



COMMERCIAL COMBINED 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.**

For the purpose of this document, "*Premises*" shall mean "the location(s) used by *You* for the purposes of the *Business*".

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 keen to work in partnership with *You* to avoid any misunderstandings.

Proposers Full Name(s):		
Trading as:		
Business/Trade 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 Underwriters.)
Address of <i>Premises</i> to be insured if different from Registered Address:		
Postcode:		
Telephone Number:		
If <i>You</i> are registered for VAT any claim for loss or <i>Damage</i> 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 <i>You</i> are not registered.		
VAT Status/Registration No		

About You:

1. How long have <i>You</i> been in business?	
	At these <i>Premises</i> :
	Elsewhere:
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? If Yes , please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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</i> policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) imposed special conditions?	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? If Yes , please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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? If Yes , please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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? If Yes , please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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, Employment Law 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 or other health and safety regulations? If Yes , please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
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? If Yes , please give full details including: (a) approximate date of each loss or damage (b) circumstances and amount thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>

About Occupancy:

10. Occupancy (a) Please provide occupancy details of the adjoining buildings: (i)..... (ii)..... (b) Are your <i>Premises</i> left unoccupied consecutively for a period of 30 days or more? If Yes , please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Are <i>You</i> the sole occupier of <i>Your Premises</i> ? If No , please provide full details of other tenants and nature of use by other tenants:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

12. Is any burning of waste carried out at the <i>Premises</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

13. Is any recycling carried out at the <i>Premises</i> as a trade or business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

About Safety Regulations:

14. (a) Has the whole of the electrical installation at the <i>Premises</i> 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)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) 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, please give full details:	

About Protections:

15. Do the <i>Premises</i> have the following levels of security that are in use?: (a) Five lever mortice deadlock(s) on entry/exit door(s) (b) Window locks on all accessible windows	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
If No to any of the above, please give full details:	
16. Are the <i>Premises</i> occupied at night?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please confirm by whom:	
17. Give details and type of how each of the following are protected (including, but not limited to, shutters, grilles, types of locks, smoke screen/security fog) If any of the access points are not applicable to <i>Your Premises</i> , insert N/A ("Not Applicable") as appropriate.	
(a) Each outer door	
(b) Doors and other access points or <i>Your</i> part of the <i>Buildings</i> if <i>You</i> are NOT the sole occupier	
(c) Cellar flaps or other basement entries	
(d) Display or Show windows	
(e) All skylight, fanlights or roof openings	
18. Are the <i>Premises</i> 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 <i>You</i> receive Level 1 Police Response for the <i>Premises</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Whether under <i>Your</i> sole control	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No , please give details:	
(g) Does the Intruder Alarm cover the entire <i>Premises</i> to be insured, including all <i>Buildings</i> and the perimeter?	Yes <input type="checkbox"/> No <input 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 type="checkbox"/>

If Yes, by whom: If No, please give details:	
(i) Please provide a full copy of the Intruder Alarm Specification.	
19. Is any of the property to be insured protected by a safe, strong room, high security store or cage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details of such protection and nature of property contained therein:	
20. Are there any other protections not included above?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	
21. 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.	
22. (a) Give details of any installed and operational fire protections (including, but not limited to, extinguishers, hoses, sprinklers, etc.):	

About the Buildings:

23. Please give the following details of the <i>Buildings</i> :	
(a) Year built	
(b) Have any part of the <i>Buildings</i> been structurally altered or extended?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	
(c) Is the <i>Building</i> , or any part thereof, 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)	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	
(d) Number of storeys	
(e) Construction of external walls	
(f) Construction of roof	
(g) Method of heating	
(h) Are any of the <i>Buildings</i> timber-framed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Are there any areas of flat roof on the <i>Building(s)</i> ?	Yes <input 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?	
(j) Construction of all floors and stairs	
(k) 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:	
(l) Does the <i>Building</i> contain any composite panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give full details (including infill type):	
(m) Does the <i>Building</i> contain any basements or cellars?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details:	
(n) Have there been any cases of Flood at the <i>Premises</i> or within a 250 metre radius of the <i>Premises</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes , please give details:	
(o) Are there any rivers, streams or tidal waters or watercourses within a 250 metre radius of the <i>Premises</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	
(p) Have <i>You</i> been informed that the <i>Premises</i> are in a potential flood risk area?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give full details:	
(q) Is there any property stored in a basement or cellar?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give details:	

24. Do <i>You</i> have an up to date, written, formal Business Continuity Plan for <i>Your Business</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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25. (a) Is the heating system linked to a thermostat which automatically activates the heating system when the temperature falls below 6°C (six degrees Celcius)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No , please give full details:	
(b) Are all water tanks, apparatus or pipes within the <i>Premises</i> fully lagged?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If No , please give full details:	

26. 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> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please give full details:	

27. Is there a mortgage or other charge against the <i>Property</i> to be insured which should be noted on the <i>Policy</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide name and address of interested party/parties and nature of their interest:	

SUBSIDENCE QUESTIONNAIRE

28. Is Subsidence, Ground Heave or Landslip cover requested?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please answer the following questions:	
(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> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please enclose a copy.	
(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.

List of Perils applicable to Sections 1 and 2. Please indicate which Perils are required:	
1. Fire	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Lightning	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Explosion	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Aircraft	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Riot, Civil Commotion, Strikers, Locked-Out Workers, Persons Taking Part in Labour Disputes or Malicious Persons	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Earthquake	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Storm	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Flood	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Escape of Water from any Water Tank, Apparatus or Pipe	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Impact	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Theft or Attempted Theft	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Subsidence, Ground Heave or Landslip	Yes <input type="checkbox"/> No <input type="checkbox"/>
Optional Perils:	
13. Spontaneous Combustion	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Breakage or Collapse (of television aerials, satellite dishes, aerial fittings and masts excluding Damage to these items)	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Leakage of Fuel from any fixed oil heating installation	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Accidental Escape of Water from any Automatic Sprinkler Installation(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Accidental Physical Damage – only applicable to the following Property (please state):	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 – PROPERTY DAMAGE		
Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
A. <i>Buildings</i> at the <i>Premises</i> to be Insured (including <i>Debris Removal Costs, Professional Fees</i> and any <i>Increased in Cost of Construction</i> expenses):	£	
B. <i>Contents</i> of the <i>Buildings</i> at the <i>Premises</i> to be Insured:	- Machinery, plant, equipment	£
	- Computer Equipment	£
	- Furniture	£
	- <i>Tenant's Improvements, fixtures and fittings</i>	£
	- The contents of <i>Outbuildings</i>	£
	- The contents of open yards	£
C. <i>Stock</i> stored at the <i>Premises</i> to be Insured:	£	
D. Miscellaneous Items as detailed below:		
•	£	
•	£	
•	£	
Is Terrorism Extension required? (UK only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 2 – BUSINESS INTERRUPTION			
Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>Indemnity Period</i> Required			
Please delete as applicable:	12 Months	24 Months	36 Months
2A – Loss of Gross Profit			
Is Declaration-Linked Cover Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
State <i>Estimated Gross Profit</i> (Income less <i>Specified Working Expenses</i>)	£		
2B – Loss of Gross Revenue			
Is Declaration-Linked Cover Required?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
State <i>Estimated Gross Revenue</i>	£		
2C – Increase in Cost of Working			
State Estimated Increase in Cost of Working	£		
2D – Additional Increase in Cost of Working			
State Estimated Additional Increase in Cost of Working	£		
2E – Loss of Rent Receivable			
State Estimated Loss of <i>Rent Receivable</i>	£		

2F – Book Debts	
State Outstanding Debit Balance Sum Insured	£
In respect of A, B and C	
Is Suppliers or Customers Extensions required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES, please give details: Name of Supplier/Customer	
Limit Required (Automatically 10% of Sum Insured unless otherwise requested)	£

SECTION 3A – MONEY	
Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. Non-Negotiable Documents (standard Limit of)	£250,000
2. Money	
(a) in the <i>Premises</i> outside <i>Business Hours</i> not contained in a securely locked safe or strongroom	£
(b) in the private residence of the <i>Insured</i> or any authorised partner, director or employee	£
(c) in the <i>Premises</i> outside <i>Business Hours</i> contained in the undernoted locked safe or strongroom	£
(d) in the <i>Premises</i> during <i>Business Hours</i>	£
(e) whilst in transit	£
Please State Annual amount of money and negotiable documents in transit	£
Description of Safes and Strongrooms – Please ensure full details are given here or under Question 19:	

SECTION 3B – ASSAULT	
Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 4 – GOODS IN TRANSIT	
Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state MAKE and TYPE of Vehicle:	
Please provide details of protections (Alarms, Immobilisers, etc):	
Limit Required	£
Please State Estimated Total Annual Carryings	£

SECTION 5 – LOSS OF LICENCE	
Is cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Licensee:	
Has a licence ever been declined, refuted, suspended, forfeited or renewal refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details:	

SECTION 6 – ALL RISKS – SPECIFIED ITEMS	
Is Cover Required? Territorial Limits (UK, Channel Islands, Isle of Man)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Extension required to cover:	European Union Yes <input type="checkbox"/> No <input type="checkbox"/>
	Worldwide Yes <input type="checkbox"/> No <input type="checkbox"/>
Specify items and Sums Insured:	
•	£
•	£
•	£
•	£

SECTIONS 7 & 8 – EMPLOYERS, PUBLIC AND PRODUCTS LIABILITY	
1. Is cover required for Employers' Liability? (Limit £10,000,000 any one occurrence or series of occurrences arising out of any one event. Note inner limits also apply.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is cover required for Public Liability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, limit required: (any one occurrence, unlimited during the <i>Period of Insurance</i>)	£1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000 <input type="checkbox"/>
3. Is cover required for Products Liability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, limit required: (any one occurrence and in all, in the <i>Period of Insurance</i>)	£1,000,000 <input type="checkbox"/> £2,000,000 <input type="checkbox"/> £5,000,000 <input type="checkbox"/>
4. State Annual Turnover	£

5. State Turnover arising from overseas work	£
6. Any exports to USA / Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please answer the following:	
a) What is the percentage of exports to USA / Canada?	%
b) Please provide details:	
7. Total estimated annual wages, salaries and other earnings split between:	
- Clerical	£
- and All Others	
Specify:	£
	£
	£
8. Total number of principals and <i>Employees</i>	
9. State what machinery, if any, is used:	
10. Are any hazardous processed or substances used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , provide details:	
11. a) What work, if any, is performed away from <i>Your Premises</i> (excluding collection/delivery)?	
b) What percentage of wage roll relates to work away from <i>Your Premises</i> ?	%
12. Does any work involve use of heat?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please answer the following questions:	
a) What percentage of wage roll is made up of heat work away from <i>Your Premises</i> ?	%
b) Please provide details:	
13. Do <i>You</i> work at height?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please answer the following:	
a) What is the maximum height <i>You</i> may work at?	
b) Please provide details:	
14. Have <i>You</i> ever been investigated or prosecuted for any breach of the Factories Act or Health & Safety Executive or similar regulations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , provide details:	

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

Declaration

I/We declare that:

- a. 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
- b. the information given in this form is correct and complete in every detail
- c. 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 below
- d. 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
- e. 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 Contessa Limited for the Insurance now proposed and I will pay the *Premiums* thereon
- f. I/we consent to the information given in this form, any information Contessa Limited 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 as attached
- 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

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