

Property Owners Proposal Form

- When completing this Proposal Form, ALL sections of the form must be completed. You must disclose all material facts (i.e. information likely to influence the underwriters consideration of this application), if such facts are omitted this could result in the invalidation of this policy and claims subsequently refused.
- If sections of this form are not applicable to you, please state 'Not Applicable' or 'N/A' or 'None', where blank we shall treat it as not applicable
- Should you have any queries in completing the form, please do not hesitate to contact your broker.

Please complete in BLOCK CAPITALS and tick where indicated, use additional sheets if necessary

Part A – Your Business Details

a) Name of Applicant(s) (Please list all parties to be insured, the policy will be issued in the name or name(s) you state)

b) Trading Title

c) Category of Assureds' Business Sole Trader Limited Company / PLC Partnership

d) Date Established as Ltd Co/PLC

e) Employer PAYE Reference

f) Postal Address

<input type="text"/>	Postcode <input type="text"/>
----------------------	-------------------------------

g) Daytime Telephone

Mobile Telephone

h) Website

Email

i) Business Description

j) Cover Required From (DD/MM/YYYY)

Part B – Property Damage

Is this section required?

Yes No

(Please duplicate this page and complete for each additional location noting location number in box)

Location No

- a) Full address of premises to be insured Postcode
- b) Occupation of Property
- c) Age of Property No of storeys Good state of repair Yes No
 Detached Semi Detached Terraced Other
- d) Are the premises Standard Construction i.e. built of brick, stone / concrete & roof of slated tiles Yes No
 If "No" please give full information _____
- e) Is any part of the roof flat/felted/bitumen/asphalt? Yes No
 If "Yes" please give full information _____
- f) Are the premises in an area likely to flood or where flooding has occurred? Yes No
 If "Yes" please give full information _____
- g) Are the premises protected by an intruder alarm? Yes No
 If "Yes" Give Name of installer _____
- h) Method of signalling: Bells Only Digital Communicator Redcare
 If "Other" please give full information _____
- i) Is there a fire alarm or automatic fire detection system at the premises? Yes No
 If "Yes" Give method of Signalling _____
- j) Are the premises fitted with an automatic sprinkler system Yes No
 If "Yes" state the Edition & if Maintained _____
- k) **Standard Perils** Provided – Unless otherwise endorsed within the certificate / *Subsidence is subject to additional questionnaire
 1) Fire/Lightning 2) Explosion 3) Aircraft 4) Earthquake 5) Riot 6) Malicious Damage
 7) Storm / Flood 8) Escape of Water 9) Impact 10) Theft (by Violent &/or forcible Entry/Exit)
- l) **Additional Perils** 11) Accidental Damage 12) Subsidence* 13) Sprinkler Leakage Terrorism

m) Sums Insured

To be insured on Reinstatement basis, state "R" next to the sum insured below

Buildings including Outbuildings & Walls	GBP
Loss of Rent Receivable / Payable (Please delete as applicable) State Months ()	GBP
Landlords Contents	GBP
Glass	GBP

- n) Is there a Mortgage or any other charge on the Property which should be noted on the policy Yes No
 If "Yes" provide Name & Address Postcode
 Mortgage Reference Number _____

Part C - Property Owners Liability

Is this section required?

Yes No

- a) Indemnity limit provided (GBP 1,000,000, GBP 2,000,000, GBP 5,000,000) State Limit GBP _____

Part D – Accidents to Domestic Staff

Is this section required?

Yes No

a) Indemnity limit provided

GBP 5,000,000**Part E – General & Subsidence Questions**

a) Are you now or have you previously been insured in respect of any of the risks to which this application relates? Yes No

If "Yes" state name of Insurer & Policy No _____

b) In respect of the risks to be insured, whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms? Yes No

If "Yes" please provide details _____

Have you or Any Director, Partner Employee or Representative ever been;

a) Been convicted of (or charged with but not yet tried for) any offence other than a driving offence? Yes No

If "Yes" Provide details _____

b) Been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures? Yes No

If "Yes" Provide details _____

c) Had any County Court Judgments made against you in personal capacity, any organisation, company, business, or firm in which you have been involved as a trustee, Director, or partner or in a similar capacity? Yes No

If "Yes" Provide details _____

d) Are the premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave? Yes No

If "No" Provide details _____

e) Are the premises being monitored for or have they ever been monitored for or been the subject of an occurrence of Subsidence, Landslip, or Heave? Yes No

If "Yes" Provide details _____

f) Are there any trees or shrubs within 20 feet of your premises whether inside or outside your garden, which are more than 10 feet tall? Yes No

If "Yes" Provide details _____

g) Has the structure of your premises been extended within the last 25 years? Yes No

If "Yes" Provide details _____

h) Have the premises ever been the subject of a survey which mentions settlement or movement of Buildings? (if "Yes", please enclose a copy of this survey) Yes No

If "Yes" Provide details _____

i) Has any neighbouring property, after enquiry, been the subject of an occurrence of Subsidence, Landslip or Heave? Yes No

If "Yes" Provide details _____

j) Have the premises ever been flooded as a result of broken or damaged underground drains or are you aware of any extensive drainage problems within the last 5 years? Yes No

If "Yes" Provide details _____

Any Other General/Additional Information

Question No

--	--

Part F – Claims Declaration

Give details of all claims you and/or any Directors/Partners/Financially Associated Person(s) have made in the insured name or previous trading name, during the last 5 years, please use a separate sheet if necessary

Date of Loss DD/MM/YYYY	Details of Claims / Circumstances	Improvements made to prevent further losses	Amount Paid, Outstanding or Reserve

Part G – Declaration

To the best of my knowledge and belief the answers given, whether in my own hand or not, are true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance. (N.B. A material fact is one likely to influence assessment of this risk or the terms on which it is accepted by Underwriters.) If you are in any doubt as to whether a fact is material or not you must disclose it in the space on page 3.

Data Protection Act 1998

By signing this Proposal Form I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling which may necessitate your providing such information to third parties

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the Database'). This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants'):

Name	<input type="text"/>		
Signature	<input type="text"/>		
Position	<input type="text"/>	Date	<input type="text"/>

FOR OFFICE USE ONLY

Initials

Date



Registered in England 4452474. Authorised and Regulated by the Financial Conduct Authority, Firms Reference No 304286

Supplementary Pages	Property Pages	Part B	Number of pages	<input type="text"/>
	Additional Information	Part U	Number of Pages	<input type="text"/>

All Supplementary Pages must be signed and dated by the insured