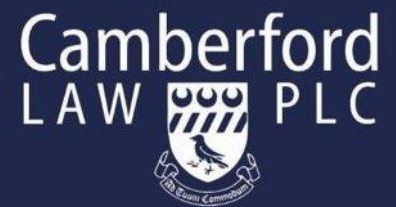


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INNOVATIVE INSURANCE

PROPOSAL FORM

Security Industry Insurance - Property

PROPOSAL FORM

Full name of Proposer (if not a Limited Company show full names of Principals/Partners and the Trading Name)

Full address including Postcode

Telephone Number and Person to Contact

Email Address

Full description of Business

Date Established

Additional Premises addresses to be insured (if required)

GENERAL QUESTIONS

- (1) (a) How long have you been in business at this address?
(b) elsewhere ?

Years

Years

- (2) (a) What is the approximate age of the buildings?
(b) How many storeys?

Years

- (3) (a) Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos?

YES/NO

If NO, please give details

.....
.....

(b) Are any of the premises Listed Buildings or is there more than 10% flat roof on the buildings?
If YES, please give details

.....
.....

(c) Please describe floor construction (ie concrete or timber)

.....

(4) Are the buildings

(a) occupied YES/NO

(b) in an area liable to flooding or unduly exposed to storm or malicious damage YES/NO

If YES to any of the above, please give details

.....
.....

(c) Do you require Subsidence cover? YES/NO

If Yes, please complete the following:

In respect of subsidence, ground heave or landslip:			
A	Has the property ever suffered damage from any of these causes?	Yes	No
B	Are there any signs of cracking or damage to the property, either internal or external, which may be attributable to these causes?	Yes	No
C	Has any remedial work or any monitoring been carried out in relation to actual or suspected damage from these causes?	Yes	No
D	Has any survey report been made referring to settlement, movement or structural defect or previous structural repairs? (Please supply a copy of any report)	Yes	No
If 'Yes' please provide details:			

(d) Do you require Terrorism Cover? YES/NO

(5) How are the buildings heated?

.....

(6) Are all external doors (and internal doors to your portion of the premises, (if in multi-occupation) fitted with 5 lever mortice deadlocks? YES/NO

If NO please give details of physical locking devices fitted

.....
.....

(7) Are all the opening windows to your premises fitted with key operated locks or protected bars or grilles? YES/NO

If NO please provide five details of other security fittings

.....
.....

(8) Please give details of fire extinguishing appliances and/or detection devices installed that are subject to periodic maintenance contracts

.....
.....

(9) Is the building in a good state of repair and will so be maintained? YES/NO

If NO please elaborate

(10) Are the premises protected by an Intruder Alarm System? YES/NO

If YES please give the following details

(a) Name of Installer

(b) Type of Alarm System and method of signalling

.....

(c) Is the System maintained under contract by the Installer? YES/NO

PLEASE ATTACH A COPY OF THE ALARM SPECIFICATION

(11) If you are a Tenant, are you responsible for the glass in the building and is cover required for this? YES/NO

If YES, please advise Sum Insured

COVER REQUIRED

Please tick and complete relevant sections

SECTION 1. PROPERTY DAMAGE

SECTION 2. BUSINESS INTERRUPTION

SECTION 3. BOOK DEBTS

SECTION 4. MONEY

SECTION 5. GOODS IN TRANSIT

SECTION 6. SPECIFIED ALL RISKS

SECTION 1

Property Damage

Items A to D are in respect of property to be insured at your own premises

	Cover Required	Sum Insured
A	Buildings including outbuildings and professional fees for reinstatement and debris removal	£
B	Machinery, Plant and all other Office Equipment, Furniture, Fixtures & Fittings and all other Contents including Computers, Audio, Television and Video Equipment, Tenants Improvements and Decorations belonging to you or for which you are responsible	£
C	Stock	£
D	Customers Goods	£

SECTION 2

Business Interruption

Basis of Cover Required	Sum Insured
Gross Profit	£
Gross Revenue	£
Increased Cost of Working	£
Loss of Rent Payable	£
Loss of Rent Receivable	£

Indemnity Period

12 months

24 months

36 months

SECTION 3

Book Debts

Sum Insured Required

£

SECTION 4

Money

Is money cover required?

