

COMMERCIAL PROPOSAL FORM

Please note that in completing this Proposal Form you must disclose all material facts which may influence the acceptance or assessment of the risk. If you are in any doubt as to whether any facts are material, you should for your own protection disclose them, as failure to do so could invalidate the insurance.

1a) Full name, including trading name		
1b) Full risk address (inc. postcode)		
1c) Full postal address (inc. postcode)		
1d) Period of Insurance	From:	То:
2a) Occupation and/or use of the property		
2b) How many years have you traded from the property?		
2c) How many years have you been in this trade?		
2d) Is the property in your sole occupation and entirely self contained?	Yes/No	
If no , please provide details		
2e) Is the property normally occupied by you overnight?	Yes/No	
2f) Is any part of the property used for residential purposes?	Yes/No	
If yes , please advise the type of tenant (Pofessional/Student/Asylum Seeker/DSS)		
2g) If there is a bank interest, please provide the name and address		
3a) Is the property built of brick, stone or concrete and roofed with slate, tiles or concrete?	Yes/No	
If no , please provide details		
3b) Please advise percentage of total roof area that is flat and covered with felt	%	
4) Is the property in good state of repair?	Yes/No	
If no , please provide details		

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5) Approximate age of property	
6) Is the property listed?	Yes/No
of is the property listed:	163/110
If yes , please provide details including grade	
ii yes, piease provide details ilicidaling grade	
7a) Is the property undergoing any	Yes/No
	res/NO
renovations or are any planned?	
Maria alama anasida databa	
If yes , please provide details	
7h) Has any relevant planning payminsing	Vas/Na
7b) Has any relevant planning permission been obtained?	Yes/No
been obtained?	
7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
7c) What is the intended future use	
0.111 11 11 11 11 11	V /N
8a) Has the property been flooded?	Yes/No
Ob) Have very be at 1 feet and	V/N-
8b) Have you been informed that the	Yes/No
property is a potential flood area?	
If yes , please provide details.	
8c) Is the property within ¼ of a mile from	Yes/No
any river, watercourse or sea.	
If yes to any, please provide details	
9) Has the property or any adjacent	Yes/No
property suffered damage or shown signs of	
subsidence or heave or displayed any visible	
signs of cracking?	
If yes , please provide details	
10a) Is the property heated solely by	Yes/No
electricity or mains gas? If no, please	
provide details	
·	Yes/No
10b) If your business involves cooking, do	
you have a deep fat fryer?	
,	
11) Details of any fire alarm on the property	
, , , , , , , , , , , , , , , , , , , ,	
12a) Details of any intruder alarm at the	
property including method of signalling (e.g.	
Redcare etc)	
12b) Has the system been installed by a	Yes/No
NACOSS/SSAIB approved installer	
12c) Is the system subject to a regular	Yes/No
maintenance contract?	
12d) Are all external doors fitted with 5	Yes/No
lever mortice deadlocks conforming to	163/NO
BS3621 or locking bars secured by close	
shackle padlocks?	
Silackie paulocks:	

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If no , please provide details				
12e) Is the property secured by roller shutters or grilles, secured by 5 lever close shackle padlocks?		Yes/No		
If no , please provide details	If no , please provide details			
12f) Are all windows and skylights that are accessible from the ground, fitted with key operated locks or barred or fixed permanently shut?		Yes/No		
If no , please provide details				
12g) Is there a safe on the prop	perty?			
If yes , please provide details in rating	If yes , please provide details including cash rating			
12h) Is there any additional security or fire measure at the property such as a Sprinkler Installation or CCTV?		Yes/No		
If yes , please provide details				
Buildings			Contents	
Is accidental damage cover required?	Yes/No		Is accidental damage cover required?	Yes/No
Is subsidence cover required? If yes, please complete separate Subsidence Questionnaire	Yes/No			
	Sum Insured £	<u> </u>	Notes	
Buildings	Ja mourcu I	-		
Shop Front			£2,500 given as standard (Or as shown on schedule	
Tenants Improvements			or quotation)	
General Contents				
Fixtures & Fittings				
Machinery Equipment				
Stock				
Wine/Spirits/Tobacco				
Computers				
Business All Risks – Specify any item of business equipment used away from the premises:			Is this property used outside the United Kingdom? If yes, please advise territories	Yes/No

