

Property & Land Owners 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)

Contact Name

How many full years have you owned the property or land to be insured?
In the event of multiple properties being insured please enter the number of years for the premises you have owned for the longest.

Correspondence Address

Are you domiciled within the United Kingdom, the Channel Islands or the Isle of Man?

Yes / No

Please provide details of your domicile

Do you have a UK bank account

Yes / No

Do you have a UK Representative responsible for checking on the property?

Yes / No

Please provide a target premium (including IPT and fees) if you have one

£

Which insurer has provided the alternative quotation?

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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 claims made against you?

Yes / No

If Yes: Please provide full details including the type of loss, date of loss, amount of loss, claim status and claim details.

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

NB: This WILL appear on documents

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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 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 respect of any criminal offence other than motoring offences and any offences which spent under the Rehabilitation of Offenders Act 1974, or been involved in a company subject to such a conviction, prosecution or caution?

Yes / No

Been charged with or convicted of, or been involved in a company charged with or convicted of, 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 mid-term 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

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

Yes / No

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

The Financials

Employers Liability limit required

£

If Employers Liability cover 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)

What is the company's Employers Reference Number (ERN)? This may be referred to as the Employers PAYE Reference.

UK businesses employing one or more people are required to have an ERN (Employer's Reference Number, also commonly referred to as the 'Employer PAYE Reference'), which is a unique reference number for your employee's income tax and national insurance contributions. You will find your ERN printed or written on mandatory documents including the P45, P60, P11/D and on most payslips.

Please provide details below of additional companies insured under this policy, including the name, ERN/PAYE Ref, whether it is a Principal or Subsidiary, and the address.

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What type of insurance do you require?

Property Owners Liability / Land Owners Liability / Property and Land Owners Liability

Property/Land Owners Liability limit required

£

Property Owners Liability

Property to be insured for property owners liability

Address	Use of Building	Buildings Sum Insured £

Please confirm that all of the properties to be insured (other than unoccupied properties) are subject to full repairing leases

Yes / No

Are all buildings fully secured against entry?

Yes / No

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Are all buildings in a good state of repair

Do you, any of your employees or any occupant of the property store, manufacture, handle, transport or work with any of the following: Radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals, materials giving rise to dust or fumes or processes involving a noise level in excess of 85db?

Please provide details of any work involving the materials or processes above

Land Owners Liability

Land to be Insured for land owners liability

Address	Use of Land	Acreage (acres)

Is all development land fenced/secured from entry?

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Please provide additional information in respect of the above:

Are there any ponds, lakes, swimming pools or other bodies of water on the land to be insured?

Yes / No

Please provide details of any bodies of water on the premises, including size, depth, fencing, life saving equipment present, signage and previous issues/losses:

Is there a children's playground at the location to be insured?

Yes / No

Please provide details of any children's playgrounds

Has any demolition work taken place or is any work planned for the future?

Yes / No

Please provide details

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Is the land used for events?

Please provide details

Is the land contaminated, been previously used for landfill or for the storage of chemicals?

Please provide details

Estimated Annual Wagerolls

Clerical Employees

Manual Employees

Additional Notes

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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