

Unoccupied Property Insurance Proposal Form

It is essential that you make fair presentation of the risk that should include a full and unrestricted disclosure including every material fact and circumstance (a material fact or circumstance is material if it would influence the judgement of the Underwriter when considering whether to accept the risk and/or the assessment of the terms, conditions or premium which should be applied).

If you are unsure in any way that your disclosure is complete you should check with your insurance advisor.

In the event you fail to make a full unrestricted disclosure we may refuse to pay your claim, pay only part of your claim, and/or void your policy.

GENERAL QUESTIONS *(please answer all questions accurately and in full)*

Proposer's name(s):			
Type of premises:	Residential	Shop	Industrial
	Offices	Other <i>(please describe on page 4)</i>	
Risk address:			Postcode:
			Council Tax Band:
Postal address (if different from above):			
Cover required. 12 Months from:		<i>(No cover is in force until underwriters written confirmation has been issued)</i>	

THE PREMISES

If you tick any of the shaded boxes (with a red 'Yes' or red 'No'), please provide details under the Additional Information section on page 4.

- Do you occupy any part of the Premises? Yes No
- Is any part of the Premises occupied? Yes No
- Are the Premises:
 - Built of brick, stone or concrete and roofed with slates, tiles, asphalt, metal or concrete? Yes No
(If not, detail on Page 4 and include specification of materials including composite panelling)
 - In a good state of repair and will be so maintained? Yes No
 - Grade I, II* or II or Category A, B or C Listed? Yes No
 - Heated solely by electricity or mains gas? Yes No
 - Constructed with a flat roof (other than concrete) and covered with felt? Yes No

If YES, please state percentage of total roof area: up to 25% up to 50% up to 75% up to 100%
- Approximate age of the building: Up to 1699 1700+ Yes No
- Have you or do you intend to use, provide or store any type of portable heater(s) on the premises? Yes No
- Are the adjacent premises occupied? Yes No
If yes what are they occupied as? (If insufficient space provide details in Additional Information section on page 4)
- Is the building in an area exposed to storm or impact damage? Yes No
- Have the premises been flooded in the last ten years? Yes No

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| 9. Are the premises within 400 metres of any river, watercourse or the sea? | Yes | No |
| 10. Have you been informed that the buildings are in a potential flood risk area? | Yes | No |

Security protections

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| 11. Do the premises have the following levels of physical security that are in use: | | |
| a) All external entry/exit doors are fitted with at least 5 lever mortice deadlocks complying to BS3621? | Yes | No |
| b) All windows at ground floor and basement level and windows that are readily accessible are either barred, grilled or fitted with key operated window locks? | Yes | No |
| c) Are the premises protected by an intruder alarm? | Yes | No |
| If YES, please advise type of alarm: | | |
| i) Bell only Digital Communicator Central Station Red Care/Dualcom | | |
| ii) Do you have an alarm maintenance contract in force with a professional company accredited with SSAIB or NSI? | Yes | No |
| d) Are all windows that are at ground floor and basement level and windows that are readily accessible professionally boarded up? | Yes | No |
| 12. Is a full time Caretaker or 24 hour Security Guard employed at the premises? (tick if Yes) | | |

General

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| 13. How long have the Premises been unoccupied? Up to 2 years 3-5 years 5 years or more | | |
| 14. How long is it anticipated that the Premises will remain unoccupied? | | |
| 15. Are the Premises to undergo any building works, renovation, refurbishment, redecoration or demolition during the period of insurance? | Yes | No |
| If Yes, has the relevant planning permission been obtained? | Yes | No |
| 16. Have the buildings been: | | |
| a) designed for use as a place of worship? | Yes | No |
| b) within the last five years, operated as an entertainment venue and/or a licensed premises? | Yes | No |
| 17. What is the intended future use of the Premises ? | | |
| 18. Are all gas supplies to the buildings to be kept disconnected? | Yes | No |
| 19. Are all water pipes and tanks in the buildings to be drained and kept disconnected from the mains water supply (except those supplies required to maintain sprinkler installations)? | Yes | No |
| 20. In the buildings is a sprinkler system installed which is operational and maintained by a professional company? | Yes | No |
| 21. Are all electricity mains supplies in the buildings to be kept disconnected other than to keep security alarms and security lighting operational? | Yes | No |
| If electricity mains supply is connected to support security systems: | | |
| a) Have the live phases been inspected by a NAPIT, NICEIC, ELECSA or ECA registered contractor and a satisfactory electrical condition report been issued? | Yes | No |
| b) If Yes, will the satisfactory electrical condition report be less than three years old at the commencement of this insurance and if applicable be renewed during the currency of this insurance? | Yes | No |
| 22. Will all waste and refuse be cleared from the buildings and removed from the premises at least once a week? | Yes | No |
| 23. Will all loose or moveable combustible items or materials other than fixtures and fittings at all times be cleared from the buildings and removed from the Premises? | Yes | No |
| 24. Have all letter boxes been sealed? | Yes | No |
| 25. Have all tanks containing fuel or other flammable liquids been drained and purged? | Yes | No |
| 26. Are the buildings inspected at least once every 7 days, both internally and externally and a record kept of such inspections? | Yes | No |
| 27. Is Subsidence, heave and landslip cover required? | Yes | No |

If YES, please complete the following questions:

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| a) Has the property had any occurrence of subsidence, heave and landslip? | Yes | No |
| b) Are you aware of any signs of damage which may be attributable to subsidence, heave and landslip? | Yes | No |
| c) Is the property being, or has it ever been monitored for subsidence, heave and landslip? | Yes | No |
| d) Are you aware of any neighbouring property having been damaged by subsidence, heave and landslip? | Yes | No |
| e) Has any survey mentioned settlement or movement of the buildings? | Yes | No |
| f) Has the premises or surrounding area been subject to any river or coastal erosion? | Yes | No |

HISTORY

We rely upon this proposal form and it is important to us that you make specific enquiries with each applicable party described in (i),(ii),(iii) & (iv) below prior to answering the questions and signing the declaration.