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Personal Items – Please provide a sum insured for any personal property in any self contained portion of the building Loss of Gross Profit Is an indemnity period of	Yes/No		£100,000 given as standard (Or as shown on schedule		
more than 12 months required? If yes, please advise period			or quotation)		
Money in safe or on the premises during business hours			£1,500 given as standard (or as shown on schedule)		
Money in safe outside business hours			£1,500 given as standard (or as shown on schedule)		
Goods in Transit			£1,500 given as standard		
Deterioration of Stock			£1,500 given as standard (or as shown on schedule)		
Book Debts			(or as shown on schedule)		
Loss of Licence				Voc/No	
Loss of Rent				Yes/No	
			Is an indemnity period of more than 12 months required? If yes, please advise period		
	Limit of inder				
Public/Products Liability	£1,000,000 £2,000,000	Yes/No Yes/No	Employers Liability If cover required Questions on page 6 must	£10,000,000	Yes/No
	£5,000,000	Yes/No	be completed		
	Wages £				
Non Manual					
Premises Manual					
Wood Working Machinists					
Manual Work Away – Including Heat					
Manual Work Away – Excluding Heat					
Payments to Labour Only Contractors					
Payments to Bona Fide Contractors					

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		%				Turnover £
Are goods, products or		EU	%	Exclu	ding USA/Canada	
components sourced from						
outside the EU? If yes,	Elsewhere - Describe			Includ	ling USA/Canada	
please advise percentage	ة		%			
split			%			
			%			
13) Details of previous in		_				
policy number and renev	val da	ite				
					T .	
14) Has the proposer,	-	ad any insurer o		osal,	Yes/No	
or any partner or		efused to renew				
director:		ninate cover or		ased		
		mium or impose	special			
		ditions?				
	IT YE	es, please provid	le details			
	h) D	een convicted o	fa criminal of	fonco	Yes/No	
	-	eceived a police			163/110	
		otoring offence		uuiiig		
		es, please advise				
	, .	o, prease auvise	actans			
	c) B	een prosecuted	under the He	alth &	Yes/No	
	-	ety at Work Act?				
	If ye	es, please provid	le details			
		een declared ba			Yes/No	
	or had a County Court Judgement			t		
	registered against them?					
	If yes , please advise details					
			61 : /1			
51		1 11 1	Claims / Loss			
Please give details of all I	osses	, whether insure	ed of not of al	ny Clain	ns made against the pi	oposer
Date of occurrence	Rrie	f details of incide	lent			Cost/Any amount
Date of occurrence	Dire	i details of frier	aciit			outstanding
						outstanding
Additional Information						
Additional Information						

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Employer's Liability Regulatory Qu	estions	
Franks and Defender Noveles (FDI	\	
Employers' Reference Number (ERI	N)	
Companies House Reference		
Number (CHRN)		
Full legal Name of Insured		
Tuli legal Maine of moured		
Registered Address with Companie	s House	
·		
Trading Name (if different to legal i	name)	
	,	
Please list all Subsidiary Companies	that require cover	
		and one tours and that I/Ma have not rejected an
suppressed any material facts. (N.B	A material fact is one lik	posal are true and that I/We have not misstated or kely to influence the acceptance or assessment of this constitutes a material fact you should consult your Insurer
1	ire or misrepresentation	of any material fact on this application will entitle the
	of any material alteratio	n to these facts occurring before completion of the Contract
I/We understand that signing this p	ed, this proposal and the	ind we/us to complete this insurance but agree that should statements made herein shall form the basis of the
I/We hereby consent to any inform	ation you have about me	e/us being processed by you for the purpose of providing roviding such information to third parties.
Signed:	Date [.]	

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