

# Commercial Combined Insurance Proposal Form

1. Full name and address of the business including any trading names.

2. Address of the business to be insured. (if more than one location– use an “Additional Information”)

Telephone no:

Post Code:

3. How are the premises occupied - please include all trades and provide a full business description.

4. What Products do you Manufacture, Sell, Process, Repair, Install, Alter, Test, Treat or Supply?

5. Do you belong to any Trade Associations?

YES / NO

If “Yes” please list the associations you belong to

6. Website Address:

7. Years in business:

8. Current Insurer:

Renewal date:

## THE PREMISES AND THE BUILDING

If you select a red 'Yes' or red 'No', please provide details under the "Additional Information" section.

9.	Are the buildings.....	
a)	Built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos? (If not, detail on Page 4 and include specification of materials including composite panelling)	YES / NO
b)	In a good state of repair and maintained to keep it in good condition?	YES / NO
c)	Grade I, II* or II or Category A, B or C Listed?	YES / NO
d)	Heated solely by electricity or mains gas?	YES / NO
e)	Entirely self-contained with its own means of access?	YES / NO
f)	Constructed with a flat roof (other than concrete) and covered with felt?	YES / NO
	If YES what percentage of total roof area is flat:	
	up to 25%?	YES / NO
	up to 50%?	YES / NO
	up to 75%?	YES / NO
	up to 100%?	YES / NO
g)	Heated with a system linked to a frost-stat to maintain a minimum temperature of 4°C between 31st October and 31st March?	YES / NO
h)	Pipes lagged to prevent freezing?	YES / NO

10.	Have you or do you intend to use, provide or store any type of portable heater(s) on the premises?	YES / NO
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11.	Approximate age of the oldest part of the buildings:	Pre 1900	YES / NO
		1900-1919	YES / NO
		1920-1945	YES / NO
		1946-1979	YES / NO
		1980 +	YES / NO

12.	Are the buildings detached from neighbouring properties?	YES / NO
	If NO what are the adjacent premises occupied as? (If insufficient space provide details in "Additional Information".	

## SAFETY

- 13.
- A. i) Has the whole electrical system at the premises been inspected by a NAPIT, NICEIC, ELECSA or ECA registered contractor and a satisfactory electrical condition report been issued? YES / NO
- ii) If YES will you ensure that you possess a satisfactory electrical condition report issued by a registered contractor that is never more than three years old at the commencement and throughout the currency of this insurance? YES / NO
- iii) Do you undertake periodical Portable Appliance Testing? YES / NO
- B. i) if the premises or any part thereof is let as residential accommodation will you comply with current gas safety regulations and laws and ensure you are always in possession of a current Gas Safety certificate issued by a Gas Safe registered engineer? YES / NO
- ii) if the premises are in commercial use and you are responsible for gas installations do you ensure annual maintenance and safety checks of the gas installation(s) are completed by a Gas Safe registered engineer and that you are in possession of a valid Gas Safety certificate issued by a Gas Safe registered engineer? YES / NO

14. Is burning of waste carried out at the premises? YES / NO

15. Is the building in an area unduly exposed to storm or impact damage? YES / NO

16. Have the premises been flooded in the last ten years? YES / NO

17. Are the premises within 400 metres of any watercourse, river or the sea? YES / NO

18. Have you been informed that the premises are in a potential flood risk area? YES / NO

## SECURITY AND PROTECTIONS

19. 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 levels and windows that are readily accessible either barred, grilled or fitted with key operated window locks? YES / NO
- c) Are the premises protected by an intruder alarm?  
If YES, please advise type of alarm: YES / NO
- 1) Bell only YES / NO
- 2) Digital Communicator YES / NO
- 3) Central Station YES / NO
- 4) RedCare / Dualcom YES / NO
- d) Do you have an alarm maintenance contract in force with a security company accredited by the SSAIB or NSI? YES / NO
- e) Do you have a safe or vault installed at the premises? If Yes provide details in "Additional Information". YES / NO

20. Is Subsidence, Ground Heave and Landslip cover required? If Yes please complete the following questions: YES / NO
- a) Have the buildings had any occurrence of subsidence, ground heave or landslip? YES / NO
  - b) Are you aware of any signs of damage to the buildings which may be attributable to subsidence, ground heave or landslip? YES / NO
  - c) Are the buildings being, or have they ever been monitored for subsidence, ground heave or landslip? YES / NO
  - d) Are you aware of any neighbouring property having been damaged by subsidence, ground heave or landslip? YES / NO
  - e) Has any survey or inspection mentioned settlement or movement of the buildings? YES / NO
  - f) Has the premises been subject to any river or coastal erosion? YES / NO

## FINANCIAL AND CLAIMS HISTORY

21. 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".

