

# 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?

Yes / No

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?

<input type="checkbox"/> Not Heated	<input type="checkbox"/> Portable Electric Heaters	<input type="checkbox"/> Waste Oil Heaters
<input type="checkbox"/> Low Pressure Hot Water	<input type="checkbox"/> Portable Gas or Oil Heaters	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Fix Space Heaters	<input type="checkbox"/> Other Solid Fuel Heaters	
Other	<input type="text"/>	

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?

<input type="checkbox"/> Portable Hand Appliances to Scale	<input type="checkbox"/> Both Hand Appliances and Hydraulic Reels to Scale
<input type="checkbox"/> Hydraulic Hose Reels to Scale	<input type="checkbox"/> Hydraulic Hose Reels to Double Scale
<input type="checkbox"/> Portable Hand Appliances to Double Scale	<input type="checkbox"/> 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

<input type="checkbox"/> 5 minute response	<input type="checkbox"/> 10 minute response	<input type="checkbox"/> 15 minute response
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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	
Other	<input type="text"/>	

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
Other	<input type="text"/>

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?

<input type="checkbox"/> Less than 10%	<input type="checkbox"/> 26% to 50%	<input type="checkbox"/> 76% to 100%
<input type="checkbox"/> 10% to 25%	<input type="checkbox"/> 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?

<input type="checkbox"/> Not Listed	<input type="checkbox"/> Grade A Scotland	<input type="checkbox"/> Grade B Northern Ireland
<input type="checkbox"/> Conservation Area	<input type="checkbox"/> Grade B Scotland	<input type="checkbox"/> Grade B+ Northern Ireland
<input type="checkbox"/> Grade 1 England & Wales	<input type="checkbox"/> Grade C Scotland	<input type="checkbox"/> Preservation Order
<input type="checkbox"/> Grade 2 England & Wales	<input type="checkbox"/> Grade A Northern Ireland	<input type="checkbox"/> Protected
<input type="checkbox"/> Grade 2* England & Wales		

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

<input type="checkbox"/> Cellular glass insulation (CG)	<input type="checkbox"/> Modified Phenolic foam (MPHEN)
<input type="checkbox"/> Expanded polystyrene (EPS)	<input type="checkbox"/> More than 1 type of panel is used
<input type="checkbox"/> Extruded polystyrene (XPS)	<input type="checkbox"/> Polyurethane (PUR)
<input type="checkbox"/> Mineral wool (rock fibre) (MWRF)	<input type="checkbox"/> Polyisocyanurate (PIR)
<input type="checkbox"/> Mineral wool (glass fibre) (MWGF)	Other <input type="text"/>

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

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

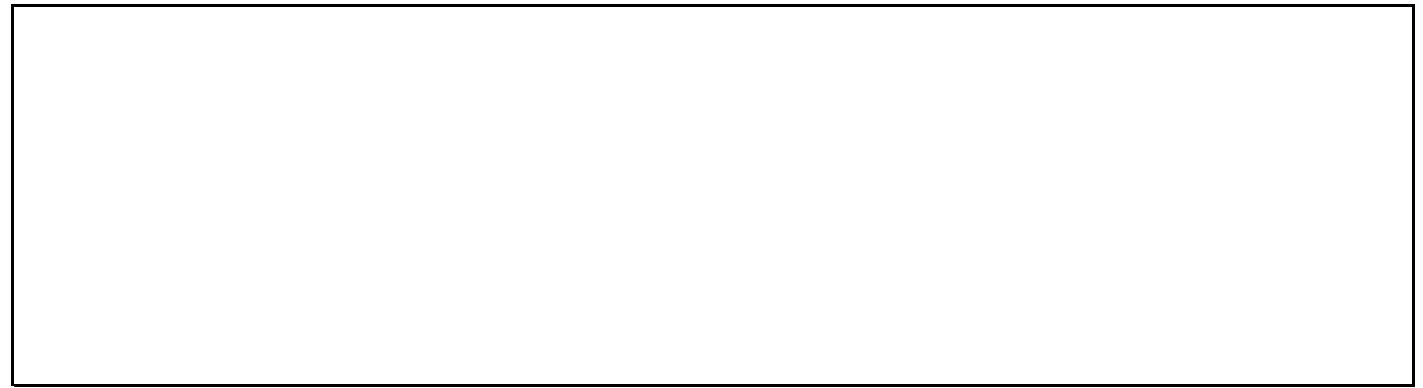
### **Additional Information**

Do you wish to disclose any additional information that you feel may be important to an	<input type="checkbox"/> Yes / No
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?	<input type="checkbox"/> 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) £

Electronic Business Equipment (including computers) £

Specified Contents (not included above)

Item Description	Value / Sum Insured
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<input type="text"/>	£ <input type="text"/>

All other Contents £   
Including all Tenants Improvements

Stock of Non Ferrous Metals £

Stock of Wines, Spirits, Tobacco and Cigarettes £

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

Specified Stock (not included above)

Item Description	Value / Sum Insured
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<input type="text"/>	£ <input type="text"/>

All other stock (other than listed above) £

Stock in the open £

Cover for stock in the open will be limited by the policy wording.

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

Subsidence, Heave and Landslide  Yes / No

Terrorism  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"/>

Unspecified Suppliers

£

Specified Customers:

Name	Sum Insured
<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	<input type="checkbox"/>	12 Months	<input type="checkbox"/>	24 Months
	<input type="checkbox"/>	18 Months	<input type="checkbox"/>	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 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 Judgment(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 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, 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

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

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Signature

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Print name

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Date

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