

Office and Surgery Proposal Form



INTRODUCTORY STATEMENT:

Our acceptance of this risk is based on the information presented to us being a fair presentation of your business including any unusual or special circumstances which increase the risk and any particular concerns which have led you to seek insurance.

In the event of deliberate or reckless misrepresentation and/or non-disclosure of any unusual or special circumstances which increase the risk, we may void the policy.

Client Details

Proposer/Company Name

Trading Name(s)

What is the renewal or start date of this policy

Correspondence address

Please state one or more trades / occupations carried out at the premises

Property Details

Insured Address

Office and Surgery Proposal Form

How many full years have you been trading at these premises

Is the premises self-contained with its own lockable entrance door?

Please provide details of the floor below

Construction of the floor?

Is the premises built entirely of brick, stone or concrete and composed only of non-combustible materials?

Please provide details of the construction

Is the premises roofed entirely with slates tiles, concrete or metal, and composed only of non-combustible materials?

Please give details of the roof construction

Is the property in a good state of repair?

Pease provide details in the space below

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

Office and Surgery Proposal Form

What percentage of the overall roof is constructed of flat felt on timber?

To the best of your knowledge, is the property free from and in an area which is free from of subsidence, heave or landslip both now and in the past?

Please provide details in the space below

To the best of your knowledge, has the property ever flooded?

Please provide details in the space below

Is the building listed?

Please specify the level of protection	Tick all that apply
Grade 1 England & Wales	<input type="checkbox"/>
Grade 2 England & Wales	<input type="checkbox"/>
Grade 2* England & Wales	<input type="checkbox"/>
Grade A Scotland	<input type="checkbox"/>
Grade B Scotland	<input type="checkbox"/>
Grade C Scotland	<input type="checkbox"/>
Grade A Northern Ireland	<input type="checkbox"/>
Grade B Northern Ireland	<input type="checkbox"/>
Grade B+ Northern Ireland	<input type="checkbox"/>
Preservation Order	<input type="checkbox"/>
Protected	<input type="checkbox"/>

Office and Surgery Proposal Form

Security

Is the premises fully occupied solely by the business?

Yes / No

Please provide additional information in respect of the above

Is the premises ever vacant for more than 14 consecutive days at a time?

Yes / No

Please provide additional information in respect of the above

Is the premises occupied over night ie. Proposer/Manager living above, 24hr security.

Yes / No

Please provide details of any overnight security

Is the premises situated in an office block or modern enclosed shopping centre?

Yes / No

Is the premises protected by any of the following:

Fire alarm

Yes / No

Sprinkler Installation

Yes / No

Do you have a CCTV system present and monitoring the premises?

Yes / No

Please state the type of CCTV system used:

Office and Surgery Proposal Form

Intruder Alarm

Yes / No

Signalling method

Grilles, bars or shutters fitted to a shop front and all ground floor windows?

Yes / No

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? Any door or window officially designated a fire exit by the fire authority is excluded from this condition.

Yes / No

Please provide details of locks protecting the final exit doors

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

Yes / No

Please provide details of the security protecting accessible windows, fanlights and skylights

The Business

Is any part of the premises 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, any person where the premises or any identifiable person thereof will be solely occupied by the above and do you offer leases under 6 months?

Please provide details

Office and Surgery Proposal Form

Interested Parties

Are there any interested parties to be noted against the premises?

Please provide details of one or more interested parties below

The Business

Basic Cover

Building (Total estimated rebuild cost)

£

Tenants Improvements

£

Computers and ancillary equipment (including laptops) – at the premises or whilst temporarily away from the premises anywhere in the world

£

General Contents

£

Deterioration of Stock

£

Fridges/Freezers must not be over 10 years old.

Fridges/Freezers over 5 years old must be the subject of an annual maintenance contract with a competent refrigeration engineer or company.