If you feel unable to answer a question(s) accurately or have a material fact or circumstance(s) to disclose please provide full details in the additional information box on page 4.

- (i) You and insured family members that have an interest in the property or are involved in the business
- (ii) Any Director or Partner
- (iii) Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
- (iv) Any person with management control of the insured entity (other than professional letting agents that you have contracted to manage the property):

Have any of the parties described in (i) – (iv) above:

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|--|-----|----|
| a) During the last five years under any other insurance policy made a claim(s), incurred a loss, damage or liability whether insured or not at these premises or any other location (other than claims made against motor/travel/pet and health policies)? | Yes | No |
| b) Ever been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences? | Yes | No |
| c) Ever been disqualified from acting as a Company Director? | Yes | No |
| d) Been prosecuted or been subject to prohibition or enforcement notices under the Health & Safety at Work Act | Yes | No |
| e) Been a director of a company or partner of a business that: | | |
| i) went into liquidation, administration, or was subject to an insolvency process or scheme of arrangement with creditors? | Yes | No |
| ii) incurred a County Court judgment(s) that remains unsatisfied? | Yes | No |
| f) Been declared bankrupt, incurred a County Court judgment(s) that remains unsatisfied or entered into an individual voluntary arrangement with creditors? | Yes | No |
| g) Ever had insurance cover refused, cancelled or had special terms imposed? | Yes | No |

If you have answered Yes to any question(s) or feel that you have been unable to answer a question(s) accurately please provide full information in the Additional Information box on page 4.

OWNERSHIP OF PROPERTY TO BE INSURED

Is there a mortgage or other charge on your premises which should be noted on the policy? Yes No

Name and address of interested parties

ADDITIONAL INFORMATION

Please use this area if you need more space to provide information to the questions where you have ticked a shaded box, need more space to answer a certain question or disclose a material fact or circumstance or there are material facts and/or circumstances to disclose.

SUMS TO BE INSURED

It is important that you should ensure the Sum(s) Insured given below are adequate on a full reinstatement basis as under-insurance may reduce the amount of recovery in the event of a claim.

Section 1 Buildings

Please select cover required

Standard Cover – Perils Defined as fire, lightning, explosion, aircraft only

Extended Cover & Options (subject to underwriters acceptance) tick if required

Extension 1

Perils defined as fire, lightning, explosion, aircraft or other aerial devices or articles dropped therefrom, riot, civil commotion, strikers, locked out workers, persons taking part in labour disturbances, malicious persons, earthquake, storm, flood, impact by any road vehicle or animal, falling trees, branches and falling aerals

Extension 2

Perils defined as fire, lightning, explosion, aircraft, or other aerial devices or articles dropped therefrom, riot, civil commotion, strikers, locked out workers, persons taking part in labour disturbances, malicious persons, theft, earthquake, storm, flood, overflowing or leaking of any sprinkler apparatus, escape of water from any tank apparatus or pipe, impact by any road vehicle or animal, falling trees branches and falling aerals

Accidental damage is cover required?	Yes	No
Subsidence, heave & landslip is cover required?	Yes	No
Acts of Terrorism is cover required?	Yes	No

Buildings (including outbuildings) representing full cost of reconstruction in their present form and debris removal and professional fees:	£
Landlords Fixtures, Fittings and Fitted Furniture	£
Glass: Please state limit required	£

Section 2 Rental Income

Indemnity period required:	12 months	18 months	24 months	36 months
Gross Rental Income £			Sum Insured	£
Is optional cover required for the Acts of Terrorism?			Yes	No

Section 3 Property Owners Liability

Limit of indemnity required £1m £2m £5m

Section 4 Employers Liability

Limit of indemnity £5m

Clerical Wages	£
Caretaker, Internal Cleaners and Gardeners Wages	£
General Maintenance, Repair and Security Wages	£

DECLARATION

The underwriter will rely upon the information you have provided in this Proposal Form together with any other statements, facts or information you have provided when deciding whether to accept this insurance and the terms offered including the amount of premium payable.

If you are in any doubt as to the completeness and accuracy of the statements and facts you are providing you should consult with your insurance advisor.

During the period of the insurance you must tell your insurance advisor as soon as reasonably possible if you become aware that any of the statements and facts that you have provided have changed.

I/We declare that:

- i. the statements and facts given are true and accurate.
- ii. if any statement or fact has been written by any other person, such person shall for that purpose be regarded as my/our agent and not the agent of the Underwriters.
- iii. I am duly authorised to sign this statement on behalf of the proposer.

Authorised Signatory

Capacity

Name in full:

Dated: