

**Commercial Insurance Proposal Form**

It is essential you provide us with ALL MATERIAL FACTS. Failure to disclose all material facts may invalidate your insurance or may result in the insurance not operating fully.

**WE RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL ACCEPTANCE IS CONFIRMED BY US.**

**PLEASE USE BLOCK CAPITALS AND ANSWER ALL QUESTIONS IN FULL**

Proposer's Name(s):	
Trading As:	
Business Description:	
Risk Address:	
	Postcode:
Postal Address (if different from above):	
Period of Insurance	from: to:

**If you tick any of the shaded boxes, please provide details under the Additional Information section.**

**The Premises**

	YES	NO
1. Are they:		
a) Built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) In a good state of repair and will be so maintained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Heated solely by electricity or mains gas?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) In a position or area likely to be subject to flooding or where flooding has occurred?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Entirely self-contained with their own means of access?	<input type="checkbox"/>	<input type="checkbox"/>
f) In your sole occupation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Normally occupied by you overnight?	<input type="checkbox"/>	<input type="checkbox"/>
h) Constructed with a flat roof and covered with felt? If YES, please state percentage of total roof area _____%	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical Security		
Are the premises secured by::		
a) External glass doors in aluminium or UPVC frames fitted with a swingbolt mortise lock?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) All other external doors fitted with a five lever mortise deadlock conforming to BS3621 or locking bars secured by five lever close shackle padlocks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Outward external doors also fitted with hinge bolts and the first closing leaf of any double doors also fitted with internal flush or mortise rack bolts top and bottom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Key operated window locks fitted to all windows and skylights which are accessible from the ground, adjoining roofs, porches, fire escapes or downpipes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) External grille?	<input type="checkbox"/>	<input type="checkbox"/>
f) Internal grille?	<input type="checkbox"/>	<input type="checkbox"/>
g) Aluminium roller shutter?	<input type="checkbox"/>	<input type="checkbox"/>
h) Galvanised roller shutter?	<input type="checkbox"/>	<input type="checkbox"/>
i) Are grilles/shutters secured to the frame with five lever close shackle padlocks?	<input type="checkbox"/>	<input type="checkbox"/>
j) Do grilles/shutters protect the whole front? If NO, what part is unprotected? _____	<input type="checkbox"/>	<input type="checkbox"/>
k) Are grilles left in place during the day? What percentage of your stock is situated in the windows? _____% of whole	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the premises protected by an Intruder alarm? If YES, please advise:	<input type="checkbox"/>	<input type="checkbox"/>
a) The name of the installer? _____		
b) Does it have a NACOSS maintenance contract in force?	<input type="checkbox"/>	<input type="checkbox"/>
c) Type of alarm: Bell only <input type="checkbox"/> Digital Communicator <input type="checkbox"/> Central Station <input type="checkbox"/> Red Care/Dualcom <input type="checkbox"/>		
5. Safe		
Do you have a safe on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
Please state type and model: _____		
Bolted to floors/walls?	<input type="checkbox"/>	<input type="checkbox"/>

## Your Business

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a) Does your trade involve the sale or use of antiques, furs, suede or leather clothing (other than footwear), jewellery gold or silver articles, guns or ammunition? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you keep any property in any outbuilding or garage not attached to the main premises?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Do you keep any property in a basement or cellar?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d) If YES, are all goods kept at least 6 inches off the floor level?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Are your business books regularly examined by a professional accountant?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Do you have a deep fat frying range (for trades where cooking occurs)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| g) How many years have you been in business at these premises?<br>_____ years<br>in this trade? _____ years   |                          |                          |

## Personal History

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| Have you or any director or partner:   |                          |                          |
| a) Had any previous insurance for the cover you now require?<br>If YES, please state insurer's name: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Suffered any loss or incurred any liability, whether insured or not, at these premises or any previously occupied premises during the last five years in connection with any of the insurance for which cover is now being applied for? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Ever been convicted of or is any prosecution pending for any offence involving arson, criminal deception, fraud, forgery, theft, robbery, handling stolen goods, any crime or violence or with any other offence against property?      | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Been prosecuted under the Health & Safety at Work Act?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Been declared bankrupt or been a director of any company that went into liquidation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Any County Court judgments or arrangements with creditors outstanding?  | <input type="checkbox"/> | <input type="checkbox"/> |

## Ownership of Property to be Insured

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Is there a mortgage or other charge on your business which should be noted on the policy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name and address of interested parties: _____<br>_____<br>_____                           |                          |                          |

## Additional Information

## Sums to be Insured

It is important that you should ensure the values given below are adequate as under-insurance may reduce the amount of recovery in the event of a claim.

### Buildings

Is cover required to include accidental damage? YES  NO

- I. Buildings (including outbuildings) representing full cost of reconstruction in their present form and debris removal  
And professional fees: £
- II. On 12 months rent receivable: £

### Plant, Machinery, all other Contents & Stock

Is cover required to include accidental damage? YES  NO

- I. Contents (including fixtures and fittings, tenants improvements, interior decorations, furnishings, machinery, office equipment, cash tills, registers, etc, window displays, shop front, signs, fitments and blinds): £
- II. General stock in trade excluding computer and software equipment: £

### All Risks Extension

Specify any item of business equipment for business use whilst away from the premises (also specify territorial limit). £

- I. Item: \_\_\_\_\_ UK/Europe/Worldwide £
- II. Item: \_\_\_\_\_ UK/Europe/Worldwide £
- III. Item: \_\_\_\_\_ UK/Europe/Worldwide £

### Business Interruption

Indemnity period required: 12 months  18 months  24 months

Estimated total net takings relating to the indemnity period required: £

### Goods In Transit

Please state limit required

What is the estimated annual carryings? £

Does the vehicle have an alarm? YES  NO

### Food Spoilage

Please state limit required

### Glass

Please state limit required

### Money

Please state limit required whilst at the premises outside business hours not contained in locked safes or strongrooms

Please state limit required whilst in the private residence of You or an Employee

Please state limit required whilst in the premises outside business hours in locked safes or strongrooms

Please state limit required whilst on the premises during business hours

Please state limit required whilst in transit or bank night safe

Please state limit required whilst in a gaming, amusement or vending machine

## DECLARATION

I/We declare that:

- I. to the best of my/our knowledge and belief, the answers given are true and that all material facts have been disclosed;
- II. this proposal and declaration shall be the basis of the contract between me/us and the Underwriters and I/we will accept a policy on the standard form issued by the Underwriters and be bound by the terms and conditions thereof;
- III. if any answer 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.

Proposer's Signature(s): .....

Date: .....