

# Commercial Combined Proposal Form



INTRODUCTORY STATEMENT:  
You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

## Client Details

Proposer/Company Name

Trading Name(s)

Contact Name

What is the renewal or expected start date of this

Company Type: ☐ Limited Company ☐ Sole Trader  
☐ Partnership ☐ LLP

How many full years have you been trading

Please provide details of your previous experience in this field including number of years

Please give details of membership of any industry trade association or accreditation body

Correspondence Address

Trade Details

## Property Details

Is the address of the property to be insured the same as the correspondence address?

Insured Address

The Premises

Years trading at this premises?

Is the premises fully occupied solely by the business and not vacant for more than 14 consecutive days at a time?

Yes / No

If the above answer is No: Please provide additional information in respect of the occupancy

Is the premises at least 250 metres away from the nearest lake, river, stream, canal, tidal water or other watercourse?

Yes / No

If the above answer is No: Please provide details in the space below

Are there any adjoining premises?

Yes / No

If the above answer is Yes: Is there a complete fire breakwall between you and the adjoining premises?

Yes / No

If there are adjoining premises: Please provide details of adjoining premises

How is the premises heated?

☐ Not Heated

☐ Portable Electric Heaters

☐ Waste Oil Heaters

☐ Low Pressure Hot Water

☐ Portable Gas or Oil Heaters

☐ Air Conditioning

☐ Fix Space Heaters

☐ Other

☐ Other Solid Fuel Heaters

Does the premises have Fire Extinguisher appliances or sprinklers installed to scale?

Yes / No

If the above answer is yes: What type of fire extinguishers are in place?

☐ Portable Hand Appliances to Scale

☐ Both Hand Appliances and Hydraulic Reels to Scale

☐ Hydraulic Hose Reels to Scale

☐ Hydraulic Hose Reels to Double Scale

☐ Portable Hand Appliances to Double Scale

☐ Sprinklers

Does the premises have an Automatic Fire Alarm conforming to LPC rules?

Yes / No

If the above answer is yes: Please select the class of fire alarm installed

☐ 5 minute response

☐ 10 minute response

☐ 15 minute response

Is any part of the premises a) subject to any contract with or let to students, any government department, local authority, housing association or other similar organisation, any person who is seeking but has not yet been granted asylum in the UK or, b) let with leases under 6 months?

Yes / No

If the above answer is Yes: Please provide additional information in respect of the above

Interested Parties

Please provide details of any interested parties to be noted against this premises such as joint insured's or mortgagees

Security

Are all external doors at the premises and any internal doors leading to other premises secured by mortise deadlocks and box striking plates which conform to current British Standard 3621 specification?

Yes / No

If the above answer is No: Please provide additional information in respect of the above

Are all accessible windows and all fanlights and skylights fitted with key operated locks or screwed shut?

Yes / No

If the above answer is No: Please provide additional information in respect of the above

Is the premises protected by roller shutters and/or grills to all external accessible windows?

Yes / No

Please state the type of alarm protecting the premises:

<input type="checkbox"/> No Alarm	<input type="checkbox"/> DualCom	<input type="checkbox"/> REDCARE
<input type="checkbox"/> Audible	<input type="checkbox"/> DualCom Plus	<input type="checkbox"/> REDCARE Assure
<input type="checkbox"/> Central Station Dial-up Line	<input type="checkbox"/> High Decibel Internal Sounder	<input type="checkbox"/> Redcare GSM
<input type="checkbox"/> Central Station Direct Line	<input type="checkbox"/> Line to Site Security Office	<input type="checkbox"/> Visual
<input type="checkbox"/> Digital Communication (Digi-Com)	<input type="checkbox"/> PAKNET	
<input type="checkbox"/> Digital Dialer	<input type="checkbox"/> Police Direct Line	
<input type="checkbox"/> Other	<div></div>	

Is the premises protected by roller shutters and/or grills to all external accessible windows?

Yes / No

Is the alarm always set and operational when the property is unoccupied?

Yes / No

Do you have a CCTV system protecting the premises?

Yes / No

If the above answer is Yes: Please select the type of CCTV system protecting the premises

<input type="checkbox"/> Live Monitors 24 hours	<input type="checkbox"/> Recorded only - 24 hours
<input type="checkbox"/> Live Monitors - Day only	<input type="checkbox"/> Recorded only - Day only
<input type="checkbox"/> Live Monitors - Night only	<input type="checkbox"/> Recorded only - Night only
<input type="checkbox"/> Other	<div></div>

Are the premises occupied over night ie. Proposer/Manager living on site or 24hr Security?

Yes / No

If the above answer is Yes: Please provide details of any overnight Security

Please give details of any other protections to the premises such as a safe, smoke detectors, neighbourhood watch etc

Construction and Maintenance

What is the estimated year of construction of the premises?

Construction of the walls:

- ☐ Asbestos
- ☐ Block
- ☐ Brick
- ☐ Bungaroosh
- ☐ Clunch
- ☐ Cob
- ☐ Composite Panels
- ☐ Concrete
- ☐ Corrugated Iron
- ☐ Essex
- ☐ Fibreglass
- ☐ Flint
- ☐ Glass
- ☐ Metal
- ☐ Plastic
- ☐ Prefabricated
- ☐ Steel Frame with brick / block infill
- ☐ Stone
- ☐ Stramit
- ☐ Timber
- ☐ Timber frame with brick / block infill
- ☐ Wattle and Daub
- ☐ Wimpey No Fines
- ☐ Woodwall
- ☐ Woodwork

Other

Construction of the roof:

- ☐ Asbestos
- ☐ Asphalt
- ☐ Concrete
- ☐ Copper
- ☐ Corrugated Sheeting
- ☐ EPDM / Living Roof
- ☐ Felt on Timber
- ☐ Fibreglass
- ☐ Glass
- ☐ Green Roof
- ☐ Lead
- ☐ Metal
- ☐ Plastic
- ☐ Shingle
- ☐ Slate
- ☐ Stramit
- ☐ Thatch
- ☐ Tile
- ☐ Timber
- ☐ Turnerised
- ☐ Woodwork
- ☐ Zinc

Other

Construction of the floors:

- ☐ Concrete
- ☐ Stone
- ☐ Wood
- Other

Is any part of the roof constructed of flat felt on timber?

Yes / No

If the above answer is Yes: What percentage of the overall roof is constructed of flat felt on timber?

- ☐ Less than 10%
- ☐ 26% to 50%
- ☐ 76% to 100%

☐

10% to 25%

☐

51% to 75%

Is the property in a good state of repair?\*

Yes / No

\* A property in a good state of repair is fit for human habitation in accordance with all health codes. Everything operates as it should and the property is clean and well maintained inside and out. There is no wasting or neglect of the property going on.one without structural problems. Your property is not considered to be in a good state of repair if it has dry rot, rot or infestation requiring timber or window replacement, damp, roof or chimney stack damage, faulty wiring or incomplete construction.

If the above answer is No: Please provide details in the space below

Are the premises listed?

☐

Not Listed

☐

Conservation Area

☐

Grade 1 England & Wales

☐

Grade 2 England & Wales

☐

Grade 2\* England & Wales

☐

Grade A Scotland

☐

Grade B Scotland

☐

Grade C Scotland

☐

Grade A Northern Ireland

☐

Grade B Northern Ireland

☐

Grade B+ Northern Ireland

☐

Preservation Order

☐

Protected

Are sandwich/composite panels used in the construction or lining of any part of the building

Yes / No

If the above answer is Yes:

Please select the sandwich composite panel construction used

☐

Cellular glass insulation (CG)

☐

Expanded polystyrene (EPS)

☐

Extruded polystyrene (XPS)

☐

Mineral wool (rock fibre) (MWRF)

☐

Mineral wool (glass fibre) (MWGF)

☐

Modified Phenolic foam (MPHEN)

☐

More than 1 type of panel is used

☐

Polyurethane (PUR)

☐

Polyisocyanurate (PIR)

Other

Are all sandwich/composite panels approved by the LPCB (The Loss Prevention Certification Board)?

Yes / No

What percentage of the building is constructed/covered by sandwich/composite panels?

Yes / No

Is the property undergoing any non structural refurbishment or renovation work or is any such work planned?

Yes / No

Is the property undergoing any structural work or is any such work planned?

Yes / No

If either of the above questions are answered Yes:  
Please provide full details of the alterations or refurbishments being carried out including timescales and the exact nature of the work:

Value Of Works

£

Is planning permission necessary?

Yes / No

Has planning permission been obtained?

Yes / No

Are the works to be undertaken by a professional contractor?

Yes / No

Does the professional contractor have the relevant insurances in place?

Yes / No

What is the anticipated duration of the works (weeks)?

Is any part of the property to be demolished?

Yes / No

The Business

Do you or any of your employees engage in the application of heat (other than catering) either on or away from your business premises?

