



Commercial Combined Proposal Form

GB UNDERWRITING PROPOSAL FORM: COMMERCIAL COMBINED

This proposal and declaration will form the basis of the insurance contract between you (the proposer) and us. Please answer all questions in full, truthfully and accurately. All material facts* should be disclosed, as failure to do so could invalidate your insurance.

**material facts are those facts which are likely to influence insurers in the acceptance of this insurance proposal and it is essential that you disclose them. If you are in any doubt whether a fact is material, you should disclose it, since failure to do so could invalidate your insurance.*

GENERAL INFORMATION

Name of proposer (including partners' names, if not a limited company) and all subsidiary companies requiring cover. Note: you must supply your Employer's tax Reference Number (ERN) for each entity, if Employers' Liability is required.

Insured Names	Address	ERN
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Please use the continuation page at the end of this document, if required.

Postal address to be used for all correspondence:

.....
 Postcode:

Website address:

If there is any additional interest of another party to be noted on the policy (e.g. mortgage), please detail below:

.....

Date when business was established: Years at this premises:

Full business description (please describe all activities to be insured and attach any brochures):

.....



SECTION 1 – PROPERTY DAMAGE (DECLARED VALUES)

	Location 1	Location 2	Location 3
Item A - Buildings:
Item A - Tenants Improvements:
Item B - General Contents:
Item B - Machinery/Plant:
Item B - Computers & Associated Equipment:
Item C - Stock:
Item C - Theft Attractive Stock:
Item C - Non Ferrous Metal:
Item D - Rent:

(If additional Locations are applicable, please use the continuation page at the end of this Proposal Form.)

Are any values to float across locations?

Yes

No

If Yes, please provide full details:

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OPTIONAL SUBSIDENCE EXTENSION

Do you wish to cover Subsidence?

Yes

No

If you can answer Yes to any of the questions below, please tick this box:

- i. Have the premises suffered or shown sign of damage from this peril?
- ii. Are the premises being monitored for this peril?
- iii. Have neighbouring properties on either side shown any signs of subsidence damage?
- iv. Are the premises in an area with a history of such damage or in a former landfill site?
- v. Does the premises have any trees or shrubs within 20 feet, which are more than 10ft in height?
- vi. Have the premises ever flooded as a result of broken or damaged drains?

If you have answered Yes to any of the above, please provide full details:

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SECTION 2 - BUSINESS INTERRUPTION

	Indemnity Period (Months)	Sum Insured
Item A – Gross Profit:	£
Item B – Revenue:	£
Item C – Additional Expenditure:	£
Item D – Book Debts:	£
Item E – Loss of Rent Receivable:	£

SECTION 3 - BUSINESS EQUIPMENT ALL RISKS

Description	Limit Required	Territorial Limits		
		UK	Europe	Worldwide
Laptop Computers & Ancillary Equipment: £		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photographic, Video & Audio Equipment: £		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Plant or Communications Equipment: £		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe): £		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For items valued over £2,500 - Please specify below:

Description	Serial No.	Age of Item	Date of Purchase	Cost Price	Replacement Cost	Territorial Limits		
						UK	Europe	Worldwide
1.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	£	£	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the continuation page, if required, to supply a list of your specified items.



SECTION 4 - MONEY & PERSONAL ACCIDENT & ASSAULT

Does the proposer require cover in excess of the standard policy limits?

Yes No

If Yes, please advise below:

	Standard Limit	Required Limit
On Premises During Business Hours:	£2,500	£
In Transit or Bank Night Safe:	£2,500	£
On Premises Outside Business Hours in a Specified Safe:	£1,000	£
On Premises Outside Business Hours but not in a Specified Safe:	£250	£
At Directors' Homes:	£250	£
Assault Benefit Limit (any one insured person):	£10,000	£

SECTION 5 – GOODS IN TRANSIT

Stock and Goods:

Limit Any One Vehicle: £

Limit Any One Item: £

Estimated Annual Transit (own): £

Number of Own Vehicles:

Estimated Annual Third Party Haulage: £

SECTION 6 – TERRORISM

Is cover required for both Property Damage & Business Interruption?

Yes No Property Only

SECTION 7A – EMPLOYERS' LIABILITY

Is cover required for Employers' Liability?

Yes No

SECTION 7B/C – PUBLIC/PRODUCTS LIABILITY

Is cover required for Public/Products Liability?

Yes No

If Yes, Limit of Indemnity required: £1,000,000 £2,000,000 £5,000,000 £10,000,000



SECTION 8 – CONTRACT WORKS

Is cover required for Contract Works? Yes No

If Yes:

What is the Contracting Turnover? £

What is the Average Contract Length? Months

Please also list the following values:

Works - Limit Any One Site: £

Own Plant - Total Sum Insured: £

Own Plant - Limit Any One Item: £

Hired in Plant - Limit Any One Item: £

Hired in Plant - Any One Occurrence: £

Hired in Plant Fees: £

Employees' Tools - Limit Any One Employee: £

Employees' Tools - Total Sum Insured: £

SECTION 9 – EMPLOYEE FIDELITY

Does the proposer require cover for fraudulent acts of your Employees? Yes No

If Yes, Limit of Liability required: £25,000 £50,000 £100,000

SECTION 10 – LOSS OF LICENCE

Does the proposer require cover for Loss of Licence? Yes No

Loss of Licence is offered with a Maximum Loss Limit of £100,000.

GENERAL RISK QUESTIONS

SECTIONS 1 & 2

1. Proposer's premises (all locations):

a) are constructed of brick, stone or concrete wall or steel and metal panelling and roof of slate or tiled or profiled metal? Yes No

b) have floors constructed of: Wood Concrete or Stone Metal

c) has (please advise) number of stories:



- d) are constructed with metal panelling with insulation of non combustible fire rated nature? Yes No
- e) are heated by a fixed system that is either mains supplied or by a bunded fixed tank with a catch pit and a solid fuel line? Yes No
- f) are maintained in a good state of repair with a maintenance programme in place? Yes No
- g) are in an area free of damage from storm or flood? Yes No

Please give details to questions answered No:

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2. What is the approximate age of the premises? Years

3. At what date was the electrical wiring last checked and certified by a competent electrician? (Please provide a copy of the certificate)

3. Protections Details

If an alarm is installed:

a) Name of installers and maintenance contract:

b) Method of signalling:

c) Are installers registered with NSI/NACOSS/SSAIB approved companies? Yes No

d) Does the alarm system protect against: Fire Yes No

Smoke Yes No

Theft Yes No

4. Does the proposer have fire extinguishers installed to a level as advised by your Local Fire or Health and Safety Officer and is an annual maintenance programme in place? Yes No

5. Is a sprinkler system installed? Yes No

If Yes, please provide full details:

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6. Please advise any manufacturing process or hazardous processes involving heat or potential overheating hazards undertaken at the premises:

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7. Please advise the details of your neighbouring adjoining trades (name & trade). Please state none if no neighbouring exposures apply:

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8. Are flammable liquids used or stored at the premises? Yes No

If Yes, please advise quantities and methods of fire safe storage:

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9. Please provide details of all premises used in connection with the proposer's business and specify whether each is owned, leased or rented by you and the purpose for which each is used:

Address (incl Postcode)	Purpose	Owned / Leased / Rented
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10. Are any of these premises situated within multi-tenure buildings? Yes No

If Yes, please provide full details:

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11. Does the proposer maintain back up records of all computer records at least every 48 hours and store off site? Yes No

If Yes, please provide full details:

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SECTIONS 7 A, B & C

12. Total number of employees/directors (excluding principal/partners) including labour only sub-contractors (max at any one time):

13. Total estimated wages in each category for the forthcoming year:

Clerical, Managerial & Supervisory (non manual) staff: £

Manual work at own premises: £

Manual work away (less than 10 metres in height): £

Manual work away (above 10 metres in height): £

Other (not included in above): £

Payments to bona fide sub contractors: £

14. Estimated turnover:

	Next 12 Months	Last 12 Months
UK:	£	£
Europe:	£	£
USA/Canada:	£	£
Rest of World:	£	£

15. Has the proposer exported goods to the USA or Canada or do you plan to do so in the near future? Yes No

If Yes, please provide full details:

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OPERATIONS

16. Does the proposer retain the rights of recovery against manufacturers and suppliers of goods, materials and services? Yes No

17. Does the proposer import any products and/or raw materials from the Far East? Yes No

If Yes, please provide full details of the type of goods, where they are imported from and how much in value, including details of the quality control procedures once imported goods are in the UK:

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18. With regard to goods supplied, are records kept for a minimum period of 10 years from the date of supply, which identify the customer to whom individual products or batches of products have been sent and also the source of components or raw materials used there?

Yes No

If No, please advise to what extent records are kept:

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19. Will the proposer handle, use, store or transport any of the following in connection with the business:

a) Industrial dusts of a known harmful nature? (e.g. silica, asbestos or substances that contain asbestos)

Yes No

b) Acids, gases, explosives, radioactive or other substances which may be dangerous or harmful to health?

Yes No

If Yes, please provide full details:

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20. Could the proposer's activities result in the escape or discharge of any toxic or pollutant substances?

Yes No

If Yes, please provide full details:

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21. Has the proposer entered into any contract which imposes liability for which the proposer would not have otherwise been responsible?

Yes No

If Yes, please provide full details:

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22. Is the proposer a member of any trade associations?

Yes No

If Yes, please provide full details:

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HEALTH & SAFETY

23. Please specify any accreditations held:

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24. Does the proposer have a written Health & Safety policy?

