT number or registration number)

If flat rate scheme please state the percentage:

 %

How many years have you been operating this business from these premises?

How many years have you operated this or any other animal related business from any other premises?

GENERAL INFORMATION - continued (please answer all questions)

Do you or any other person operate any other business or activity from these premises?

Yes

☐

No

☐

(If Yes, please state who else occupies the premises, for what purposes and whether their portion(s) is sub-let from you)

Are the commercial buildings in a good state of repair?

Yes

☐

No

☐

(If No, please give details)

Is there any flat roofing on the commercial building(s)?

Yes

☐

No

☐

(If Yes, please give details including the percentage of the building that is flat roofed)

Is there any thatched roofing on the commercial building(s)?

Yes

☐

No

☐

(If Yes, please give details)

Are the premises heated by portable paraffin or LPG heaters?

Yes

☐

No

☐

(If Yes, are the cylinders kept in a designated cage?)

Yes

☐

No

☐

Are the commercial buildings of a listed status?

Yes

☐

No

☐

(If Yes, please state the approximate age, value and grade)

Age	Value	Grade

Is any part of your private dwelling used in connection with your business?

Yes

☐

No

☐

(If Yes, please state which part)

Do any parties have a financial interest in the commercial property? i.e. Bank/Building Society:

Yes

☐

No

☐

(If Yes, please state the name of the Bank/Building Society or third party)

This policy does not cover any risks in respect of your private dwelling. We are able to provide Household policies which take into consideration that you are operating a business from your premises, which your current insurer may not be prepared to consider.

Would you like us to quote for insurance of your residential property?

Yes

☐

No

☐

Please note, this is only available with your business insurance:

(If Yes, please state the expiry date of your current insurance)

DD/MM/YYYY

PREVIOUS HISTORY

Note: the following questions are to be answered in respect of you and all Directors or partners in the business proposed or in the name of any other business in which any of you have had an interest.

Have you been insured for these risks before?

Yes

☐

No

☐

(If Yes, please give details)

Name of Insurance Co.	Policy No.	Renewal Date(s)

Have you ever had:

- any proposal or insurance of a similar nature declined, cancelled or refused?

Yes

☐

No

☐

(If Yes, please give details)

- any renewal refused or special terms or conditions imposed (other than the insurer no longer writes this class of business)? (If Yes, please give details)

Yes

☐

No

☐

Please continue on a separate sheet (if required) and tick this box

☐

PREVIOUS HISTORY - continued

Have you sustained any loss or damage or incurred any liability in the last 5 years which has, or could have resulted in a claim?

Yes ☐

No ☐

(If Yes, please give details)

Date	Details	Paid / Outstanding (£)

In the last 5 years, have you, any official, owner, director, manager or other person connected with this application ever been convicted of, or are due to stand trial for; any offence involving arson, criminal deception, forgery, any crime or violence or any other offence against property or have any prosecutions pending?

Yes ☐

No ☐

(If Yes, please give details)

Within the last 3 years, have you, any official, owner, director, manager or other person connected with this application been declared bankrupt, received a County Court Judgment, have any outstanding arrangements with creditors or been a director of any company that went into liquidation?

Yes ☐

No ☐

(If Yes, please give details)

Have you, any official, owner, director, manager or other person connected with this application ever been prosecuted in connection with health and safety legislation?

Yes ☐

No ☐

(If Yes, please give details)

Please complete each section, indicating whether cover is required or not, cover details can be found on your Insurance Schedule/Quotation

SECTION 1: Commercial Buildings and Contents

Please complete details of the commercial property to be insured:

	Property to be insured	Sum to be insured
1a	Buildings (including outbuildings) Cover - Defined policy events but excluding accidental damage. Excess as stated on your Insurance Schedule/Quotation	Standard Construction <i>Brick, stone or concrete buildings with a slate, tile, concrete or metal roof</i> £
	Non-Standard Construction <i>Buildings of all other constructions and those with a flat roof</i> £	
1b	Contents Cover - Defined policy events but excluding accidental damage, designed to include fixtures/fittings, office furniture, floor covering, hydrotherapy pool, dog/cat beds/bowls, portable heaters, fire fighting equipment etc. but excluding items declared under 1c and 1e. Excess as stated on your Insurance Schedule/Quotation	£
1c	Stock Cover - Defined policy events but excluding accidental damage, designed to include your stock, including items for resale but excluding animals at your premises. Excess as stated on your Insurance Schedule/Quotation	£
1d	Internal Fixed Glass Cover Defined policy events excluding accidental damage, designed to include glass partitioning, display cabinets and the like. Excess as stated on your Insurance Schedule/Quotation	£
1e	Computer & Other Business Equipment Cover - Defined policy events including accidental damage, designed to include computers, word processors, VDUs, keyboards and printers, facsimile machines, photocopiers and telecommunication equipment, freezers, grooming equipment etc. Excess as stated on your Insurance Schedule/Quotation	£
1f	Business Machinery Cover - Defined policy events including accidental damage, designed to include machinery, lawnmowers, power washers, generators etc. Used solely in connection with your business. Excess as stated on your Insurance Schedule/Quotation	£

If any one item(s) in sections 1e and 1f (above) is valued over £1,000, please provide details, including sum(s) insured and make, model, serial number if applicable:

Accidental Damage

Do you require accidental damage on the following?

Buildings (1a) ☐

Contents (1b) ☐

Stock (1c) ☐

Excess as stated on your Insurance Schedule/Quotation

Providing the corresponding section 1a, 1b or 1c is also selected

This section is not included as standard in Buildings/Contents/Stock and can be covered at an ADDITIONAL premium

SECTION 2: Business Interruption

Only available if at a minimum, sections 1a and/or 1b are purchased. If premises are rented, it may not be necessary to purchase 1a.

Do you require cover for business interruption?

Yes ☐

No ☐

Excess as stated on your Insurance Schedule/Quotation

Designed to cover loss of revenue due to the business being interrupted as a result of an event defined under section 2.

Benefit payable up to 12 months following the event and is based on annual revenue

What is your annual revenue?

£

SECTION 3: Money

Do you require cover for money on the premises and in transit?

Yes ☐

Fixed limit £4,000

No ☐

Excess as stated on your Insurance Schedule/Quotation

Yes ☐

Fixed limit £8,000

No ☐

SECTION 4: Own Goods in Transit

Do you require cover for your own goods in transit?

Yes ☐

Fixed limit £2,000

No ☐

Excess as stated on your Insurance Schedule/Quotation

Yes ☐

Fixed limit £4,000

No ☐

SECTION 5: Specified All Risks

Do you require cover for all items of equipment that are taken off the Insured premises, including any associated transit risk? **Available for items insured under 1e and 1f only**
Excess as stated on your Insurance Schedule/Quotation

UK & European Union ☐

Worldwide ☐

No ☐

If any one item is valued over £500, please provide details, including sum(s) insured and make, model, serial number if applicable:

SECTION 6: Frozen Food

Do you require cover for pet food contained in freezers?

Yes ☐

Fixed limit £1,500

No ☐

Excess as stated on your Insurance Schedule/Quotation

Yes ☐

Fixed limit £3,000

No ☐

SECTION 6a: Loss or Theft of Keys

Do you require cover for loss or theft of keys in connection with your business?

Yes ☐

Limit of indemnity
£10,000

No ☐

Excess as stated on your Insurance Schedule/Quotation

SECTION 7: Employers' Liability

Do you require cover?

Yes ☐

Limit of indemnity
£10,000,000,
£5,000,000 in
respect of terrorism
and asbestos

No ☐

Excess as stated on your Insurance Schedule/Quotation

How many staff do you employ?

Full Time

Part Time

Unpaid

Do you have an Employer PAYE Reference Number (ERN)?

Yes ☐

No ☐

(If Yes, please give reference number i.e. 123/AB1234)

THIS INFORMATION IS COMPULSORY

Reference no.

Is the business exempt from holding an Employer Reference Number (ERN) because all Employees are paid below the PAYE threshold?

Yes ☐

No ☐

If No, please provide details to explain why there is no Employer Reference Number e.g. volunteers only, self employed people only etc

Do you have any subsidiary companies?

Yes ☐

No ☐

If Yes, please provide the business name, address, nature of the business, Employer Reference Number and if it is a parent or child company?

What was the wage bill of the business in the last 12 months?

(If this is a new venture indicate the projected wage bill in this box)

£

Projected? ☐

SECTION 8: Public and Products Liability & Professional Indemnity

Do you require cover for Public Liability?

Excess as stated on your Insurance Schedule/Quotation

Yes ☐ Limit of indemnity £5,000,000 No ☐

Do you need to increase your Public Liability for any other activity i.e. fundraising, dog training, microchipping etc?

Yes ☐ No ☐

(If Yes, please give details)

Do you organise any events in relation to the insured activities?

Yes ☐ No ☐

If Yes, please give details of the event, what is involved, the animals involved, number of times per year etc

Do you attend any events in relation to the insured activities that are organised by third parties e.g. fete's, fairs etc?

Yes ☐ No ☐

If Yes, please give details of the events, what is involved, the animals involved, number of times per year etc

Products Liability

Do you require extended Products Liability cover for goods that are manufactured by the proposer(s)/business/organisation?

Excess as stated on your Insurance Schedule/Quotation

Yes ☐ Limit of indemnity £5,000,000 No ☐

If Yes, please give full details of what is being manufactured, turnover for this part of the business, are items sold outside the UK?

