



Builders
Property owners
Golf clubs
Theme parks
Attractions
Amusement arcades
Textiles
Warehouses
Precision engineering
Investment companies
Property owners
Vacant Premises



Developers
Building 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

Proposers Name	
Occupation	
Address (for correspondence)	
Location to be Insured (include postcode)	

ABOUT YOUR PROPERTY

Please fully describe the property to be insured
(i.e. Shop / Industrial / Office etc.)

Please describe the construction materials of the following

Walls		Roof	
Floor		Stairs	

Is the property a listed building ? YES NO

Age of Property		Number of Storeys	
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Please describe the type of area in which the property is situated
(i.e. Residential / Commercial)

Does the property have any undue exposure to Storm, Flood or Subsidence ? YES NO

Please give details of any adjoining property

How long has the property been vacant?	
Details of use prior to vacancy ?	
Reason for current vacancy ?	
How long is the property expected to remain vacant ?	

Please give any details of plans for structural changes, renovation or demolition

SECURITY TO THE PROPERTY

Is there an intruder alarm system ?

(please specify)

Is the property installed with closed circuit television cameras ?

YES NO

Is the property covered by watchman / security patrols ?

YES NO

(if YES please give details)

Details of protection to Windows

(please specify)

Details of protection to Doors

(please specify)

Details of protection to Skylights

(please specify)

Details of any fire alarm system

(please specify)

Details of protection to Skylights

(please specify)

Are all letterboxes sealed to prevent insertion of material ?

YES NO

Are the premises visited at least weekly and any defect found remedied ?

YES NO

Are the premises kept clear of all loose combustible material ?

YES NO

Are mains services turned / switched off at the mains and drained as applicable ? (if supply is left on to maintain alarms please specify)

YES NO

COMPANY 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, principal or manager of the proposer ever been convicted of (or charged but not yet tried for) arson or any offence involving dishonesty of any kind or any offence involving controlled substances or been imprisoned for any offence ?

YES NO

(if YES please give details)

INSURANCE HISTORY

Is the proposer presently insured ? YES NO

(if YES please give details of Insurers, period of insurance and reason for changing insurance)

Has the proposer or any present or past Director or Principal of the proposer sustained within the last 5 years any loss or damage (whether insured or not) either at the property which are subject of this proposed insurance or elsewhere or under any previous trading name ? 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

DECLARATION

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 _____

