



**NEW INDIA  
ASSURANCE**



**DLK CAMERA CENTRE**  
Camera & Optical Sales  
Repairs ♦ Photo Development



**PROPOSAL FORM**

**SHOPS &  
RESTAURANTS**



# Shops and Restaurants Proposal

**Important Notice:** On this proposal you must disclose every material circumstance which you know or ought to know. If you are in any doubt as to whether the circumstance is material, you should for your own protection, disclose it as a failure to do so could invalidate the insurance.

You should keep a record of all information (including copies of letters) supplied to the insurer for the purpose of entering into this Contract. A copy of your Proposal will be supplied to you on request within three months of its completion. The policy wording is available on our website or can be obtained from your insurance broker or our Ipswich Branch Office.

The insurance does not come into force until your proposal has been accepted by New India.

1. Full name of Proposer

Trading name of Proposer

ERN (Please insert HMRC Employer Reference Number or state if Exempt. The ERN can be found on many documents including the P45, P60 and P11/D. The format is usually NNN/LLNNNNN or NNN/LNNNNN where N is a number and L is a letter).

Do you have any subsidiary companies?  YES  NO

If 'YES', please provide a list of subsidiary companies covered by this policy including any ERN not stated above:

2. Postal Address

Postcode Telephone No.

3. Full description of business

4. Year in which established

5. Premises to which this proposal relates (if other than above)

Postcode

6. (a) Are you the sole occupant(s) of the building in which your Premises are situated?  YES  NO

(b) Are your Premises entirely self-contained with their own means of access?  YES  NO

If 'NO' to (a) or (b) above, please give details:

7. Please provide the total turnover of this and all businesses conducted in the name of the Proposer

## ASSESSING YOUR SUMS INSURED

### Contents – (Section 1 only)

Claims for contents (other than stock, goods in trust, employees' effects and pedal cycles) damaged beyond repair will be settled on the basis of reinstatement as new with no deduction for wear and tear. **Be sure to select Sums Insured which represent the full cost of replacement at today's prices, including VAT as appropriate.**

### Average

If the Sums Insured by Sections 1, 3, 7, 8 and 11 do not represent the full cost of replacement of property, any claims settlement will be proportionately reduced.

### Section 1 – Contents

1. Please state your Sums Insured for each of the following:

	Sum Insured
(a) (i) Cigarettes and tobacco	<input type="text"/>
(ii) Wines and spirits	<input type="text"/>
(b) Other stock and goods in trust (including frozen food)	<input type="text"/>
(c) Building owner's fixtures and fittings and interior decorations for which you are responsible	<input type="text"/>
(d) Your improvements to the building and interior decorations	<input type="text"/>
(e) All Other Trade Contents (including employees' personal effects)	<input type="text"/>
Total Sum Insured – Section 1	<input type="text"/>

2. Is Accidental Damage cover required on all your contents?  YES  NO

3. Is Accidental Damage cover required on any items of Business Machines included in 1 (d) above?  YES  NO

If 'YES', please complete Section 10:

4. Is Theft cover required for contents in outbuildings without a communicating passageway?  YES  NO

If 'YES', please indicate nature of contents:

Nature	Sum Insured
<input type="text"/>	<input type="text"/>

5. Do you wish to vary the months or amounts of the seasonal increase? YES NO

If 'YES', please delete the standard terms shown below and enter your requirements:

(a)	NOV/DEC	25%	(b)	30 Days Prior to Easter	25%

**Section 2 – Glass** – Cover is automatically provided.

**Section 3 – Loss of Income** – Cover is automatically provided, for up to £600,000

- If you require a higher limit please specify the amount required £
- Please state indemnity period required if other than 24 months
- Do you keep your computer records in a fire resisting safe/cabinet, back them up daily and keep a copy away from the premises? YES NO

**Section 4 – Money**

1. Do you wish to vary the standard limits in respect of either of the undermentioned limits? YES NO

If 'YES', please state your requirements:

(a) Loss of money from locked safe(s) when the Premises are closed for business £1,000 £

If you require more than £1,000, please give details of your safe(s)

Make	Model

(b) Loss of money in transit, on the Premises during business hours or in a bank night safe £2,000 £

Note: The limit requested in 1(b) must not be less than the amount required under 1(a).

2. Do you currently operate a Building Society Agency? YES NO

If 'YES', indicate Estimated Annual Carrying £

3. Do you have an ATM machine in or on your premises? YES NO

**Section 5 – Assault** – Cover is automatically provided.

**Section 6 – Liability to Others**

1. Do you, or any partner, director or employee carry out work away from the Premises? YES NO

If 'YES',

(a) please give details:

(b) Estimate the number of occasions each year and turnover

2. Do you employ staff? YES NO

If 'YES', please advise the schedule of earnings

(a) Managerial employees who do not engage in manual labour and clerical staff Numbers Estimated earnings

(b) Door staff:

(i) Own employees

(ii) Agency vetted and approved

(c) All other employees (including working directors and persons engaged in Government work experience schemes) at the premises

(d) All other employees working away from the premises

3. Please provide an estimate of annual turnover of the business set out in this proposal £

4. Do you provide, or intend to provide entertainment? YES NO

If 'YES', please complete the following:

(i) type of entertainment provided? (e.g. discotheque, dancing, cabaret, etc)

(ii) number of events per week?

(iii) maximum attendance permitted?

(iv) what hours do you intend to keep for the entertainment?

(v) is a separate charge made/to be made for the entertainment? YES NO

(vi) where does the entertainment take place?

