



Property & casualty

Application form
United Kingdom

INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, officer, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Company: _____

Address: _____

Postcode: _____

Website: _____

1.2 Please state when your company was established:

1.3 Please state your income for the following years as set out below:

Territory	Last complete financial year	Estimate for current financial year	Estimate for next financial year
UK:	£	£	£
USA:	£	£	£
Rest of world:	£	£	£
Total:	£	£	£

1.4 Please state the number of employees:

1.5 Please state the wage rolls for the following:

- a) clerical:
- b) manual work:
- c) work away (including heat work):
- d) wood work:

e) LOSC:

1.6 Please state your Employer's Reference Number (ERN)/ Employer PAYE reference:

1.7 Please state:

a) the maximum height you will be working at:

 m

b) the minimum height you will be working at:

 m

c) whether you perform heat work away from your premises?:

 Yes No

1.8 Do you employ bona-fide sub-contractors (BFSC)?:

 Yes No

if yes, please state:

a) what approximate percentage of your income, in your current financial year, will be paid to the BFSC:

 %

b) whether you sign reciprocal hold harmless agreements?:

 Yes No

c) whether you ensure that BFSC have their own commercial general liability insurance?:

 Yes No

SECTION 2: ACTIVITIES

2.1 Please describe below the products and services supplied by your business:

2.2 Please provide an approximate breakdown of how your revenue is generated from your products and services:

2.3 Please state whether you own any premises in the US other than a sales office:

 Yes No

If yes, please provide full details:

SECTION 3: PRODUCT INFORMATION

3.1 Please complete the following in respect of your three largest projects in the past three years:

Name of client	Nature of work	Annual contract income	Duration

3.2 Do you import products from territories outside of the USA, Australia or Europe? Yes No
If 'yes', please state:

a) the territories from where you import these products and the percentage of sales income:

Territory	% generated from the sales of these imported goods
	%
	%
	%

b) whether you maintain full rights of recourse against your suppliers: Yes No

c) whether you ensure that your suppliers have their own products liability insurance: Yes No

If 'yes', what is the minimum limit of liability that your supplier must purchase?

3.3 Please state whether any of your products are incorporated into marine craft, aircraft, aerospace craft, nuclear devices, nuclear systems or automobiles: Yes No

If 'yes', please provide details:

3.4 Please state whether your products:

a) meet all applicable product safety standards in the territories where they are sold: Yes No
Please attach a sample copy of your product safety standard certificates.

b) are labelled with all applicable product safety warnings: Yes No

c) are supplied with clear instructions for their use: Yes No

3.5 Please state whether you have a written emergency product recall in place: Yes No
If 'yes', please provide a copy.

SECTION 4: PREMISES DETAILS

4.1 Please state:

- a) the purpose of the premises (e.g. office, warehouse, etc.):
 - b) when approximately the premises was:
 - i. built:
 - ii. last renovated:
 - c) whether the premises is self-contained with its own means of access: Yes No
 - d) how the premises is constructed:
 - Steel frame Brick/Concrete/Stone Steel sheet
 - Other:
 - e) when approximately the roof of the premises was last renovated:
 - f) how the roof is constructed:
 - Pitched tiled Slate Profile steel sheeting
 - Other:
 - g) the percentage of flat roof on the premises: %
 - h) how the floor is constructed:
 - Concrete Timber
 - Other:
 - d) whether composite panels are used in construction: Yes No
- If yes, please state:*
- the age of composite panels:
 - whether the panels are LPC approved: Yes No
 - the type of infill:

4.2 Please state whether the premises:

- a) is detached: Yes No

If 'no', please state what measures are in place to protect the premises from damage if there is a fire in a neighbouring property:

- b) is self-contained with a lockable entrance door: Yes No

If 'no', please provide details on alternative security:

- c) is protected by:

- Security grills Shutters Window bars

d) contains other external doors: Yes No

If yes, please state the type of locking system:

Key operated security bolt Panic bar locking system Other:

e) has lockable opening windows on all levels: Yes No

If yes, please state the type of locking system:

Key operated locking device: N/A (i.e. permanently sealed shut):

f) is protected by intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes No

If yes, please state the type of alarm:

Bells only Central station DigiCom RedCare

g) is protected by intruder alarm systems which are connected to all windows and doors and is subject to an annual maintenance contract: Yes No

h) is protected by exterior and interior cameras: Yes No

i) is overseen by 24 hour guards: Yes No

NOTE: we may refuse to pay a claim if all of the devices for the security of your premises including locks and the intruder alarm are not in full and effective operation whenever the premises are closed for business or otherwise left unattended.

j) is free from cracks or other sign of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes: Yes No

k) is in an area free from flooding and not near the vicinity of any rivers, streams or tidal waters: Yes No

l) is heated by one of the following methods: conventional electric, gas, oil or solid fuel heating: Yes No

m) has lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements: Yes No

n) has a back-up system for the electrical supply: Yes No

o) has any portable premises: Yes No

NOTE: assuming you have answered 'yes' to the questions l) and m) above, it is important to keep records of all the relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered 'no' to any of the above questions then give further details:

4.3 Are any of the premises listed? Yes No

If 'yes', please state the grade:

Grade I Grade II

4.4 If applicable, how is your stock stored at your premises?

4.5 Are flammable/hazardous kept in a specialist, flame proof cabinet in line with health and safety regulations? Yes No

If 'yes', please provide details:

4.6 If requesting a limit for Business Interruption, do you have a business continuity plan in place? Yes No

If 'yes', please provide details:

SECTION 5: INSURANCE REQUIREMENTS

5.1 Please provide details of your current insurance:

	Current insurer:	Limit:
Public/Products liability:	_____	_____
Employers' liability	_____	_____

5.2 Please provide details of the amounts to be insured for your premises:

NOTE: In respect of commercial property, the amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

	Declared value:	Amount insured:
Building:	_____	_____
Landlords fixtures & fittings:	_____	_____
Fixed computers:	_____	_____
Other office contents:	_____	_____
Stock	_____	_____
Portable computers:	_____	_____
Other portable equipment:	_____	_____
Gross revenue/ Gross profit:	_____	_____
Increased cost of working	_____	_____
Additional increased cost of working:	_____	_____
Indemnity period	_____	_____ months

5.3 When would you like your insurance to start?

DD / MM / YY

SECTION 6: CLAIMS EXPERIENCE AND INSURANCE HISTORY

AFTER FULL ENQUIRY:

- a) are you aware of any circumstances which may give rise to a claim under this policy, or
- b) has any principal, partner, director or officer of the companies to be insured, or the companies themselves, been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body, or
- c) are you aware of any loss or damage, whether insured or not, that has occurred to any of the companies to be insured within the last 5 years?

With reference to questions a), b) and c) above:

Yes

No

If the answer to the above is 'yes' then please attach full details including an explanation of the background of events, the maximum amount involved or claimed, the status of the claims or circumstances and any reserves or payments made by you or by insurers, and the dates of all developments and payments.

SECTION 7: DECLARATIONS

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the Policy may be avoided without any return of premium, the terms and conditions may change, a higher premium may become payable or we may reduce the amount of any claim payment.

Signed: _____ Full name: _____

Position held: _____ Date: DD / MM / YY

ADDITIONAL INFORMATION: