

Retail 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)

What is the renewal or expected start date of this policy

Correspondence Address

Trade

Property Details

Risk Address

How many full years have you been trading at these premises

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

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

Do the premises contain a workshop?

If the above answer is Yes: Percentage of total floor area occupied by workshop

Construction of the Floor?

Concrete

Wood

Other

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

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

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

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

Is the property in a good state of repair?

NB: 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

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

Does the premises contain an ATM?

Actual Value of ATM equipment

£

Is the ATM an external 'hole in the wall' type for 24 hour use?

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

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

Is the premises in an area which is free from flooding and at least 250 metres away from the nearest lake, river, canal or tidal waters.

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

Security

Is the premises fully occupied solely by the business?

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

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

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

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

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

Is the premises situated in a modern enclosed shopping centre?

Is the premises protected by any of the following:

Fire Alarm

Sprinkler Installation

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

If the above answer is Yes, please indicate which system:

Live Monitors - 24 hours

Live Monitors - Day only

Live Monitors - Night only

Recorded only - 24 hours

Recorded only - Day only

Recorded only - Night only

Other

Intruder Alarm - Please indicate the Intruder alarm signalling method

No Alarm

Audible

Central Station Dial-up Line

Central Station Direct Line

Digital Communication (Digi-Com)

Digital Dialer

DualCom

DualCom Plus

High Decibel Internal Sounder

Line to Site Security Office

PAKNET

Police Direct Line

REDCARE

REDCARE Assure

Redcare GSM

Visual

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

If the above answer is 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 or screwed shut?

Yes / No

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

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

Do you or any of your employees 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, lifts, cranes, Hoists,

Yes / No

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

Do you require cover for treatments?

Yes / No

If the above answer is Yes: How many operatives will be providing treatments?

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?

Yes / No

If the above answer is Yes: Please provide details

Interested Parties

Please give details of any Interest Parties to be noted against this premises:

Sums Insured

Buildings (Total estimated rebuild cost)	£	<input type="text"/>
Include Subsidence Cover?	£	<input type="text"/>
Tenants Improvements	£	<input type="text"/>
Electronic Business Equipment (including computers)	£	<input type="text"/>
Any other Contents	£	<input type="text"/>
General Stock	£	<input type="text"/>
Target / High Value Stock (In addition to general stock)	£	<input type="text"/>
Stock of Tobacco	£	<input type="text"/>
Material Damage and BI Total Exposure	£	<input type="text"/>

Additional Package Benefits

Is theft cover required?	<input type="text" value="Yes / No"/>
Loss of Licence (12 months indemnity)	£ <input type="text"/>
Business Interruption (Loss of Gross Profit)	£ <input type="text"/>
Please state the Business Interruption Indemnity Period required	
12 Months	<input type="text"/>
24 Months	<input type="text"/>
Outstanding Debit Balances	£ <input type="text"/>
ANNUAL Loss of Rent (Payable/Receivable)	£ <input type="text"/>
Please state the Loss of Rent Indemnity Period required	
12 Months	<input type="text"/>
24 Months	<input type="text"/>
36 Months	<input type="text"/>
Money in premises during business hours, in bank night safe or in transit	£ <input type="text"/>
Money in safe outside of business hours	£ <input type="text"/>
Please provide Make and Model of the Safe:	<input type="text"/>
Stock in Transit (Limit any one transit)	£ <input type="text"/>
Deterioration of Stock (Frozen Food or Chilled/Refrigerated Stock)	£ <input type="text"/>

Cover away from premises

Item	Location (UK/Europe/Worldwide)	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"/>

Do you require cover for personal accident?

Please provide details below of all employees to be covered under the personal accident section

Do you require cover for Fidelity?

Do you require cover for Terrorism?

Liabilities

Do you require Employers Liability (£10,000,000 limit)

What is the company's Employers Reference Number (ERN)? Please enter "exempt" if this is not applicable

Public/Products Liability limit required (£1m/£2m/£5m/£10m)

£

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

What is your estimated annual Turnover?

£

Wage-roll - Staff working away from your premises

£

Wage-roll - Staff working at your premises

£

Claims

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?

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 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?

been disqualified from being a Company Director?

had a County Court Judgement or Sheriff Court Decree?

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 Offenders Act 1974"?

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

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?

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

Additional Notes

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