

Recording Studio



**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 \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_ Renewal date (if not 12 months from commencement date) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Cover Required**

Please complete all sections under which coverage is required

**Section A**

**Property – All risks including theft**

Accidental loss, damage or destruction to the property insured.

PROPERTY INSURED

a) Buildings

£ \_\_\_\_\_

b) General Office contents excluding computer equipment

£ \_\_\_\_\_

c) Business Equipment the property of the insured or for which they are responsible

– Premises only

£ \_\_\_\_\_

– United Kingdom

£ \_\_\_\_\_

– United Kingdom/Europe

£ \_\_\_\_\_

– Worldwide

£ \_\_\_\_\_

**Section A continued**

	SUMS INSURED
d) Hired in Equipment for which the insured is responsible	
– Premises only	£ _____
– United Kingdom	£ _____
– United Kingdom/Europe	£ _____
– Worldwide	£ _____
Estimated annual hiring charges for the next 12 months	£ _____
e) Computer Equipment the property of the insured or for which the insured is responsible	
– Premises only	£ _____
and Laptop Computers – United Kingdom	£ _____
– United Kingdom/Europe	£ _____
– Worldwide	£ _____
f) Stock and Materials in Trade, work in progress and finished goods the property of the Insured or for which the Insured is responsible	£ _____
g) Decorations and improvements to buildings including landlords fixtures and fittings for which the insured is responsible as tenant and not as owner	£ _____
h) Other items (please describe in full) _____	
_____	
_____	£ _____
2 Is any property kept in outbuildings or away from the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES state type of property, sum insured, location and construction	
_____	
_____	
3 Is cover to include Subsidence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Is cover to include Mechanical and Electrical Breakdown?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Is cover to include loss, destruction, or damage attributable to Acts of Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Do you hire out Equipment without your own operatives being present at all times?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7 Do you utilise Conditions of Hire holding the Hirer responsible for loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8 Are vehicles left loaded and unattended overnight or for periods longer than one hour at a time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9 Are vehicles fitted with immobilisers, alarms or other security devices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES to Questions 6-9 above, please give full details	
_____	
_____	

**Section B  
Business Interruption**

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. Cover will be provided for the risks covered under Section A – Property

5 Maximum Indemnity Period required  12 months  18 months  
 24 months  Other \_\_\_\_\_ Mths (please specify)

6 Estimated Annual Revenue (based on figures for the financial year nearest to the year of insurance) £ \_\_\_\_\_

7 Outstanding Debit Balances (based on maximum value of outstanding debit balances any one time). Quarterly statements of the total balance to be lodged with your Bank, Accountants or Insurers). £ \_\_\_\_\_

8 a) Please state name and address of your Accountants

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- May we apply direct to them for figures to establish the adjustment of premium ? Yes  No
- b) When does your financial year end? \_\_\_\_\_
- 9 Is cover to include interruption following loss, destruction or damage attributable to acts of Terrorism? Yes  No
- 10 Is cover to include Mechanical and Electrical Breakdown? Yes  No

## Section C Money

- 11 Please insert Limits of Liability required. LIMITS OF LIABILITY
- a) Money the residence of the Insured or any authorised employee £ \_\_\_\_\_
- b) i) Money at the premises out of business hours not contained in a locked safe or strongroom £ \_\_\_\_\_  
 ii) Money at the premises out of business hours contained in a locked safe or strongroom £ \_\_\_\_\_
- c) i) Money in transit £ \_\_\_\_\_  
 ii) Money at the premises during business hours £ \_\_\_\_\_  
 iii) Money at sites of contract during business hours £ \_\_\_\_\_  
 iv) Money in a bank night safe £ \_\_\_\_\_
- d) Money on the person (Personal Carrying Limit) £ \_\_\_\_\_
- e) Cheques, giro cheques, bankers drafts, money orders, postal orders any of which are crossed, used National Insurance stamps, National Savings Certificates, credit card sales vouchers and VAT purchase invoices £250,000.00
- 12 Estimated annual amount of notes and coins in transit by your employees £ \_\_\_\_\_
- 13 Estimated annual amount of notes and coins in transit by a Security Company £ \_\_\_\_\_
- 14 Please provide details of any safe or strongroom at the Premises
- Make and model \_\_\_\_\_
- Year of Manufacture \_\_\_\_\_
- Serial Number \_\_\_\_\_
- Dimensions \_\_\_\_\_
- Anchored or free standing \_\_\_\_\_
- 15 Is cover to include Personal Accident (Robbery)? Yes  No
- 16 Please indicate Territorial Limits required (Great Britain, Europe or Worldwide)
- \_\_\_\_\_

## Section D Liability

- 17 Is cover to include
- a) Employers Liability i.e. claims for injury sustained or disease contracted by your employees? Yes  No   
 Limit of Indemnity £10,000,000 any one claim  
 Please provide Employers Reference Number \_\_\_\_\_
- b) Public/Products Liability, i.e. claims by other persons who sustain injury or whose property is damaged, including claims arising out of goods sold or supplied Yes  No
- 18 Tick box for Public/Products Limit of Indemnity required  
 £1,000,000  £2,000,000  £5,000,000  Other amount, please specify £ \_\_\_\_\_
- 19 Estimated annual turnover in next twelve months £ \_\_\_\_\_
- 20 Estimate your total expenditure on wages, salaries and other earnings
- Description of employees including any person supplied to or hired or borrowed by the Proposer. Annual Remuneration
- Clerical and managerial employees not engaged in manual labour £ \_\_\_\_\_
- Catering and domestic employees £ \_\_\_\_\_
- All other employees £ \_\_\_\_\_
- 21 Do you accept or have you accepted under contract any liability other than under A.P.R.S. Yes  No   
 Conditions which would not otherwise attach to you?  
 If YES please provide details
- \_\_\_\_\_
- \_\_\_\_\_

22 Do you handle, use or store, radioactive substances or devices, chemicals, gases, explosives, asbestos, silica or material containing silica or any other dangerous substance? Yes  No

If YES please provide details

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23 Do any of your activities involve exposure to noise levels exceeding 85dB(A)? Yes  No

Recording (Contractual Liability) Extension

Available only to business trading under the Association of Professional Recording Services terms and conditions or other such terms of business (please provide copy)

24 Limit of Liability any one Recording £ \_\_\_\_\_

25 Limit of Liability all Recordings any one time £ \_\_\_\_\_

**Section E**  
**General Questions**

26 Do all your buildings have walls of brick, stone or concrete and roofs of slate, tile concrete metal or asbestos? Yes  No

If NO, please provide details

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27 Are your premises heated in whole or in part by a paraffin waste oil or LPG (Liquified Petroleum Gas) appliance or system? Yes  No

If YES, please give details

28 a) Are you the sole occupier of the premises? Yes  No

b) Are the premises occupied at night by the Proposer, Director or Partner or a member of their families or an Employee of the Business?

Yes  No

If NO, please provide details

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29 Are records of stock, purchases and sales kept? Yes  No

30 Are your premises in good repair, your plant and equipment properly guarded and maintained and your walls, gates and fences in good order? Yes  No

If NO, please provide details

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31 Are the access doors to your premises secured with 5 lever mortice deadlocks and all accessible windows fitted with suitable fastenings? Yes  No

If NO, please provide details

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32 Are your premises protected by a burglar alarm installation? Yes  No

If YES, please provide details of:

a) make and when installed

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b) type of protection afforded

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**Section E continued**

c) signalling bells only, central station, Redcare, digital communicator

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It is a condition of this insurance that the alarm be maintained under contract.  
A copy of the appropriate specification should be enclosed with this proposal.

- 33 Do you have dedicated storage facilities for microphones and a daily system of check? Yes  No
- 34 Are your entrances and/or reception areas left unlocked and unattended? Yes  No

If YES, please provide details

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- 35 Are you a member of the Association of Professional Recording Services? Yes  No
- 36 Do you trade under their approved terms and conditions? Yes  No

37 Have you or has any Director or Partner or Employee:

- a) been convicted of arson or any offence involving dishonesty of any kind, e.g. fraud, robbery theft or handling stolen goods? Yes  No
- b) during the past 5 years traded in another name? Yes  No

If YES, please provide details

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**INSURANCE HISTORY**

- 38 Have you, or any other person to be Insured, held Insurance in the past 5 years for any of the risks against which you wish to Insure? Yes  No

If YES please provide details

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- 39 Has any 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

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**LOSS/CLAIMS HISTORY**

40 Have you or any other person to be Insured

- 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

If YES please provide details

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If YES please provide details

Date	Brief description of claim(s)	Amount paid	Amount Outstanding
_____	_____	£ _____	£ _____
_____	_____	£ _____	£ _____
_____	_____	£ _____	£ _____

**Section F  
Payment**

Do you wish to pay the premium by monthly instalments Yes  No

If YES an application form will be sent to you

NO INSURANCE IS IN FORCE UNTIL YOUR APPLICATION HAS BEEN ACCEPTED AND FULL PREMIUM HAS BEEN RECEIVED

**Section F continued**

Personal Data

You have the right to access any records about you, which we hold on computer files under the Data Protection Act 1984. Insurers and their agents share information with each other to prevent fraudulent claims and to assess whether to offer the insurance including the terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. In dealing with your application this register may be searched. In the event of a claim, the information you supply on this form, together with other information relating to the claim will be put on the register and made available to participants.

To set up and administer your policy Riva Insurance Brokers Limited will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area. Riva Insurance Brokers Limited may also send you details of their other products and services.

Please tick this box if you do not wish to receive such details

Insurance Premium Tax

The Finance Act 1994 required us to levy Insurance Premium Tax at the prevailing rate on insurance business. For further information, please ask your adviser.

**Section G  
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 to Riva ib 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.



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