



**DETAILS OF PROPOSER**

**Business Name**

**Risk Address & Postcode**

**Correspondence address if different to above**

**Are you ERN (Employers Reference Number) Exempt?** YES NO

If NO, please provide your ERN \_\_\_\_\_

**Date Insurance to Commence:**

**How long have you been in Business?**  Years

**Full description of business & any processes used**

**How long at the present location?**  Years

**Current Insurer/Premium**

<b>Has proprietor, partner or director of this business, whether in a personal capacity, or as the proprietor, partner or director of any other business, has ever:-</b>	
a) been declared bankrupt or insolvent, or the subject of bankruptcy or insolvency proceeding.	YES / NO
b) been served with a County Court Judgement (CCJ) or Scottish Decree.	YES / NO
c) been involved in a Business which went into administration, administrative receivership, liquidation or entered into either a company or individual voluntary arrangement with creditors	YES / NO
d) been convicted or charged (but not yet tried) or been given an Official Police Caution in respect of any criminal offence other than a motoring offence.	YES / NO
e) been disqualified from holding a directorship.	YES / NO
f) had an insurance proposal declined, renewal refused, insurance cover cancelled/declared void or special terms imposed by an insurer.	YES / NO
g) had an insurance proposal declined, renewal refused or insurance cover cancelled/declared void due to non-disclosure or misrepresentation	YES / NO
h) had an insurance cover restricted or cancelled due to non-compliance with risk improvement requirements or because of non-disclosure or misrepresentation of facts.	YES / NO
If yes to any of the above please supply details	

**CLAIMS HISTORY**

Any claims or incidents that may have given rise to a claim whether at this or any premises or elsewhere within the last 5 years whether an Insurance claim was made or not.

YES / NO

If 'yes' to the above, please supply full details below: -

Type	Paid Amount	Outstanding Amount

**DETAILS OF COVER REQUIRED**

Is Standard Cover required? (i.e. Fire/Special Perils/Theft/Accidental Damage) (N/B –Fire, Lightning, Explosion and Aircraft only cover will be applicable in respect of unoccupied premises / unoccupied areas)	YES / NO
Is Subsidence / Heave required? If 'yes' please complete a Subsidence Questionnaire.	YES / NO
Is a separate quotation for Terrorism required?	YES / NO

**PREMISES**

1. Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or slabs composed entirely of non-combustible materials WITH NO ELEMENT OF FLAT ROOF? YES / NO

If NO - give full details

2. How old are the buildings? \_\_\_\_\_ Years      18. Are they in a good state of repair? YES / NO

3. (a) How are the premises heated? \_\_\_\_\_

(b) If the premises are not heated, please provide details of the steps taken to prevent burst pipes

4. How many floors are there (including basements)?

5. What is the floor construction?

6. (a) Are you the sole occupant of the building?  
If NO what is the remainder of the building used for? YES / NO

(b) Is any part of the building unoccupied?  
If Yes – please provide details YES / NO

7. What type of premises are:      (a) Adjoining:

(b) At the rear:

8. Do you have a deep fat frying range? YES / NO

9. Do you have a current NICEIC Electrical Certificate? YES / NO

10. Are the premises fitted with:

- (a) Fire Sprinkler System? YES / NO
  - (b) Fire Alarm System? YES / NO
  - (c) Fire Extinguishers YES / NO
- 

**PROTECTIONS**

- 11. Are all perimeter doors secured by 5 lever mortise deadlocks conforming to BS3621? YES / NO
- 12. Are all accessible windows secured internally and/or externally by grilles or shutters? YES / NO
- 13. Are all windows fitted by key operated window locks? YES / NO
- 14. Are the premises occupied outside business hours? YES / NO
- 15. Is there a burglar alarm under your sole control? YES / NO

If YES state:

- (a) Is the alarm company NACOSS approved YES / NO
- (b) Whether
  - Red Care
  - Paknet / ABC
  - Central Station
  - Digital Communicator
  - Bells Only

- (c) Is the system maintained under an annual maintenance contract? YES / NO

- 16. Are all keys removed from the premises when closed? YES / NO
- 17. Is there a Safe on the premises? YES / NO

If YES give:

- (a) Make, type and model number \_\_\_\_\_

**NOTE:**

The Certificate will contain a warranty that any alarm has a maintenance contract with an approved installer, and that all protections fitted may not be varied to the detriment of Insurers without their written consent, and that all protections are put into effect whenever the premises are closed or left unattended.

**SUMS TO BE INSURED**

*It is important that you ensure the Values given below are adequate as Under-Insurance may reduce the amount of recovery in the event of a claim.*

**MATERIAL DAMAGE COVER**

- 18. **BUILDINGS** (Based on Full new Rebuilding costs Including an Allowance for Architects, Surveyors and Consulting Engineers Fees, Removal of Debris and Public Authority costs) £
- 19. **LOSS OF RENT** (Please circle your requirements below) £  
Indemnity Period required 12 / 24 / 36 months
- 20. **TENANTS IMPROVEMENTS AND DECORATIONS/FIXTURES & FITTINGS** £
- 21. **MACHINERY, PLANT AND ALL OTHER CONTENTS** £
- 22. **COMPUTERS AND ELECTRICAL EQUIPMENT** £
- 23. **STOCK – GENERAL** £
- 24. **STOCK – WINES & SPIRITS** £
- 25. **STOCK – OTHER (please state)** £
- 26. **ANY OTHER COVER REQUIRED – (e.g Fork Lift Trucks, Property In the Open please give details)** £
- 27. **DETERIORATION OF STOCK** £
- 28. **LOSS OF GROSS PROFIT** (Please circle your requirements below) £  
Indemnity Period required 12 / 24 / 36 months
- 29. **INCREASED COST OF WORKING** YES / NO  
Extensions required: Denial of Access YES / NO  
Public Utilities
- 30. **LOSS OF MONEY - is money cover required?** YES / NO  
  
For the purposes of this Section the term ‘Money’ comprises:  
1. Cash (i.e. notes and coins)  
2. Negotiable and non negotiable documents i.e. cheques, bankers drafts, postal orders, money orders, all both crossed and uncrossed, national savings certificates, premium bonds, travellers cheques and securities for money.  
  
What limits are required in respect of 1 above: £
- 31. **ALL RISKS – (IF COVER IS REQUIRED PLEASE LIST THE ITEMS TO BE INSURED)** £  
  
What territorial limits do you require for all risks **UK / Europe / Worldwide**  
(Please circle your requirements)
- 32. **LOSS OF LICENCE** £  
(NOTE: the Sum Insured for Loss of Licence cannot exceed the Gross Profit Sum Insured)

**33. GOODS IN TRANSIT** (excluding Tools of Trade) Maximum Value any one load £  
 (NOTE: cover excludes theft from unattended vehicles)

What are the Estimated Annual Carryings? £ \_\_\_\_\_

What Vehicles are to be covered? \_\_\_\_\_

What anti-theft devices are fitted? \_\_\_\_\_

**34. GLASS BREAKAGE** (including Signs) – Is cover for glass breakage required? YES / NO

This covers the breakage of Glass (and cost of re-lettering if any) fixed in the windows and doors of the premises.

If YES please state :

Total replacement cost of all plain plate glass and any lettering £

Total replacement cost of all special glass and any lettering £

**LIABILITIES**

Please circle the cover you require;

Employers Liability	£10,000,000			
Public Liability	£1,000,000	£2,000,000	£5,000,000	£10,000,000
Products Liability	£1,000,000	£2,000,000	£5,000,000	£10,000,000
Property Owners Liability	£1,000,000	£2,000,000	£5,000,000	£10,000,000

Are any of the following used in connection with the Business:

<b>35.</b>	Lifts, Cranes or other lifting apparatus?	YES	NO
<b>36.</b>	Pyrotechnic or explosive materials?	YES	NO
<b>37.</b>	Hazardous or toxic substances?	YES	NO
<b>38. (a)</b>	Do you have a written Health and Safety Policy?	YES	NO
<b>(b)</b>	Are all your Employees U.K. Nationals?	YES	NO

If 'yes' to questions 35,36,37 or 'no' to any part of question 38, please give details

