

COMMERCIAL PROPERTY OWNERS INSURANCE
PROPOSAL FORM

Please complete all details in **BLOCK LETTERS** and **BLACK INK**. Where applicable indicate **Yes** or **No** by ticking the appropriate box. **If You tick any of the shaded boxes (with a red 'Yes' or red 'No'), please provide full details as requested. Continue on the Additional Information page if required.**

The *Policy* is a legal contract but designed to be as easy to understand as possible. This *Proposal, Your Policy, Your Schedule* (including any *Schedule* issued in addition or substitution) and any *Endorsements* shall be considered as one legal document. Wherever a word appears in italics, *You* will find a full definition under General Definitions of the *Policy* or in Section Definitions as appropriate. *We* strongly recommend that *You* read the *Policy* (to include the *Schedule* and any *Endorsements*) to ensure that *You* understand it and that it accords with *Your* wishes.

IMPORTANT NOTICE

Failure to disclose material facts or circumstances could result in *Your* policy being invalidated. Material facts and circumstances are those which the Underwriter may wish to know in deciding whether to underwrite the risk and/or the terms upon which to underwrite the risk. They may be relevant either to the physical risk or to the personal background and characteristics (including financial) of *You* and/or any director, partner, officer and/or principal of *Your Business*. It is important that *Your Business* should have a system in place to ensure that all material facts and circumstances are disclosed. Should *You* be in any doubt as to whether information is accurate or material, *You* should discuss it with *Your Agent*. If in doubt, *You* should disclose it. *We* are anxious to work in partnership with *You* to avoid any misunderstandings.

Proposer's Full Name(s):		
Trading as:		
<i>Business/Trade</i> Description:		
Employers Reference Number (ERN):		
Registered Address:		
Postcode:		
Telephone Number:		
Date from which insurance required:		(No cover is in force until written confirmation has been issued by <i>Underwriters</i> .)
Address of <i>Premises</i> to be insured:		
Postcode:		
Telephone Number:		
If <i>You</i> are registered for VAT any claim for loss or damage to property will be paid exclusive of VAT and <i>You</i> are advised to arrange your <i>Sums Insured</i> accordingly. Allowance should be made to include an amount for VAT in the <i>Sum Insured</i> if you are not registered.		
VAT Status/Registration No		

About *You*:

1. How long have <i>You</i> been in business?	
2. Have <i>You</i> ever traded in another name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	
3. Are <i>You</i> now or have <i>You</i> previously been insured for the insurance cover <i>You</i> now require?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	
4. Have any Insurers ever: (a) declined <i>Your</i> proposal?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(b) refused to renew or cancelled <i>Your Policy</i> ? (c) imposed special conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of the above, please give details:	

5. Have <i>You</i> or any director, partner, officers or principal of the proposer been the subject of a County Court Judgement, bankruptcy order or an individual voluntary arrangement with creditors or been a director, partner or principal officer of any company which has been the subject of Liquidation, Receivership, Examinership, or Winding Up or Administration Order, or Administrative Receivership, or which became insolvent during that time?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

6. Have <i>You</i> or any director, partner, officer or principal of the proposer been the subject of an investigation by any taxation authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

7. Have <i>You</i> or any director, partner, officer or principal of the proposer been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

8. Have <i>You</i> or any director, partner, officer or principal of the proposer ever been:- (a) investigated or prosecuted for any breach of the Factories Act, Health and Safety at Work Act, Control of Substances Hazardous to Health Regulations, Health and Safety Executive regulations or current legislation applicable to <i>Your Business</i> or trade? (b) served with a Prohibition Notice under the Health and Safety at Work Act?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

9. Have <i>You</i> sustained any loss or damage during the last 5 years whether insured or not at these <i>Premises</i> or any other premises owned or occupied?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give full details including: (a) approximate date of each loss or damage (b) circumstances and amount thereof	

About Occupancy:

10. (a) Do you occupy any part of the <i>Premises</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

(b) Please confirm nature of occupation and/or use of the <i>Premises</i> . Please include a list of all Tenants:

(c) Please provide occupancy details of any adjoining buildings:
--

(d) Are any part of the <i>Premises Unoccupied</i> (when the <i>Premises</i> are closed for trade, untenanted or not resided at for a period in excess of 30 consecutive days?)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give describe which part(s) of the <i>Premises</i> are <i>Unoccupied</i> and complete the questions below:	
(i) How long have the <i>Premises</i> been unoccupied?	
(ii) How long is it anticipated that the <i>Premises</i> will remain unoccupied?	
(iii) Are the <i>Premises</i> to undergo any building works, refurbishment and/or redecoration, or demolition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide full details:	
(iv) What is the intended future use of the <i>Premises</i> ?	

