

Commercial Combined Proposal Form

- When completing this Proposal Form, ALL sections of the form must be completed.
- The purpose of this document is to confirm to us the information required to arrange your insurance. Please complete this carefully and ensure that the facts and statements are truthful and accurate. Failure to notify us of any errors or missing information could lead to your policy being cancelled or amended and/or a claim not being paid
- If sections of this form are not applicable to you, please state 'Not Applicable' or 'N/A' or 'None', where blank we shall treat it as not applicable. Should you have any queries in completing the form, please do not hesitate to contact your broker.

Please complete in BLOCK CAPITALS and tick where indicated, use additional sheets if necessary

YOUR DETAILS

a) Name of Applicant(s) (Please list all parties to be insured, the policy will be issued in the name or name(s) you state)

b) Trading Title

c) Category of Assureds' Business

Sole Trader Limited Company / PLC Partnership

d) Date Established as Ltd Co/PLC

e) Employer PAYE Reference

f) Postal Address

Postcode

g) Daytime Telephone

Mobile Telephone

h) Website

Email

i) Business Description

j) Cover Required From (DD/MM/YYYY)

SECTION 1 – BUILDINGS & CONTENTS

Is this section required

Yes No

Location No

(Please duplicate this page and Complete for each additional Location noting location no in box)

a) Full address of premises to be insured

Postcode

b) Occupation of Property

c) Age of Property No of storeys Good state of repair Yes No
 Detached Semi Detached Terraced Other

d) Are the premises Standard Construction i.e. built of brick, stone / concrete & roof of slated tiles Yes No
 If "No" please give full information _____

e) Is any part of the roof flat/felted/bitumen/asphalt? Yes No
 If "Yes" please give full information _____

f) Are the premises in an area likely to flood or where flooding has occurred? Yes No
 If "Yes" please give full information _____

g) Are the premises protected by an intruder alarm? Yes No
 If "Yes" Give Name of installer _____

h) Method of signalling: Bells Only Digital Communicator Redcare
 If "Other" please give full information _____

i) Is there a fire alarm or automatic fire detection system at the premises? Yes No
 If "Yes" Give method of Signalling _____

j) Are the premises fitted with an automatic sprinkler system Yes No
 If "Yes" state the Edition & if Maintained _____

k) **Standard Perils** Provided – *Unless otherwise endorsed within the certificate / *Subsidence is subject to additional questionnaire*
 1) Fire/Lightning 2) Explosion 3) Aircraft 4) Earthquake 5) Riot 6) Malicious Damage
 7) Storm / Flood 8) Escape of Water 9) Impact 10) Theft (by forcible Entry/Exit)

l) **Additional Perils** 11) Accidental Damage 12) Subsidence* 13) Sprinkler Leakage Terrorism

m) **Sums Insured** *To be insured on Reinstatement basis, state "R" next to the sum insured below*

Buildings inc. Outbuildings, Walls	GBP
Loss of Rent Receivable / Payable (Please delete as applicable)	State Months ()
Internal Decorations & Tenants Improvements	GBP
Machinery/Plant & All Other Contents	GBP
Stock in Trade	GBP
Customers Goods	GBP
Computers & Electrical Office Equipment	GBP
Cigarettes/Cigars / Other (Please specify)	GBP
Wines/Spirits / Other (Please specify)	GBP
Property in the Open / Other (Please specify)	GBP
Other (Please specify)	GBP
Other (Please specify)	GBP

n) Is there any history, claims or existing signs of damage to the property which may be attributable to Subsidence, Landslip or Heave? (Where answered Yes, cover is strictly subject to an additional questionnaire and acceptance in writing from underwriters prior to cover being granted.) Yes No

SECTION 2 – BUSINESS INTERRUPTION*Is this section required*Yes No

a) Estimated / Actual Gross Profit Gross Revenue **GBP**
 *delete as appropriate

b) Indemnity Period: 12 Months 24 Months 36 Months

c) Additional Expenses only (Increased Cost of Working) **GBP**

Optional Extensions*(costs may be incurred if not included in quote)*

d) Prevention of Access Extension **GBP**

e) Public Supply Undertaking Extension **GBP**

f) Property Stored Extension **GBP**

g) Supplier of Customer Extension **GBP**

SECTION 3 – BOOK DEBTS*Is this section required*Yes No **Sum Insured Required****GBP**

a) Are duplicate records kept away from the premises? Yes No

SECTION 4 – ALL RISKS ON SPECIFIED ITEMS*Is this section required*Yes No

Description of Property	Location (UK, Europe, Worldwide)	GBP
a)		GBP
b)		GBP
c)		GBP
d)		GBP
e)		GBP
f)		GBP

