

Commercial Property Owners 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.

Proposer Details

Do you currently hold this risk?

Yes / No

Proposer/Company Name

Trading Name(s)

Contact Name

Correspondence Address

What is the renewal or expected start date of this

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

Yes / No

Premises specific information

Location

Insured Address

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 of previous flooding, the nearest lake, river canal or tidal waters.

Has the premises previously flooded?

Yes / No

If the above answer is YES: Please provide details of previous flooding

How long have you owned the premises? (years)

Occupancy

Is any part of the premises let to residential tenants?

Yes / No

Is any part of the premises subject to any contract with or let to students, any government department, local authority, housing association or asylum seeker?

Yes / No

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

Please give details of the trade of the main commercial occupant

Does the premises operate a late licence?

Yes / No

Does the premises have a dance floor?

Yes / No

Are any bouncers employed at the premises?

Yes / No

Is there any entertainment at the premises?

Yes / No

Insurance Cover Required

Buildings (Total cost to rebuild)

£

Our property owners policy includes cover for loss of rent up to 20% of the building sum insured.

Landlords Contents

£

ANNUAL Loss of Rent

£

Loss of Rent Period

Include cover for Subsidence, Heave and Landslide?

Yes / No

Include cover for Terrorism?

Yes / No

Construction & Maintenance

What is the estimated year of construction of the premises?

Are the premises, in a good state of repair?

Yes / No

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

Are the Premises listed?

☐

Not Listed

☐

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

☐

Conservation Area

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
- ☐ Stone
- ☐ Stramit
- ☐ Timber
- ☐ Timber frame with brick /
- ☐ 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

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%
- ☐ 10% to 25%
- ☐ 26% to 50%
- ☐ 51% to 75%
- ☐ 76% to 100%

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"/> Polyurethane (PUR)
<input type="checkbox"/> Expanded polystyrene (EPS)	<input type="checkbox"/> Mineral wool (rock fibre) (MWRF)	<input type="checkbox"/> Polyisocyanurate (PIR)
<input type="checkbox"/> Extruded polystyrene (XPS)	<input type="checkbox"/> Mineral wool (glass fibre) (MWGF)	

Other:

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

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

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

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

If either of the above answers are 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?

Has planning permission been obtained?

Are the works to be undertaken by a professional contractor?

Does the professional contractor have the relevant insurances in place?

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

Is any part of the property to be demolished?

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?

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?

If the above answer is NO: Please provide details of the security protecting accessible windows, fanlights and skylights.

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

Please state the type of alarm protecting the premises

<input type="checkbox"/> None	<input type="checkbox"/> Private Dialer	<input type="checkbox"/> Redcare GSM
<input type="checkbox"/> Bells only	<input type="checkbox"/> Digital Communicator	<input type="checkbox"/> Redcare Dualcom
Other Alarm Installed	<input type="checkbox"/> Redcare	<input type="checkbox"/> Redcare Dualcom Plus

Whether the alarm is under an annual maintenance contract with an NSI/SSAIB approved contractor?

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

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"/> None |
| <input type="checkbox"/> Live Monitors - Day only | <input type="checkbox"/> Recorded only - Day only | Other |
| <input type="checkbox"/> Live Monitors - Night only | <input type="checkbox"/> Recorded only - Night only | |

The Premises

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

Yes / No

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

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 give details (including occupation) of any adjoining Premises

How is the premises heated?

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

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

Yes / No

If the above answer is No: What type of fire extinguishers are in place?

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

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

Yes / No

Is the premises used to store or process radioactive substances or devices, explosives, asbestos, silica, toxic or hazardous chemicals or substances or materials giving rise to dust or fumes?

Yes / No

If the above answer is YES: Please provide full details

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

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 property 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

Nearby to any cliffs, hills, quarries or other excavations or similar features?

Yes / No

If the above answer is YES: Please provide details

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

Interested Parties

Please provide details of any interested parties below

Policy Specific Details

Property Owners Liability Limit of Indemnity Required?

£

Employers Liability limit required

£

Please provide your ERN (Employers Reference Number). This can also be known as the Employers PAYE Reference

Estimated Annual Wage-roll - Clerical Employee's

£

Estimated Annual Wage-roll - Gardeners	£ <input type="text"/>
Estimated Annual Wage-roll - Cleaners	£ <input type="text"/>
Estimated Annual Wage-roll - Property Maintenance	£ <input type="text"/>
Estimated Annual Wage-roll - Other	£ <input type="text"/>

If Other Wageroll entered: Please provide details of the other wage-roll

Commercial Legal Expenses required?

Yes / No

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

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Employment Disputes • Employment Compensation Awards • Employment Restrictive Covenants • Tax Protection | <ul style="list-style-type: none"> • Property • Legal Defence • Compliance & Regulation • Statutory Licence Appeals | <ul style="list-style-type: none"> • Loss Of Earnings • Employees' Extra Protection • Crisis Communication • Contract & Debt Recovery |
|---|---|---|

Claims

Within the last 5 years have you or any partners or directors had any losses whether insured or not in connection to the properties to be insured?

Yes / No

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

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

Would you like to provide any further information to enable us to underwrite 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