

### 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 ☐

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

Location No ☐

- 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 ( )	GBP
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   
\*delete as appropriate

GBP \_\_\_\_\_

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)

Is this section required

Yes ☒ No ☐

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)	
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

Yes ☐ No ☐

- |  |     |         |
|--|-----|---------|
| a) Non Negotiable Money i.e. crossed cheques   | GBP | 250,000 |
| 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 | 250     |
| e) Money in the Custody and Control of Collectors / &/or by Registered Post  | GBP | 500     |
| 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  |     |         |
| <hr/>  |     |         |
| j) <b>Personal Assault Extension Included</b>  | 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

Yes ☐ No ☐

- |  |     |  |
|--|-----|--|
| 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

Yes ☐ No ☐

- |  |     |                          |
|--|-----|--------------------------|
| a) Indemnity limit provided  | GBP | 10,000,000               |
| b) Manual Directors  | No  | <input type="checkbox"/> |
| c) Clerical Staff, Directors, Managerial Staff                                     | No  | <input type="checkbox"/> |
| d) Woodworking machinists and their labourers                                      | No  | <input type="checkbox"/> |
| e) Manual Employees working on own premises  | No  | <input type="checkbox"/> |
| f) Manual Employees working away from premises                                     | No  | <input type="checkbox"/> |
| 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 <input type="checkbox"/> No <input type="checkbox"/> |
| If "Yes" state type of heat used:   |  |
| <hr/>   |  |

**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*Yes ☐ No ☐

- 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*Yes ☐ No ☐

- 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*	<b>GBP</b>	
b)		Yes - No - N/A*	<b>GBP</b>	
c)		Yes - No - N/A*	<b>GBP</b>	
d)		Yes - No - N/A*	<b>GBP</b>	

\*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

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- b) Please State name of Licensee

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- 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

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## 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

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- 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

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- 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

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## GENERAL QUESTIONS

- a) Have you ever traded under another name?

Yes ☒ No ☐

If "Yes" Provide details

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- 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

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- 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

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### 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

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- 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

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- 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

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

Question No

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**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'):

<b>Name</b>	<input type="text"/>		
<b>Signature</b>	<input type="text"/>		
<b>Position</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>

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**FOR OFFICE USE ONLY**

*Initials*

*Date*



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Supplementary Pages	Building & Contents for Additional Locations	Number of pages	<input type="text"/>
	Subsidence Questionnaire	Number of Pages	<input type="text"/>
	Waste Recycling	Number of Pages	<input type="text"/>
	Additional Information	Number of Pages	<input type="text"/>

**All Supplementary** Pages must be signed and dated by the insured