Yes / No

If the above answer is Yes: Please provide details of the type and amount of heat work carried out away from the business premises

Do you or any of your employees handle, transport or work with any of the following:

Yes / No

- Radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals
- Materials giving rise to dust or fumes
- Lifts, cranes, hoists, slings or cradles
- Steeples, spires or pylons
- Processes involving a noise level in excess of 85db
- Liquids (other than water) in volumes greater than 500 litres

If the above answer is Yes: Please provide details of any work involving the materials or processes above

Do you or any of your employees work on, manufacture or sell products used in:

Yes / No

- Airports, aircraft, spacecraft or aerospace systems
- Amusement parks, stadia or spectator stands
- Bridges or dams
- Docks, quays, harbours, boatyards or inland waterways
- Hovercraft or watercraft
- Offshore structures and work underground or underwater
- Oil, gas, chemical or petrochemical companies in respect of work relating to drilling, producing, refining and/or distributing
- Power stations or nuclear plants
- Quarries, mines, tunnels or confined spaces
- Railways, tramways or cable-cars
- Towers, steeples or chimney shafts
- Tunnels, septic tanks, anaerobic digestion equipment or sewage treatment plants

If the above answer is Yes: Please provide details of any work in connection with the above

Do you design, give advice or prepare specifications in respect of any products supplied or contract?

Yes / No

If the above answer is Yes: Please provide additional details of any advice or specifications provided

Do you maintain rights of recourse/recovery against all of your suppliers?

Yes / No



Do you have a formal written Health and Safety policy appropriate to your activities?	Yes / No
Have you carried out and documented risk assessments appropriate to your activities?	Yes / No
Are all risk assessments reviewed annually and communicated to all employees with evidence being retained that they have been read and understood?	Yes / No
Do you have a formal documented safety-training plan for employees which is	Yes / No
Do all employees receive induction training when they start, which includes reference to	Yes / No
Is a written record kept of all training received by employees?	Yes / No
Are any goods derived from the far east?	Yes / No

If the above answer is Yes: Please provide details below:

Additional Information

Do you wish to disclose any additional information that you feel may be important to an	Yes / No
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If the above answer is Yes: Please provide details below:

Claims

Within the last 5 years, have you or any of your Partners or Directors in connection with any business which you/ they have been involved had any losses whether insured or not or had any claims made against you?	Yes / No
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If the above answer is Yes: Please provide details of all claims below, including: Type of Loss, Date of Loss, Amount of Loss, Claim Status and Claim Details



**Property Cover**

Buildings (Total cost to rebuild)	£ <input type="text"/>
Electronic Business Equipment (including computers)	£ <input type="text"/>
Specified Contents (not included above)	

Item Description	Value / Sum Insured
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
All other Contents Including all Tenants Improvements	£ <input type="text"/>
Stock of Non Ferrous Metals	£ <input type="text"/>
Stock of Wines, Spirits, Tobacco and Cigarettes	£ <input type="text"/>
Target / High Value Stock (Other than noted above) Precious metals, precious stones, jewellery, photographic equipment, computer equipment including chips, games and other ancillary equipment, audio / visual equipment and associated tapes, discs, CD's, DVD's, clothing, leather and fur goods, power tools, object dart, mobile phones	£ <input type="text"/>
Specified Stock (not included above)	

Item Description	Value / Sum Insured
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
All other stock (other than listed above)	£ <input type="text"/>
Stock in the open Cover for stock in the open will be limited by the policy wording.	£ <input type="text"/>

**Optional Covers: (These may result in an additional premium)**

Subsidence, Heave and Landslide	<input type="text" value="Yes / No"/>
Terrorism	<input type="text" value="Yes / No"/>

Business Interruption Cover

Business Interruption £

Business Interruption basis of settlement

☐ Increase in Cost of Working ☐ Loss of Gross Profit ☐ Loss of Gross Revenue

Business Interruption basis of settlement

☐ 12 Months ☐ 24 Months ☐ 36 Months  
☐ 18 Months

Optional Extensions (If Business Interruption cover is required)

Additional Increase In Cost Of Working £

Fines, Penalties And Damages £

Infectious Diseases And Other Closure £

Prevention Of Access – Non Damage £

Patterns £

Transit £

Motor Vehicles £

Contract Sites £

Exhibition Sites £

Loss Of Attraction £

Specified Suppliers:

Name	Sum Insured
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

Unspecified Suppliers £

Specified Customers:

Name	Sum Insured
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>

Unspecified Customers £

Motor Vehicle Manufacturers £

Outstanding Debit Balances £

Loss of Rent

ANNUAL Loss of Rent (Payable/Receivable) £

Loss of Rent Period  12 Months  24 Months  
 18 Months  36 Months

Loss of Licence (12 months indemnity) £

Goods in Transit

Own Vehicles (Limit any one transit) £

Road Hauliers (Limit any one transit) £

Post/Rail (Limit any one transit) £

Cover Away from Premises:

Item Description	Territorial Limits Europe/UK/Worldwide	Value / Sum Insured
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Money

Non Negotiable Documents £

Money in the Premises outside Business Hours not contained in locked safes or strongrooms £

Money in Your private residence or that of Your authorised directors, partners or employees or collectors £

Money in the Premises outside Business Hours contained in locked safes or strongrooms £

Please provide details of the safe(s) installed at the premises including make, model and cash rating  
It is your responsibility to ensure that the safe has a cash rating adequate to store the required money limit.

Money in the Premises during Business Hours £

Money whilst In Transit or in a bank night safe £

Deterioration of Stock

Deterioration of Stock (Frozen Food or Chilled/Refrigerated Stock) £

Deterioration of Stock (Any 1 Unit) £

Fidelity

£

Optional Extensions where Fidelity Cover is requested:

Computer Consultants

£

Fraudulent Computer Use By Non-Employees

£

Superseded Policies

£

Pension Fund Trustees

£

"20/80"

£

Liability Cover

Employers Liability limit required

£

Please provide your ERN (Employers Reference Number).

This can also be known as the Employers PAYE Reference

Please provide name, address, ern and parent/subsidiary information of additional companies insured under this policy:

Public Liability limit required

£

Is Products Liability cover required?

Yes / No

Estimated Annual Turnover

UK

£

USA / Canada

£

Rest of World

£

Payments to bona-fide subcontractors

£

Estimated Annual Wagerolls

Clerical Employee's and Non Manual labour

£

Clerical/Non Manual Principals

£

Manual Principals

£

Manual employees working at your premises

£

Manual employees working away from your premises including LOSC

£

Woodworking machinists

£

Drivers / Warehousemen

£

Other machine operators

£

Commercial Legal Expenses required?

Yes / No

Our Property Owners package automatically includes a Legal Expenses policy covering the following:

- Employment Disputes
  - Employment Compensation Awards
  - Employment Restrictive Covenants
  - Tax Protection
- Property
  - Legal Defence
  - Compliance & Regulation
  - Statutory Licence Appeals
- Loss Of Earnings
  - Employees' Extra Protection
  - Crisis Communication
  - Contract & Debt Recovery

**Subsidence, Ground Heave & Landslip Supplementary Questionnaire** (if Subsidence Cover is required)

Is the property free from and in an area which is free from any signs of subsidence, heave or landslip both now and in the past.

Yes / No

If the above answer is No: Please provide details in the space below

Is the premises in an area where there are any underground workings, active inactive or proposed, or built on made up or reclaimed land?

Yes / No

If the above answer is Yes: Please provide details in the space below

Is the premises nearby to any cliffs, hills, quarries or other excavations or similar features?

Yes / No

If the above answer is Yes: Please provide details in the space below

Has the property been extended?

Yes / No

If the above answer is Yes: Please give details including the year the property was extended

Are there any trees within 10 metres of the property?

Yes / No

If the above answer is Yes: Please provide details in respect of the trees surrounding the property including height, distance from premises and species

### Statement of Fact

Have you or any of your Partners or Directors either personally or in connection with any business which you/they have been involved ever :-

been declared bankrupt or are the subject of any current bankruptcy proceeding or any voluntary or mandatory insolvency or winding up procedures?

Yes / No

been disqualified from being a Company Director?

Yes / No

had a County Court Judgement or Sheriff Court Decree?

Yes / No

ever been convicted of or charged with (but not yet tried) a criminal offence other than a motoring offence or a spent conviction in accordance with the "Rehabilitation of

Yes / No

been prosecuted or have prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?

Yes / No

had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled mid-term by Underwriters, had a policy declared void or

Yes / No

If you have answered yes to any question above, please provide additional information:

Please provide a target premium if you have one

£

### Additional Information

Do you wish to disclose any additional information that you feel may be important to an underwriters assessment of this risk?



I confirm that I have answered the questions above accurately and completely to the best of my knowledge, information and belief.

I understand that if I do not tell you about changes or have provided incorrect information, the wrong terms and conditions may have been quoted and you may be entitled to:

- reject payment of a claim or a payment could be reduced, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**Please complete and sign this form and send it back to your Insurance Broker**