Stock in Trade

£

Office and Surgery Proposal Form



Additional Package Benefits

Business Interruption

£

Business Interruption Basis of Settlement

Loss of Gross Revenue / Additional Cost of Working

Please state the business Interruption Indemnity Period required (months)

12 / 18 / 24 / 36

Outstanding Debit Balances

£

ANNUAL Loss of Rent (Payable/Receivable)

£

Please state the loss of rent indemnity period required (years)

Money in premises during business hours, in bank night safe or transit
£2,000 Money in premises during business hours, in bank night safe or in transit is included
in the cover. If you require more than this please enter the whole amount here.

£

Money in safe outside of business hours

£2,000 Money in safe outside of business hours is included in the cover. If you require more
than this please enter the whole amount here.

£

Property removed from the premises:

Please specify the Item, Location (UK / EU / Worldwide) and Sum Insured

Office and Surgery Proposal Form

Liabilities

Employers Liability limit required

£

Is your business registered in the UK, employing 1 or more People and operating a PAYE scheme?

It is compulsory for all companies (including any subsidiaries) required to hold Employers Liability insurance to provide their Employers Reference No. or employers PAYE Reference.

Yes / No (exempt) / Yes (no ERN)

Reason for exemption

Does this policy cover more than one company?

Yes / No

Please provide details below of additional companies insured under this policy, including Company Name, ERN / PAYE Ref, Principal or Subsidiary, and Address.

Public/Products Liability limit required

£

Is there an work away from the premises other than collection and delivery?

Yes / No

What is your estimated annual Turnover?

£

Wage-roll – Staff working away from your premises

£

Wage-roll – Staff working at your premises

£

Office and Surgery Proposal Form



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

Please provide details of all claims below, including Type of Loss, Date of Loss, Amount of Loss, Claim Status, Claim Details

Office and Surgery Proposal Form

Statement of Fact

Have you or any individual involved in the business of the Proposer/Insured in a capacity listed in A. to E. below, being:

A. director;

B. business partner;

C. a family member;

D. an individual providing working capital or loan guarantees to this business; and

E. anyone else who plays a significant role in making decisions about how the Proposer/Insured is to be managed or organised;

whether in relation to the business of the Proposer/Insured or any previous business or any other business in which you or they have been involved in any of the capacities listed in A. to E. above or in a personal capacity ever:-

Been declared bankrupt or are the subject of any current bankruptcy proceedings?

Yes / No

been disqualified from being a Company Director?

Yes / No

Had any County Court Judgement(s) (CCJ) or Sheriffs Court Decrees entered against you or them, or been involved in a company against which such judgements have been entered?

Yes / No

Been convicted or have any prosecution pending or been given an official police caution in respect of any criminal offence other than motoring offences and any offences which are spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to a conviction, prosecution or caution?

Yes / No

Been charged with or convicted of, or been involved in a company charged with or convicted of, a breach of the Health and Safety at Work Act or other legislation relating to employee safety and safe working practices, or been served with, or been involved with a company served with, an improvement order or a prohibition notice under such legislation?

Yes / No

Had any insurance proposal declined, renewal refused, had any special or increased terms applied, had insurance cancelled midterm by Underwriters, had a policy declared void or claim repudiated?

Yes / No

Been, or are currently a director or officer of a company which has been, declared insolvent or had a receiver or liquidator appointed or entered into arrangements with creditors in accordance with The Insolvency Act 1986, or had an Individual Voluntary Arrangement (IVA)?

Yes / No

Been party to, or involved in a company which was party to, a Company Voluntary Arrangement (CVA)?

Yes / No

Been subject to a recovery action or fines exceeding £25,000 by HM Revenue & Customs, or been involved in a company subject to such a recovery action or fines?

Yes / No

Office and Surgery Proposal Form

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

If you wish to disclose any additional information that you feel may be to an underwriters' assessment of this risk please do so below:

NB: This WILL appear on documents

Additional Notes

Confirmation

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