(e) Is any part of the <i>Premises</i> used for Residential purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please confirm the type of tenant(s) who occupy the <i>Premises</i> : (tick all that apply)	

(i) Persons in full time employment, retired and not claiming benefits	<input type="checkbox"/>
(ii) Students	<input type="checkbox"/>
(iii) Department of Social Security or local authority referrals	<input type="checkbox"/>
(iv) Asylum Seekers	<input type="checkbox"/>
(v) Other (describe): _____	<input type="checkbox"/>

(f) Is burning of waste carried out at the premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	

(g) Is any recycling carried out at the Premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	

About Safety Regulations:

11. (a) Are the Premises compliant with gas safety regulations and do You maintain inspection records as required by law?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Are the Premises compliant with all safety regulations required to let the Premises to tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) (i) Has the whole of the electrical installation at the Premises been inspected every 5 (five) years by a contractor approved by the National Inspection Council for Electrical Installation Contracting (NICEIC) or Electrical Contractors Association (ECA) or SELECT (in respect of Scotland) or Register of Electrical Contractors or Ireland (RECI) or any other accredited organisation approved for such inspections by the Electro-Technical Council of Ireland (ETCI)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) If Yes, has an electrical certificate been issued by the registered contractor within the last 5 (five) years and have all C1 or C2 defects been rectified by the registered contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No to any of the above (11. (a), (b), (c)(i) or (c)(ii)), please give full details:	

About Protections:

12. Do the Premises have the following levels of physical security that are in use?:	
(a) All external entry/exit doors are fitted with at least 5 (five) lever mortice deadlocks conforming to BS3621 or locking bars secured by 5 (five) lever close shackle padlocks	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) All windows and skylights which are accessible from the ground, adjoining roofs, porches, fire escapes or downpipes are either barred, grilled or fitted with key operated window locks.	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No to any of the above (12. (a) or (b)), please give full details:	
13. Are the whole Premises protected by a NSI or SSAIB approved intruder alarm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please answer the following questions:	
(a) Make and when installed	
(b) Method of signalling (tick if applicable):	
<ul style="list-style-type: none"> • Audible / Bells only <input type="checkbox"/> • Digital Communicator <input type="checkbox"/> • RedCARE ("RedCARE Classic" – telephone line signal) <input type="checkbox"/> • RedCARE GSM (RedCARE connection with GSM radio connection) <input type="checkbox"/> • RedCARE Secure (secure radio connection + back-up digital comm) <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> • RedCARE Secure Grade 4 (Internet Protocol/Broadband + GPRS radio back-up) <input type="checkbox"/> • DualCom GPRS and DualCom Fire 4 (radio connection + back-up telephone connection) Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> • Other <input type="checkbox"/> 	
If other, please provide details:	
(c) The grade of the alarm system	
(d) Does the signal go through to a NSI or SSAIB approved alarm receiving centre?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Do You receive Level 1 Police Response for the Premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Whether under Your sole control	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please give details:	
(g) Does the Intruder Alarm cover the entire Premises to be insured, including all Buildings and the perimeter?	

	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No , please give details:	
(h) Is the Intruder Alarm annually maintained under contract with a security company accredited by the SSAIB or NSI?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, by whom: If No , please give details:	
(i) Please provide a full copy of the Intruder Alarm Specification.	
14. Are there any other protections not included above?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	
15. Is there a Fire Alarm installed and operational?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please answer the following questions:	
(a) Make and when installed	
(b) Method of signalling	
(c) The grade of the alarm system	
(d) Whether under <i>Your</i> sole control	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No , please give details:	
(e) Does the Fire Alarm cover the entire <i>Premises</i> to be insured	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No , please give details:	
(f) Is the Fire Alarm annually maintained under contract?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, by whom: If No , please give details:	
(g) Please provide a full copy of Fire Alarm Specification.	
16. (a) Give details of any installed and operational fire protections (including, but not limited to, extinguishers, hoses, sprinklers, etc.):	

About the Building(s):

17. Please give the following details of the <i>Building(s)</i> :	
(a) Year built	
(b) Have any part of the <i>Buildings</i> been structurally altered or extended?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	
(c) Is the Building a heritage protected building (including but not limited to Grade I, II* or II listed or in Scotland and Northern Ireland Grade A, B and C including sub-categories or in the Republic of Ireland a Protected Structure included within a planning authority's Record of Protected Structures)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes , please give full details:	
(d) Is the <i>Building</i> due to undergo any building works, refurbishment and/or redecoration, or demolition?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes , please give full details:	
(e) Number of storeys	
(f) Construction of external walls	
(g) Construction of roof	
(h) Method of heating	
(i) Are any of the <i>Buildings</i> timber-framed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(j) Are there any areas of flat roof on the Building(s)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes , please answer the following questions:	
(i) What is the flat roof made of?	
(ii) What percentage of the total roof area is flat?	
(iii) When was the flat roof last inspected by a competent contractor?	
(k) Construction of all floors and stairs	
(l) Is the <i>Building</i> wind and weather proof, in a good state of repair and maintained to keep it in a good condition?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No , please describe current condition:	
(m) Does the <i>Building</i> contain any composite panels?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If Yes , please give full details (including infill type):	

(n) Does the <i>Building</i> contain any basements or cellars? If Yes , please give full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(o) Have there been any cases of Flood at the <i>Premises</i> or within a 250 metre radius of the <i>Premises</i> ? If Yes , please give full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(p) Are there any rivers, streams, tidal waters or watercourses within a 250 metre radius of the <i>Premises</i> ? If Yes , please give full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(q) Have <i>You</i> been informed that the <i>Premises</i> are in a potential flood risk area? If Yes , please give full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(r) Is the heating system linked to a thermostat which automatically activates the heating system when the temperature falls below 6°C (six degrees Celcius)? If No , please give full details:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(s) Are all water tanks, apparatus or pipes within the <i>Premises</i> fully lagged? If No , please give full details:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
(t) Have <i>You</i> or do <i>You</i> intend to use, provide or store any type of portable heater(s) on the <i>Premises</i> ? If Yes , please give full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(u) Is there a mortgage or other charge against the <i>Property</i> to be insured which should be noted on the <i>Policy</i> ? If Yes , please provide name and address of interested party/parties and nature of their interest:	Yes <input type="checkbox"/> No <input type="checkbox"/>

SUBSIDENCE QUESTIONNAIRE

18. Is Subsidence, Ground Heave or Landslip cover requested? If Yes , please answer the following questions:	Yes <input type="checkbox"/> No <input type="checkbox"/>
(a) (i) Do the <i>Premises</i> (including <i>Outbuildings</i>) have any signs of <i>Damage</i> which may be attributable to subsidence, ground heave or landslip?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) Are any of the <i>Buildings</i> being monitored for subsidence, ground heave or landslip, or have they ever been monitored for subsidence, ground heave or landslip, or been the subject of subsidence, ground heave or landslip?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Have the <i>Premises</i> (including <i>Outbuildings</i>):	
(i) ever been the subject of a survey which mentions settlement or movement of <i>Buildings</i> ? If Yes , please enclose a copy.	Yes <input type="checkbox"/> No <input type="checkbox"/>
(ii) ever been flooded as a result of broken or damaged underground drains, or are <i>You</i> aware of any extensive underground drainage problems within the last 10 (ten) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Are there any trees or shrubs (which are more than 10 (ten) feet tall) within 20 (twenty) feet of any <i>Building</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Has the structure of the <i>Premises</i> (including <i>Outbuildings</i>) been extended within the last 20 (twenty) years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Has any neighbouring property been subject to any occurrence of subsidence, ground heave or landslip?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Have the <i>Premises</i> (including <i>Outbuildings</i>) been subject to any river or coastal erosion?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of the above questions, please give full details below:	

Cover required:

Your Schedule will clearly state full details of the cover provided in respect of Your Policy.

Defined Perils applicable to Sections 1 and 2 will usually mean as follows but please be aware that cover may differ depending on *Your* individual circumstances. *You* are advised to refer to *Your Agent* or *Your Schedule* for details of the cover agreed.
Your Schedule will clearly state full details of the cover provided in respect of Your Policy.