Professional Indemnity

Do you require cover for Professional Indemnity?

Excess as stated on your Insurance Schedule/Quotation

Yes ☐ Limit of indemnity £100,000 No ☐

Only available if purchased in conjunction with Public/Products Liability

SECTION 9: Care, Custody and Control of Animals including Animals in Transit

Do you require cover? (Please indicate cover required below)

Yes ☐ No ☐

	Levels of Cover & Maximum Benefit	Excess	Maximum Benefit in the Period of Insurance
	Veterinary Fees - £1,250 Death Benefit - £1,250 Loss by Theft or Straying - £1,250 Advertising & Reward - £350 Animals in Transit - £2,000	None Animals in Transit £50 per claim per animal	Maximum Benefit per premises in the Policy Period - £3,000 Animals in Transit - £2,000

Animals in Transit Only

Do you require cover for Animals in Transit only without purchasing care, custody and control?

Excess as stated on your Insurance Schedule/Quotation

Yes ☐ Fixed limit £2,000 No ☐

Yes ☐ Fixed limit £4,000 No ☐

Custodial Responsibility

Do you require cover for Custodial Responsibility?

Excess as stated on your Insurance Schedule/Quotation

Yes ☐ Limit of indemnity £10,000 No ☐

Do you refer animals in your care to a veterinary surgeon if suspected of any infectious/contagious disease?

Yes ☐ No ☐

SECTION 9: Care, Custody and Control of Animals including Animals in Transit - continued

Do you refuse admittance if animals are suspected of any infectious/contagious disease?

Yes ☐

No ☐

Has any Insurer ever declined, cancelled, increased premiums or imposed special conditions due to adverse claims experience on any previous Veterinary Fees Policy held by you?

Yes ☐

No ☐

(If Yes, please give details)

Have you held this type of insurance cover before?

Yes ☐

No ☐

Have you or any Insurer paid for any veterinary treatment or incurred damage during transit in the past 24 months?

Yes ☐

No ☐

(If Yes, please state gross amount paid in claims:)

Year 1

£

Year 2

£

PAYMENT

Please confirm your preferred method of payment :

Credit Card ☐
2% Administration
Charge will apply

Debit Card ☐

Cheque ☐

Monthly Direct Debit ☐
Payable over 10 months
interest free (0% APR)

HOW WE USE PERSONAL INFORMATION

How the Scheme Administrator uses personal information

Brooks Braithwaite (Sussex) Limited are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our Privacy Policy - www.brooksbraithwaite.com/privacy-policy-legal-notice/. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

How Allianz use personal information

For information about how Allianz Insurance plc use your personal data, you can find a copy of the Fair Processing Notice at www.allianz.co.uk. Alternatively, you can request a printed version by calling 0330 102 1837, by email dataprotectionofficer@allianz.co.uk or by writing to the Data Protection Officer, Allianz, 57 Ladymead, Guildford, Surrey GU1 1DB.

For sections 1 to 8 of this policy, Pen Underwriting Ltd act as underwriting agent for a consortium of Insurers noted under the 'Identity of Insurers' notice'.

How Pen Underwriting use personal information

Pen Underwriting Limited are the data controller of any personal information you provide to Pen Underwriting or personal information that has been provided to Pen Underwriting by a third party. Pen Underwriting collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

Pen Underwriting may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see Pen Underwriting's Privacy Policy - <https://www.penunderwriting.co.uk/Privacy-and-Cookies>. If you are providing personal data of another individual to Pen Underwriting, you must tell them you are providing their information to Pen Underwriting and show them a copy of this notice.

DECLARATION

Important information we need to know about

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. If you are in any doubt at all regarding any of the answers you have given, you should contact Brooks Braithwaite (Sussex) Ltd.

You must tell us as soon as you become aware of any changes to the information provided by you after you purchase your policy and during the period of your policy.

Declaration

I/We declare that the information I/we have given in this application is a fair presentation of the risk to Underwriters. I/We understand that if this duty is deliberately or recklessly breached, Underwriters may regard the Policy as void and are not required to return any paid premium.

I/We understand that if such a breach occurs, but was not deliberate or reckless, Underwriters' remedy shall depend upon what Underwriters would have done if I/We had complied with the duty of fair presentation:

1. Underwriters may regard the Policy as void if Underwriters would not have entered into the policy on any terms in the absence of the breach. In this case, Underwriters will return the premium paid.
2. If Underwriters would have entered into the Policy, but on different terms (other than terms relating to premium) the Policy will be treated as if those different terms applied from the outset, if Underwriters so require.
3. If Underwriters would have entered into the Policy but would have charged a higher premium Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims).

DECLARATION - continued

(If multiple proposers then all must sign)

Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>