Yes	No
-----	----

Standard Money limits are shown below, please advise if different limits are required:

Item	Description	Standard Limits of Liability	Alternative Limits of Liability	
A	"Money" in the form of crossed cheques, crossed postal orders, crossed bankers' drafts, Premium Savings Bonds, National Savings certificates, unused units in postage stamp franking machines, stamped or franked National Insurance cards and VAT purchase invoices	£250,000	£	
B	"Money" (other than as described in A above) whilst:			
	1	In transit by Insured or Insured's employees	£5,000	£
	2	In transit by a Security Company	Nil	£
	3	In transit by post	Nil	£
	4	In bank night safe	£5,000	£
	5	In the Insured's premises during Business Hours	£5,000	£
	6	In the Insured's premises outside Business Hours		
		(a) in a locked safe or strongroom as detailed below		
		(b) not in locked safe or strongroom	£250	£
	7	In the private residence of the Insured or an authorised	£500	£
	8	Elsewhere	Nil	£

DETAILS OF SAFES AND STRONGROOMS

Description	Limits of Liability
Unspecified Safe	£2,000
	£
	£

SECTION 5

Goods In Transit

- A The maximum number of vehicles
- B The maximum value of property in any one vehicle
- C Estimated annual carryings
- D Are the vehicles fitted with Alarms or any other immobilisation or security device?

£
£
YES/NO

If YES, please describe:

- E Are any vehicles left loaded and unattended

(i) Overnight

YES/NO

If YES, please state where e.g locked garage, secured yard, lorry park or in the open:

Do you require cover for goods in transit by rail, post or courier?

YES/NO

If YES please give maximum sum insured per journey and estimated annual carryings between rail, post or courier

SECTION 6

Specified All Risks

Please state below all other specified items to be insured anywhere in the UK :

Items	Sum Insured
Laptops and Mobile Phones	£
	£
	£
	£
	£

GENERAL QUESTIONS APPLICABLE TO ALL SECTIONS

1. Have you been previously insured or are you presently insured for any of the cover to which this Proposal relates at these premises or elsewhere? YES/NO

If YES, please give the following details:

(a) Name of Broker and/or Underwriters

(b) Renewal Date

(c) Target Premium £

2. In respect of any of the covers to which the Proposal relates and any business in which you or any of your partners or directs are or have been engaged:

(a) Has any insurer ever declined a proposal, refused renewal, terminated or imposed special terms? YES/NO

If YES, please give details

(b) Have any incidents, losses or claims arisen in the last 5 years whether insured or not? YES/NO

If YES, please give details:

Date of Occurrence	Brief details of each incident (whether a claim was made or not)	Cost of losses for which no claim was made	Cost of Claims	
			Paid	Outstanding

3. Have you or any of your directors or partners ever been convicted of or charged (but not yet tried) with any criminal offence or any breach of legislation relating to health and safety of employees or others? YES/NO

If YES, please give details:

DECLARATION

I/WE DECLARE THAT THE PROPOSED SUMS INSURED REPRESENT THE MAXIMUM AMOUNT AT RISK AND THAT THE PREMISES, PLANT, MACHINERY AND OTHER EQUIPMENT ARE KEPT AND WILL CONTINUE TO BE KEPT IN A GOOD STATE OF REPAIR. I/WE WARRANT THAT TO THE BEST OF MY/OUR BELIEF THAT ALL PARTICULARS AND ANSWERS GIVEN ON AND IN CONNECTION WITH THIS PROPOSAL FOR INSURANCE ARE TRUE AND COMPLETE IN EVERY RESPECT. I/WE AGREE THAT THIS APPLICATION AND ANY OTHER SUPPLEMENTARY INFORMATION PROVIDED BY ME/US OR ON MY/OUR BEHALF SHALL FORM THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.

SIGNED POSITION

DATE