



Builders
Property owners
Golf clubs
Theme parks
Attractions
Amusement arcades
Textiles
Warehouses



Precision engineering

Mechanics

Industrial

Commercial Combined Insurance

Manufacturing

Cleaning contractors



Golf professionals
Professional indemnity
Directors and officers
Personal accident
Wines spirits and tobacco
Printing and publishing
Retail outlets



Computer equipment
Mobile telephones
Paints and inks
Plastics and fibreglass
Recycling and waste
Asbestos



Woodworking
Sports clubs
Metal working
Paper and packaging
Glass and ceramics
Food and beverages
Domestic appliances
Sporting goods



Jewellery
Art and antiques
Hotels
DSS and Asylum
Couriers
Haulage
Software developers
Residents property
Care homes



Charities
Telecommunications
Shopping centres
Go Kart and mini moto
Race tracks
Vacant premises
Musical instruments
Equestrian goods



Motor trade
High net worth
Products liability
Legal expenses
Motor fleet
Waste paper

Name of Insured	
Trading Name	
Location to be Insured (include postcode)	

Business Description	
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ABOUT YOUR PREMISES

Please describe the construction materials of the following

Walls		Roof	
Floor		Stairs	

If flat roof, give percentage of total area, condition and age

Are the premises in a good state of repair ? YES NO

Are the premises Multi Tenure ? YES NO

(if YES please give details of other occupants)

Age of Premises		Number of Storeys	
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Are the premises unoccupied for more than 30 days a year ? YES NO

Please describe the type of area in which your premises are situated
(i.e. Residential / Commercial)

Do the premises have any undue exposure to Storm, Flood or Subsidence ? YES NO

Are the premises protected by a sprinkler system ? YES NO

(if YES please give details of edition, installer etc.)

What is your distance from the nearest:

Police Station		Fire Brigade	
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Details of water supply near your premises for fire brigade (e.g. town mains, own supply etc.)

Has a fire certificate been issued in accordance with fire regulations ? YES NO

ELECTRONIC SECURITY

Type of intruder alarm

Name of installer and maintenance company

Is the installer NACOSS approved ? YES NO

Please indicate the method of signalling for your alarm Audible Bells Only

Other (please specify)

Central Station (Digicom)

BT RedCARE

Paknet

Any other security measures (please specify)

Are the premises installed with closed circuit television cameras ? YES NO

Are the premises occupied overnight ? YES NO

(if YES please give details)

PHYSICAL SECURITY

Details of protection to Windows

Details of protection to Doors

Details of protection to Skylights

ELECTRICAL SYSTEM

Has the electrical installation been checked by an electrician in the last three years ? YES NO

Is the electrician approved by the National Inspection Council of Electrical Installation Contractors ("NICEIC") ? YES NO

Has the electrician issued you with a certificate stating that the electrical Installation is free from departures from the IEE standard ? YES NO

FINANCIAL AND TRADING HISTORY

List the names of all directors of the insured (or partners or principals if not a limited company)

Has any company which the above named have been involved with gone into liquidation or receivership ?

YES NO

(if YES please give details)

Is any of the above named currently the subject of pending bankruptcy or Proceedings for failure to pay debts ?

YES NO

(if YES please give details)

Has any director, partner or principal ever been the subject of HM Customs or Inland Revenue investigations or are any pending ?

YES NO

(if YES please give details)

Is your business currently trading in profit ?

YES NO

Has there been an increase in profit from the previous trading year ?

YES NO

Do we have permission to contact your business bankers should we feel it necessary to confirm your acceptance ?

YES NO

(Name and address of bankers)

INSURANCE HISTORY

Have there been any claims in the past 5 years ? YES NO

(if YES please give details)

Has any Insurer refused to accept a proposal from you ? YES NO

Has any Insurer refused to continue a contract of Insurance held by you ? YES NO

Has any Insurer imposed special terms upon you ? YES NO

INSURANCE HISTORY

I/We agree that if this Insurance is completed, the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the Underwriters without their consent.

To the best of my/our knowledge and belief, the information provided in connection with this Proposal, whether in my own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this Proposal by Underwriters: if you are in any doubt as to what constitutes a material fact, you should consult your Broker).

I/We understand that the signing of this proposal does not bind me/us to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract.

Signed _____

Date _____

Name _____

Position in Company _____

INSURANCE REQUIREMENTS

Please indicate the coverage you require

Other specific coverage requirements (please specify)

- Fire and Special Perils
- Theft / Attempted Theft
- Accidental Damage
- Subsidence

ITEM TO BE INSURED

SUM INSURED

For office use only

Buildings, walls, gates & fences	£		
Fixtures & fittings and all other contents	£		
Stock	£		
Machinery and Plant	£		
Other (specify)	£		
Other (specify)	£		
Other (specify)	£		
Other (specify)	£		
Other (specify)	£		
Other (specify)	£		
Other (specify)	£		
Other (specify)	£		
Annual Loss of Rent	£		
Indemnity period		months	
Annual Gross Profit	£		
Indemnity period		months	
Glass / Signs	£		
Money in transit to Bank / Night safe	£		
When open for business	£		
Out of safe out of business hours			
In safe out of business hours			
Make / model of safe			
Estimated Annual Carryings	£		
Goods in transit limit	£		
Estimated annual carryings	£		
Loss of Licence	£		
Book Debts	£		
Legal Expenses		Required / not required	
Employers Liability Limit	£10,000,000		
Clerical Wages	£		
Other	£		
Other	£		
Public & Products Liability Limit	£		
Turnover	£		