

Caterer's Liability Proposal Form for Mobile and Outside Caterers (and certain other catering and fringe risks)

Insured by St Julians Insurance Company Limited

Arranged by



John Garth House

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Mobilers Insurance Services Limited

Authorised and regulated by the Financial Services Authority (FSA No 300401)

Registered in England (No 3228539)

Registered Office: 108 – 112 Main Road, Sundridge, Sevenoaks, Kent, TN14 6ES.

Please complete this form in full and return by email to brokersupport@mobilers.co.uk

SECTION A: GENERAL DETAILS

Full Name(s)

Trading Name

Correspondence Address

Postcode

Telephone No. Home _____ Business _____

Effective Date of Insurance _____ 1 day 3 days 12 months

Do you fully understand that you cannot cancel or transfer this policy and that there is no refund or premium? Yes/No

Please describe fully the nature of your catering activities

Are you responsible for the seating arrangement? Yes/No

If YES, please state seating capacity:
0 – 20 21-50 51-100 100 and above
(if 101 and above please state seating capacity) _____

Are you involved in the erection or dismantling of any marquee/tent above 3.048m (10ft) in height? Yes/No

Have you registered your Business with the relevant Local Authority Environment Health Department? Yes/No

If NO, please give full details _____

Your ERN Number (PAYE Ref) _____

SECTION B: COVER REQUIRED

Please tick the box confirming your GROSS annual turnover
NOT exceeding £30,000 £100,000 £250,000
£60,000 £150,000 Over £250,000
£80,000 £200,000

If over £250,000, please state Gross Annual Turnover

If over £250,000, please state Annual Wage Roll

How many people do you employ including part-time & casual?
0 – 10 11 – 20 21 and above

If 21 and above, please state the total number

SECTION C: HISTORY

1. Are you now or have you previously been insured for any of the risks now proposed? Yes/No

If YES, please state name of insurer, policy number and expiry date

2. Have you or any partner/director in connection with your Business suffered any claims or been involved with any incidents which may give rise to liability claim (whether insured or not), during the past 5 years for the risks now proposed? Yes/No

If YES, please give details including Date, Type of Loss and Amount Paid/Outstanding:

3. Have you or any partner/director in connection with your Business:
- a) had any proposal or insurance declined, cancelled, refused, or made subject to increased rates or special terms? Yes/No
 - b) been convicted of arson or any other offence involving dishonesty of any kind (e.g. fraud, theft, etc.) Yes/No
 - c) been prosecuted under any safety legislation during the last 5 years? Yes/No
 - d) been declared bankrupt or insolvent? Yes/No

If you have answered YES to any question please provide full details below:

4. Has the proposer or any partner/director ever had a County Court Judgement registered against them? Yes/No

If YES, please give details including date(s) and amount(s):

SUMMARY OF COVER

Public Liability: £5,000,000 (£5 million*)
Products Liability: £5,000,000 (£5 million*)

(Inc. Food Poisoning)

*Increasing to £10 million as and when required

Employers' Liability: £10,000,000 (£10 million)

Policy Excess £250.00

The amount you are liable to pay should anyone make a valid claim against you for the property damage, NOT personal injury.