**39.** Do you undertake any manual work (other than collection and delivery) away from their own premises? 
 YES
  NO

**If 'yes' provide details including any work involving the application of heat (e.g. welding, flame cutting equipment)**

40. Give details of products or services supplied

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41. (a) Are any of the your products supplied directly, or to your knowledge indirectly to the USA or Canada? YES / NO

(b) Are any of your products known to be potentially harmful to health or require any hazard warning? YES / NO

If 'yes' to any part of question 41, please give details

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**42. GIVE DETAILS OF TOTAL WAGEROLL FOR EACH OF THE FOLLOWING –**

	Own Premises	Work Away	Number of Employees
Clerical/Managerial			
Directors Manual			
Manual Machinists			
Manual – other			
LOSC			
BFSC			

**43. GIVE DETAILS OF TOTAL TURNOVER FOR EACH OF THE FOLLOWING –**

UK	
Europe	
Worldwide excluding North America	
North America/ Canada	
Total Turnover	

# SUBSIDENCE LANDSLIP AND HEAVE EXTENTION QUESTIONNAIRE

**Cover in respect of this Extension is at the discretion of Underwriters. Complete this form ONLY if this cover is required.**

- |  |     |                                     |    |                                     |
|--|-----|-------------------------------------|----|-------------------------------------|
| 1. ARE THE PREMISES FREE FROM SIGNS OF DAMAGE WHICH MAY BE ATTRIBUTABLE TO SUBSIDENCE, LANDSLIP OR HEAVE (PLEASE STATE WIDTH OF INTERNAL AND EXTERNAL CRACKS OVERLEAF IF PRESENT).                               | YES | <input type="checkbox"/>            | NO | <input checked="" type="checkbox"/> |
| 2. ARE THE PREMISES BEING MONITORED FOR SUBSIDENCE, LANDSLIP OR HEAVE OR HAVE THEY EVER BEEN MONITORED FOR SUBSIDENCE, LANDSLIP OR HEAVE, OR BEEN THE SUBJECT OF AN OCCURRENCE OF SUBSIDENCE, LANDSLIP OR HEAVE? | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 3. HAS THERE BEEN ANY MOVEMENT IN THE PROPERTY IN THE LAST 12 MONTHS?  | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 4. ARE THERE ANY TREES OR SHRUBS WITHIN 20 FEET OF YOUR PREMISES, WHICH ARE MORE THAN 10 FEET TALL? IF SO PLEASE IDENTIFY IN THE SPACE PROVIDED OVERLEAF.  | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 5. HAS THE STRUCTURE OF YOUR PREMISES BEEN EXTENDED WITHIN THE LAST 25 YEARS. PLEASE PROVIDE DETAILS IN THE SPACE OVERLEAF.  | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 6. HAVE THE PREMISES EVER BEEN THE SUBJECT OF A SURVEY WHICH MENTIONS SETTLEMENT OR MOVEMENT OF BUILDINGS? (IF YES, PLEASE ENCLOSE A COPY WITH THIS QUESTIONNAIRE).  | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 7. HAS ANY NEIGHBOURING PROPERTY, AFTER ENQUIRY, BEEN THE SUBJECT OF AN OCCURRENCE OF SUBSIDENCE, LANDSLIP OR HEAVE?   | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |
| 8. HAVE THE PREMISES EVER BEEN FLOODED AS A RESULT OF BROKEN OR DAMAGED UNDERGROUND DRAINS OR ARE YOU AWARE OF ANY EXTENSIVE UNDERGROUND DRAINAGE PROBLEMS WITHIN THE LAST 5 YEARS?                              | YES | <input checked="" type="checkbox"/> | NO | <input type="checkbox"/>            |

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN SPACE PROVIDED BELOW.

  
  
  
  
  
  
  
  
  
  

**Declaration**

I declare that I am authorised to complete this proposal on behalf of the Business and that, to the best of my knowledge and belief, the statements and particulars in this proposal are true and correct and no material facts have been suppressed or mis-stated. I undertake to inform Insurers of any change to any material fact which occurs before any insurance based on this proposal is effective and acknowledge that this proposal, together with any other information supplied to Insurers, shall be the basis of such contract.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_