Yes

No

If Yes, date originally prepared:

Date of last review:

25. When was the Health & Safety policy last communicated to your employees?

26. Who is responsible for Health & Safety within the proposer?

a) Name of director/employee:

b) Position within the proposer:

c) Formal training given/qualifications in Health & Safety:

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27. Do you engage an external organisation for advice or audit of your Health & Safety policy systems?

Yes

No

If Yes, please provide full details:

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28. Has the proposer carried out formal risk assessments, documented with relevant safe system of work?

Yes

No

29. Does the proposer have a formal plan for review of risk assessments?

Yes

No

30. Does the proposer have a formal safety-training plan for employees?

Yes

No

31. Does the proposer have a formal plan for the provision of Personal Protective Equipment (PPE)?

Yes

No

32. Do employees sign for PPE and are records kept?

Yes

No



33. Does the proposer have documented procedures for high-risk activities? Yes No

34. Does the proposer operate a formal "permit to work" scheme for high-risk activities? Yes No

35. Does the proposer have formal "control of contractors" for visiting contractors? Yes No

36. Does the proposer have a documented fire emergency plan and fire risk assessment? Yes No

37. Is there any heat work? Yes No

If Yes, please state the percentage of the work away wages: %

38. What is the maximum height you work to? Metres

39. Does the proposer work at any high risk locations? Yes No

If Yes, please state the nature of those locations below:

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40. Is the following machinery used by the proposer's business?

a) Woodworking machinery: Yes No

b) Other power-driven machinery: Yes No

c) Lifts, cranes, hoists or the like: Yes No

SECTION 9 – EMPLOYEE FIDELITY

41. Does the proposer have an accounting process to double check stock and money payments at least monthly for stock and weekly for money? Yes No

If No, please provide details of controls in place:

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SECTION 10 – LOSS OF LICENSE

42. Has the proposer received any objections or complaints which may affect the renewal of your licence? Yes No

If Yes, please provide full details:

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43. Do you employ door security? Yes No

If Yes: Own Employed Staff Third Party Contracted

44. a) Do you have a dance floor at the premises? Yes No

b) Do you have a regular DJ at the premises? Yes No

c) Do you hire the premises out to promoters? Yes No

If Yes, to any of the above, please provide full details:

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CLAIMS INFORMATION

45. Are any of the directors/partners or employees, after enquiry, aware of any circumstances, allegations or incidents which may give rise to a claim against the proposer or its predecessors in business or any of its present or former directors/partners or employees? Yes No

If Yes, please provide full details:

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46. Has the proposer, in the past five years, suffered any incident which would have given rise to a claim (whether paid or not) under the policy for which you are now applying? Yes No

If Yes, please provide full details below:

a) By employees:

Date	Insurer	Details of Incident	Amount Outstanding	Amount Paid
.....	£	£
.....	£	£
.....	£	£



b) By Third Parties (including claims arising out of faulty products and/or design):

Date	Insurer	Details of Incident	Amount Outstanding	Amount Paid
.....	£	£
.....	£	£
.....	£	£

c) For physical damage, theft or other perils insured by this policy:

Date	Insurer	Details of Incident	Amount Outstanding	Amount Paid
.....	£	£
.....	£	£
.....	£	£

DECLARATION

Has any Insurer or Underwriter cancelled, withdrawn from cover, refused to renew, imposed any special terms or asked the proposer to replace all or part of your insurance? Yes No

If Yes, please provide full details:

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Has any director or partner:

- a) Ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? Yes No
- b) Received an official caution for a criminal offence (other than a motoring offence) within the last 3 years? Yes No
- c) Ever been declared bankrupt whilst being a director of a company which went into liquidation? Yes No

If Yes, to any of the above, please provide full details:

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Please detail any dealings the proposer has had in the last five years with the Health & Safety Executive, Environmental Health Officer or any other enforcement agency or if you have been the subject of any enforcement measures, prohibition notices or criminal proceedings:

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I / We declare that the statements and particulars in this proposal form are true and no material facts have been omitted.

I / We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

I / We understand that this proposal, together with any other information supplied, shall form the basis of the contract of insurance.

SIGNATURE:

NAME:

POSITION:

DATE:

Data Protection Act

We may store your information and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention. We will only disclose your personal details to third parties if it is necessary for the performance of your contract with us. In order to assess the terms of the insurance contract or administer claims that may arise, we will need to collect data that the Data Protection Act defines as sensitive, such as medical history or criminal convictions. By proceeding with this contract you consent to such information being processed by Insurers or their agents. We will keep your information secure at all times. In certain circumstances, for instance for systems administration purposes, we may transfer your information outside the European Economic Area (EEA). By proceeding with this insurance application you consent to us to transfer your information to a country outside the EEA if so required.

Should you wish to receive a copy of the information we hold about you, please contact:

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ADDITIONAL INFORMATION:

Lined writing area with horizontal dashed lines for text input.





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