SECTION 5 – GLASS*Is this section required*Yes No

Please advise the Sums Insured required for

a) External Glass/Shop Front **GBP**

b) Internal Glass and Sanitary Ware **GBP**

c) External Neon Signs, Lights Boxes and Canopies **GBP**

SECTION 6 – MONEY*Is this section required*

a) Non Negotiable Money i.e. crossed cheques Yes No
 b) Money in a locked safe outside of business hours GBP
 c) Money NOT in a locked safe outside of business hours GBP
 d) Money at private residence of the Insured or any Director Partner or Employee GBP
 e) Money in the Custody and Control of Collectors / &/or by Registered Post GBP
 f) Money at the Premises during business hours or in transit by the Proposer's Employees GBP
 g) Annual Carryings GBP
 h) Annual carryings by security companies GBP
 i) Please state make, model & serial No of safe
 j) **Personal Assault Extension Included** GBP

Personal Injury benefits are £10,000 Permanent Disablement and £100 per week for Temporary Disablements, if different benefit levels are required please specify amounts

SECTION 7 – GOODS IN TRANSIT*Is this section required*

a) Estimated annual carryings by own vehicles GBP
 b) Limit required anyone own vehicle (including trailer) GBP
 c) Maximum number of vehicles used to carry goods at any one time
 d) State security devices fitted to vehicle
 e) Estimated annual carryings for goods carried by i) Haulier ii) Parcel iii) Rail iv) Courier GBP
 f) Limit required for goods carried by i) Haulier ii) Parcel iii) Rail iv) Courier GBP

SECTION 8.1 – EMPLOYERS LIABILITY*Is this section required*

a) Indemnity limit provided GBP
 b) Manual Directors No GBP
 c) Clerical Staff, Directors, Managerial Staff No GBP
 d) Woodworking machinists and their labourers No GBP
 e) Manual Employees working on own premises No GBP
 f) Manual Employees working away from premises No GBP
 g) Please provide a description of work undertaken by manual Employees b), e) & f)

h) Do you undertake work or visits away from the premises involving Heat? Yes No
 If "Yes" state type of heat used:

SECTION 8.1 – EMPLOYERS LIABILITY

Continued

i) Do you undertake work at height or at depth? Yes No
If "Yes" state Max. Height (m) & depth (m) _____

j) Do you work or supply products, incorporated into aircrafts, airports, marine vessels, automobiles, railways, offshore installations, oil or nuclear installations? Yes No
If "Yes" provide details _____

k) Do you sell, process, repair products, or services exported, to the USA or Canada? Yes No
If "Yes" provide details of Products sold _____

l) Do you handle materials containing, asbestos, silica, acids, gases, explosives? Yes No
If "Yes" please give full information _____

m) Do you handle radioactive substances or devices? Yes No
If "Yes" please give full information _____

n) Do you use Power driven machinery (other than hand tools)? Yes No
If "Yes" please give full information _____

o) Do you use Lifts, cranes or power lifting equipment, steam or other pressured vessels Yes No
If "Yes" please give full information _____

SECTION 8.2 – PUBLIC LIABILITY

Is this section required

a) Indemnity limit required: GBP 1,000,000 2,000,000 5,000,000 10,000,000

SECTION 8.3 – PRODUCTS LIABILITY

Is this section required

a) Indemnity limit required: GBP 1,000,000 2,000,000 5,000,000 10,000,000
b) Turnover within the UK GBP _____
c) Turnover within the USA and Canada GBP _____
d) Turnover Elsewhere, state countries: GBP _____
e) Payments to Bona Fide Sub-Contractors working away from your premises GBP _____

SECTION 9 – DETERIORATION OF STOCK

Is this section required

Yes No

Note: cover is conditional upon a maintenance service agreement being operative

Description of Unit (Inc. Make & Model & /or Serial No)	Year of Make	Maintenance Contract in Force (for units that are over 15 years old)		Sum Insured
a)		Yes - No - N/A*	GBP	
b)		Yes - No - N/A*	GBP	
c)		Yes - No - N/A*	GBP	
d)		Yes - No - N/A*	GBP	

*delete as appropriate

SECTION 10 – LOSS OF LICENCE

Is this section required

Yes No

State sum insured

GBP

a) Any opposition to the grant, renew or transfer the licence in last 5 years

Yes No

If "Yes" please give full information

b) Please State name of Licensee

c) Has the Licensee been refused to grant, renew or transfer the licence in last 5 years

Yes No

If "Yes" please give full information

SECTION 11 – DIRECTORS & OFFICERS

Cover only Operative if a premium has been charged and the Quotation indicates Cover applies.

Declaration – shall be incorporated in and form part of your insurance contract.

This insurance has been agreed on the basis that the following facts are true and accurate to the best of your knowledge and belief. If you are proposing for cover on behalf of a company then the declarations extend also to any director or officer of that business.

If any of the facts below are incorrect, please advise your insurance broker immediately.

a) You are a privately-owned UK company and in your last completed financial year, your turnover did not exceed **GBP 2,500,000**

b) You are not a financial institutions, defined as: banks (retail, commercial, investment), building and mutual societies, insurance and reinsurance companies, asset managers, investment managers, fund managers, fund advisors, fund administrators, hedge funds, investment funds, property funds, stockbrokers, brokers, dealers, venture capital and private equity firms, financial planners, wealth managers, exchanges and money centres, general partnerships for Real Estate Investment Trusts (REITS), or any other organisation regulated by the Financial Conduct Authority (FCA)

c) You do not have any assets in North America

d) You are not aware of merger, take-over, or acquisition involving the company or any other plans for a change in ownership of the company.

e) You had a positive net worth (i.e. total assets exceeded total liabilities) in the last completed financial year

f) You are not currently undergoing or planning any redundancies

g) You are not aware of any circumstance which might give rise to a claim against either the company or any of its directors, officers or employees in relation to the risks to which this request for insurance relates.

h) You are not aware of any claim having been made, being made, prosecution brought against either the company or any director or officer in respect of any neglect, error, or other wrongful act committed in the last 5 years.

i) In respect of the covers proposed you have never had any proposal for insurance declined (whether at renewal or otherwise), any insurance cancelled or special terms or conditions imposed.

HEALTH & SAFETY

a) Do you have a written Health & Safety Policy?

Yes No

If "Yes" state name of person responsible

b) Have you or any director, partner, employee or representative ever been Prosecuted under the Factories Act or Health and Safety at Work Act, or any similar legislation?

Yes No

If "Yes" provide details

c) Have you or any director, partner, employee or representative ever been served with a Prohibition Notice under the Health and Safety at Work Act or similar?

Yes No

If "Yes" Provide details of Notices issued

GENERAL QUESTIONS

a) Have you ever traded under another name?

Yes No

If "Yes" Provide details

b) Are you now or have you previously been insured in respect of any of the risks to which this application relates?

Yes No

If "Yes" state name of Insurer & Policy No

c) In respect of the risks to be insured, whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If "Yes" please provide details

Have you or Any Director, Partner Employee or Representative;

d) Ever been convicted of (or charged with but not yet tried for) any offence other than a driving offence?

Yes No

If "Yes" Provide details

e) i) Ever been declared bankrupt?

Yes No

ii) Are the subject of any current bankruptcy proceedings?

Yes No

iii) Ever been subject to any voluntary or mandatory insolvency or winding up procedures?

Yes No

If "Yes" Provide details

ii) Had any County Court Judgments made against you in personal capacity, any organisation, company, business, or firm in which you have been involved as a trustee, Director, or partner or in a similar capacity?

Yes No

If "Yes" Provide details

ANY OTHER GENERAL/ADDITIONAL INFORMATION (use additional pages if required)

Question No

--	--

CLAIMS DECLARATION

Give details of all claims and/or incidents and/or any Directors/Partners/Financially Associated Person(s) have made in the insured name or previous trading name, during the last 5 years

Date of Loss DD/MM/YY	Details of Claims / Circumstances	Improvements made to prevent further losses	Amount Paid, Outstanding or Reserve

DECLARATION

To the best of my knowledge and belief the answers given, whether in my own hand or not, are true and a fair presentation. I understand that any errors or missing information could lead to my policy being cancelled or amended and/or a claim not being paid. If you are in any doubt please speak to your insurance broker as soon as possible.

Data Protection Act 1998

By signing this Proposal Form I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling which may necessitate your providing such information to third parties

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the 'Database').

This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants'):

Name

Signature

Position

Date

FOR OFFICE USE ONLY

Initials

Date



Registered in England 4452474. Authorised and Regulated by the Financial Conduct Authority, Firms Reference No 304286

Supplementary Pages	Building & Contents for Additional Locations	Number of pages
	Subsidence Questionnaire	Number of Pages
	Waste Recycling	Number of Pages
	Additional Information	Number of Pages

All Supplementary Pages must be signed and dated by the insured