- (i) You and insured family members
- (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

- 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? YES / NO
- b) Ever been convicted (or charged but not yet tried) or cautioned or have a prosecution pending for any criminal offence other than motoring offences? YES / NO
- c) Ever been disqualified to act as a Company Director? YES / NO
- d) Been prosecuted or received notice of prosecution or been subject to prohibition or enforcement notices under the Health & Safety at Work Act, Consumer Protection Act, or any other legislation or regulation? YES / NO
- e) Been a director of a company or partner of a business that:
  - i. went into receivership, 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, been the subject of a County Court judgment (or the Scottish equivalents) that remains unsatisfied or entered into an individual voluntary arrangement with creditors? YES / NO
- g) Had any proposal or insurance declined, cancelled, or refused or any renewal refused or any special terms or conditions 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 "Additional Information".

22. Is there a mortgage or other charge against the property to be insured which should be noted on the policy? YES / NO

Name and address of interested parties.....

**COVER REQUIRED AND 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.

<b>COVER</b>	
Material Damage Specified Perils	YES / NO
Material Damage All Risks	YES / NO
Subsidence, heave & landslip extension	YES / NO
Acts of Terrorism extension	YES / NO
<b>MATERIAL DAMAGE</b>	
Buildings (including outbuildings) representing full cost of reconstruction in their present form and debris removal and professional fees:	£
Machinery, Plant, Contents and Tenants Improvements	£
Stock	£
Other	£
Glass	£
Deterioration of Stock	£
<b>MONEY</b>	
i) In the Premises outside Business Hours not contained in locked safes or strong rooms	£500
ii) In the private residence of the Insured or any authorised partner, director or Employee)	£500
iii) In the Premises outside Business Hours contained in locked safes or strong rooms	£
iv) On the Premises during Business Hours	£
vi) In a gaming, amusement or vending machine	£500
<b>ASSAULT</b>	
Death, Loss of Sight, Loss of Limb(s), Permanent Total Disablement	£10,000
Temporary Total Disablement	£100 per week
<b>GOOD IN TRANSIT</b>	
Limit per Consignment by Carrier	£

By Vehicle or Trailer owned or operated by You	£
By Postal Service	£
<b>LOSS OF LICENCE</b>	£
<b>EMPLOYERS LIABILITY</b>	YES / NO
<b>Employers Reference Number (ERN)</b> .....	
<b>PUBLIC / PRODUCTS LIABILITY</b> Indemnity Limit £1,000,000 / £2,000,000 / £5,000,000 (please specify)	£

<b>WAGEROLL</b>	
Clerical / Managerial	£
Manual Own premises	£
Manual Work Away	£
All Other Employees	£
<b>TURNOVER</b> – Estimated for the next 12 months	
United Kingdom	£
Europe	£
USA / Canada	£
Elsewhere (Please specify)	£

**GENERAL QUESTIONS**

23. Please confirm you have a written emergency and/or evacuation plan in the event of say a bomb scare or fire.	YES / NO
24. Please confirm you comply with the Health & Safety at Work Act 1974	YES / NO
Does it cover?	
Risk Assessments	YES / NO
COSHH Assessments	YES / NO
Personal Protective Equipment	YES / NO
Manual Handling	YES / NO
Staff / Induction Training	YES / NO
Workplace Inspections	YES / NO
25. Please confirm that you inspect your premises and equipment daily and any repairs are carried out immediately	YES / NO

26. Please confirm that you have a maintenance program in place for your equipment, which is undertaken as per the manufacturers' instructions.	YES / NO
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27. Do you use concessionaires / Bona Fide Sub-Contractors?  If "YES", please confirm that they have their own Employers' Liability & Public / Products Liability policies in place, with limits of Indemnity for not less than your own policy and that this is checked prior to any work taking place? You will need to prove this in the event of any claim taking place.	YES / NO  YES / NO
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**IMPORTANT:** 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.

**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:

1. The statements and facts given are true and accurate.
2. 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.
3. I am duly authorised to sign this statement on behalf of the proposer.
4. I/We are domiciled in Great Britain, Northern Ireland, the Channel Islands or the Isle of Man.

Signed		Dated		Position	
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## **“Additional Information”**

If you have answered a question that requires further explanation please use the space below.

Question Number: