

**KLUA  
COMMERCIAL COMBINED  
PROPOSAL FORM**

**Underwriters:**

**SOVAG (UK) LTD  
7<sup>th</sup> Floor  
37/39, Lime St,  
LONDON  
EC3M 7AY**

**HEAD OFFICE  
Schwanenwik 37,  
HAMBURG  
Germany**

**NAME OF PROPOSER:**

**TRADING AS:**

**BUSINESS:**

**POSTAL ADDRESS:**

**ADDRESS OF PREMISES TO BE INSURED:**

**BUSINESS DESCRIPTION:**

GENERAL QUESTIONS (to be completed in all cases)

1. Have you or any of your partners, principals or directors previously been insured or are you currently insured in respect of any of the insurances now proposed (in this or any other name)?

YES                      NO

2. Have you, your partners, principals or directors in relation to this business and any other business which you or they are currently involved in or have previously traded in

a) had any Insurer decline insurance, cancel or refuse to renew insurance or had any special terms, restrictions or conditions imposed by an Insurer?

YES                      NO

b) been prosecuted under the Health and Safety at Work Act or any similar legislation, or have such prosecution outstanding?

YES                      NO

c) suffered any loss, damage, sickness or injury or incurred any liability or incurred any liability in the last five years which have or could have given rise to a claim under any of the insurances now proposed whether or not insurance was in force?

YES                      NO

3. Have you, or any partner, principal or director been declared bankrupt or been disqualified from being a company director or been involved as owner director or partner with any company which went into receivership, administration or liquidation?

YES NO

a) been the subject of (or have pending) any County Court Judgements or Sheriff Court Decrees?

YES NO

b) been convicted, or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence?

YES NO

4. Are there any additional interests such as Bank, Mortgagee, Freeholder or Lessor to be noted on the policy?

YES NO

5. How long have you been in business?

a) at these premises? Years

b) elsewhere? Years

#### **Material Facts**

**All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of this application. If you are in doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arising during the period of insurance cover please provide your insurer with details. A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion.**

### **MATERIAL DAMAGE - SECTION A**

#### **1. Sum Insured**

##### **Notes**

**1. The sums insured must represent the FULL VALUE of the property to be insured. Average applies to all sums insured. This means that if your sums insured are inadequate the amount of any claim may be proportionately reduced.**

**2. Unless specified, Reinstatement cover will apply to Buildings and Contents (excluding stock). This means that in the event of loss or damage the basis of settlement will be reinstatement as new. It is therefore essential that you make allowance for this factor in deciding upon sums to be insured.**

**3. VAT – If you are non-registered, exempt or partially exempt you should ensure that all sums insured are adjusted to include the non-recoverable VAT element.**





**GOODS IN TRANSIT - SECTION E**

Any one postal package	£		
Any one consignment by road or rail	£		
Any one loss from one occurrence	£		
Any vehicle/trailer owned by yourself	£.....		
Do you ask for and take up references for all your drivers?		YES	NO
Are vehicles left loaded overnight?		YES	NO
Are own vehicles garaged overnight?		YES	NO
State total value of goods carried during the year:			
by your own vehicles	£.....		
by public hauliers	£.....		
by other methods	£.....		

The "other methods" referred to above  
are:.....  
Protections on own vehicles  
are:.....

**ALL RISKS TO BUSINESS EQUIPMENT - SECTION F**

- 1
- 2
- 3
- 4

**AREAS**

UK including Northern Ireland	YES	NO
Europe	YES	NO
World Wide	YES	NO

<b>BOOK DEBTS - SECTION G</b>
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State Sum Insured required for (a) Book Debts £.....  
 (b) Auditors fees £.....

Are books of account and records kept in a fire-resisting safe when not in use?	YES	NO
Are duplicate records kept?	YES	NO
If "NO" to the above, can the amount of outstanding debts be re-created from other sources?	YES	NO

<b>DETERIORATION OF STOCK - SECTION H</b>
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Please state the total value of Frozen Food to be insured	£	
Please state the maximum value of frozen food stored in one unit	£	
Are any units over ten years old ?	YES	NO
Are the units maintained under contract ?	YES	NO

<b>LOSS OF LICENCE - SECTION I</b>
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What limit of liability is required	£	
Have the premises been closed during the permitted hours within The last 12 months	YES	NO
Has there been any:-		
a) Opposition or refusal to grant, renew or transfer a licence ?	YES	NO
b) Notice, caution or other complaint given or made against the Premises or tenant ?	YES	NO
c) Charge brought against the licence holder ?	YES	NO

If the answer to any part of the above question is 'YES', please give details below:

<b>CLAIMS INFORMATION</b>
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Please give details of all losses ( whether insured or not ) which you have sustained in the last five years in respect of the covers available under this insurance. ( If none, please state 'NONE' )

<b>Date</b>	<b>Circumstances of Loss</b>	<b>Amount of Loss</b>
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**DECLARATION**

*To the best of my knowledge and belief the information provided in connection with this declaration, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misinterpretation of a material fact may entitle insurers to void the insurance. (N.B. a Material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in doubt as to whether a fact is material or not, please disclose it). I understand that signing this declaration does not bind me to complete, or Insurers to accept this insurance. I understand and agree that Insurers may seek information from credit and other agencies in connection with this proposal.*

**Signature of Proposer**

**Position**

**Date**

**Please return this form when completed to:**