

## Questionnaire

Further to the Coronavirus crisis hitting us hard, being a small & medium-sized enterprises (SME), we are all facing extreme difficulties obtaining help from **Banks** and **Insurance companies**.

Therefore, please could you kindly complete the following questionnaire, in order for your Association to push back to central Government, via Caroline Ansell, for assistance with these companies.

### **Banks:** Coronavirus Business Interruption Loan Scheme (CBILS)

Which Bank have you approached: \_\_\_\_\_

Were you successful:            Yes:                             No:                             Still ongoing:

If refused a CBILS, can you share the reason: \_\_\_\_\_

### **Insurance:** Business Interruption Insurance

Which Insurance Company have you approached: \_\_\_\_\_

Were you **successful**:            Yes:                             No:                             Still ongoing:

If **refused**; primary reason:    COVID-19 is not in their '**Specified List**':

Requires an **outbreak** of COVID-19 **directly at your premises**:

Have you found the below statement:                            True?                             False?

*"If your claim is not based on an outbreak at your premises and the interruption to your business is due to the national Coronavirus crisis, unfortunately your business interruption losses will not be covered"; Even though the Prime Minister & his Chief Medical Officer state Hotel/Guesthouses etc are not permitted to trade*

Thank you for completing, please email back to: [secretary@eastbournehospitality.com](mailto:secretary@eastbournehospitality.com), with any other comment you wish to add.

1) Please supply, by **Cut/Paste** your **Policy Wording** in relation to Business Interruption Insurance:

<**POLICY WORDING**>

2) Please supply, by **Cut/Paste** your **Insurance Refusal Wording** to you

<**REFUSAL WORDING**>

3) When replying back, could you also please attach a copy of your **POLICY SCHEDULE**.

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**For GDPR compliance, please complete the following:**

Your name: \_\_\_\_\_

Your Business Name: \_\_\_\_\_

Date: \_\_\_\_\_

Hereby give my consent to the Eastbourne Hospitality Association and its third-party insurance consultant to use this information on my behalf.