Defined Peril (Unoccupied Premises):
fire, lightning, explosion and aircraft

Defined Peril (Occupied Premises):

fire, lightning, explosion, aircraft, or other aerial devices or articles dropped there from, riot, civil commotion, strikers, locked out workers, persons taking part in labour disturbances, malicious persons, theft, earthquake, storm, flood, overflowing or leaking of any sprinkler apparatus, escape of water from any tank apparatus or pipe, impact by any road vehicle or animal, falling trees branches and falling aerials.

Are any of the following required?:

Accidental Damage (Endorsement CP1)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Subsidence Ground Heave and Landslip (Endorsement CP17)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Terrorism Extension (UK only)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Sums to be insured:

It is important that *You* should ensure the values given below are adequate, as under-insurance may reduce the amount of recovery in the event of a claim.

SECTION 1 – BUILDINGS

Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Buildings at the Premises to be Insured:</i> This should represent the full cost rebuilding the <i>Building(s)</i> to a condition equivalent to when new, including an allowance for the cost of <i>Debris Removal, Professional Fees</i> and any <i>Increased Cost of Construction</i> expenses that would be required in order to reinstate the <i>Property</i> were it to be completely destroyed.	£ / €
<i>Landlords Contents (at the Premises to be Insured):</i>	£ / €

SECTION 2 – RENTAL INCOME

Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Gross Rentals</i> (Sum of monthly rental income multiplied by monthly <i>Indemnity Period</i> required)	£ / €
Increase in Cost of Working	£ / €
<i>Indemnity Period</i> Required:	12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/>

SECTION 3 – PROPERTY OWNERS LIABILITY

Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit of Liability Required	£1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000 <input type="checkbox"/>
any one occurrence, unlimited during the <i>Period of Insurance</i>	€1,300,000 <input type="checkbox"/> €2,600,000 <input type="checkbox"/> €6,500,000 <input type="checkbox"/>

SECTION 4 – EMPLOYERS' LIABILITY

Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Limit of Indemnity £10,000,000 or €13,000,000 (in respect of property owners risk only) Any one occurrence or series of occurrences arising out of any one event (Inner limits apply)	
Annual Wageroll (Clerical / General Maintenance, Repair and Security Wages / Caretaker, Internal Cleaners and Gardeners)	£ / €

Contessa Limited Privacy and Data Protection Statement available upon request. Please refer to *Your Agent*.

Declaration

I/We declare that:

- if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I/we also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- the information given in this form is correct and complete in every detail
- I/we have disclosed all facts and circumstances which would be material to Contessa Limited's assessment of the risk, whether or not those facts and circumstances were the subject of a specific question in this proposal form, and have conducted a reasonable search of the information available to me/us in order to reveal those facts and circumstances. If there are any material facts or circumstances not specifically covered by a question on this proposal form, I/we have listed them on the Additional Information page overleaf
- I/we accept that if I/we have not disclosed all material facts and circumstances then Contessa Limited may have grounds to avoid the policy from inception or renewal. Alternatively if Contessa Limited would have imposed additional or different terms and conditions to the policy (whether or not those terms and conditions would have been acceptable to me/us) but for my/our failure to disclose all material facts and circumstances I/we accept that Contessa Limited may treat the policy as if it had contained those terms and conditions from inception. In addition, if Contessa Limited would have charged a higher premium but for my/our failure to disclose all material facts and circumstances, I/we accept that the value of my/our claim may be reduced proportionately in accordance with the formula set out in Schedule 1, paragraph 6 of the Insurance Act 2015 or (if this proposal form relates to variation to an existing policy) the formula set out in Schedule 1, paragraph 11 of the Insurance Act 2015
- I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon
- I/we consent to the information given in this form, any information the Company may obtain from Fraud prevention

agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement above

g. I/we consent for my appointed *Agent* or Agency to discuss my personal information with Contessa Limited on my/our behalf.

h. The person signing this Proposal Form is duly authorised to do so on behalf of the Proposer

Name:

Position:

Signature:

Date:

Additional Information

Please use this space to provide any additional information:

(Continue on additional sheets if necessary, ensuring each sheet is initialled and dated)