5. Do you have a designated dance floor within the premises? YES NO

If 'YES', please answer the following:-

(i) Please give size of the dance floor

(ii) Do you allow drinks on the dance floor? YES NO

6. Please provide premises opening hours

**Section 7 – Buildings** – Optional section if required

1. Do you require cover for Buildings? YES NO

If 'YES', please complete the following:

(a) State the Sum Insured being the estimated cost of rebuilding including VAT where appropriate, together with an allowance for removal of debris, architects' and surveyors' fees and the extra cost of complying with building regulations following loss destruction or damage (usually 10% for each) £

(b) Do you require Accidental Damage cover on your Buildings? YES NO

(c) Do you require Subsidence cover on your Buildings? YES NO

If 'YES', please complete the following:

(i) Has the property or any adjacent property suffered damage from subsidence, heave or landslip? YES NO

(ii) Are there any visible signs of cracking, distortion, misalignment or settlement? YES NO

(iii) Is the property erected on made up ground or recently cleared woodland? YES NO

(iv) Has the property been extended? YES NO

(v) Is there any exposure of the property to;

- mines/underground workings? YES NO
- cliffs, embankments, railway cuttings, tunnels, quarries or other excavations? YES NO
- vibrations from major roads/railways? YES NO
- sloping site? YES NO
- large trees or dense vegetation within 15 metres? YES NO

If 'Yes' to answers (i) to (v) please give details

(d) Does any part of the building(s) have a flat roof? YES NO

If 'YES', please give full details of construction and percentage of roof area that is flat

**Section 8 – Deterioration of Stock** – Optional Section if required.

1. Do you require cover for Deterioration of Stock? YES NO

If 'YES', please complete the following:

(a) Total Number of Cabinets  (b) State Total Sum Insured required  £

2. Is any of the food contained in open topped units? YES NO

If 'YES', please state the Total Sum Insured required (if greater than £5,000 a separate proposal form may be required)  £

**Section 9 – Loss of Licence** – Optional Section if required.

1. Do you require cover for Loss of Licence? YES NO

If 'YES', please complete the following:

(a) Estimated Amount of Loss (please note maximum cover is £100,000)  £

(b) Within the last 5 years, has there been any opposition to the grant, renewal or transfer of the licence or any circumstances or incidents prejudicial to it or likely to prevent its renewal?

If 'YES', please give details: YES NO

2. Where Cover is required is the licence in the name of the Proposer? YES NO

If 'No', please give name of licensee and relationship to the Proposer

3. Is there an extension to your licence permitting the supply of liquor outside the standard hours for the district? YES NO

If 'YES' please complete the following:

(a) Number of days per week when the licence is extended

(b) The length of the extension

**Section 10 – Business Machines** – Optional Section if required.

If you have chosen Standard cover for your Contents but wish to insure Business Machines for a wider "All Risks" cover, you should insert the full current replacement cost as new of each Machine. The value of Machines covered under this Section does not then need to be included in your sum insured under Section 1 - Contents. "All Risks" cover for computer systems records and programs or production machinery is not available under this Section.

1. Do you require cover for Business Machines? YES NO

If 'YES', please list items below:

Item No.	Description of Property to be Insured	Sum Insured

**Section 11 – Goods in Transit** – Optional Section if required.

1. Do you require cover for Goods in Transit? YES NO

If 'YES', please complete the following:

(a) Sum Insured per Vehicle  £ (b) Number of Vehicles

(c) Is cover required for goods in vehicles unattended at night? YES NO

If 'YES', please give details of overnight security of vehicles:

(d) Do you have permanent garage Premises?

If 'YES', please state the full address

Please note that the Insurer automatically excludes theft from unattended vehicles. If you would like us to consider this cover, Please give full details of the goods carried

**Section 12 – Theft by Employees** – Optional Section if required.

1. Do you require cover for Theft by Employees? YES NO

If 'YES', are satisfactory written references always obtained direct from former employers covering an unbroken period of two years immediately preceding the engagement of all employees? YES NO

Limit of Indemnity is £10,000. Higher amounts are available but may necessitate a separate proposal.

**Section 13 – Legal Expenses** – Optional Section if required.

1. Do you require cover for Legal Expenses? YES NO

**Please answer these questions in respect of yourself, your partners, your directors and any member of your family directly connected with the business.**

(a) Has any dispute or litigation of the type to be insured occurred during the past three years? YES NO

If 'YES', please give details

(b) Have any statutory licences necessary to engage in your business been issued by a Governmental or Local Authority? (Legal Expenses licence disputes cover operates only in respect of the licences specified or advised to New India before a dispute begins). YES NO

If 'YES', please give details

**General**

**TO BE COMPLETED BY ALL PROPOSERS**

1. Are you currently insured or have previously held insurance against any of the risks proposed? YES NO

If 'YES', please state name of Insurer

2. From which date do you wish this insurance to commence?

**N.B. Cover is not operative until confirmed by the New India**

3. Are your premises situated within a street level CCTV area?  YES  NO

4. Do you have your own CCTV system?  YES  NO

5. Are any parts of the building at present unoccupied?  YES  NO

If 'YES', please refer to the Unoccupied Premises Condition and give details:

6. Are the premises and outbuildings:  
(a) constructed entirely of brick, stone or concrete and roofed with slates, tiles, metal or concrete and in good repair?  YES  NO

(b) occupied solely by you for the purposes of the business described on the front page?  YES  NO

If the answer to either (a) or (b) is 'NO', please give details:

7. Are all your existing doors of sound construction and fitted with good quality deadlocks which comply with BS3621 (look for the British Standard Kitemark)?  YES  NO

8. Are all opening windows fitted with key operated window locks in addition to the standard fastening?  YES  NO

9. Please refer to Minimum Security Requirements of the General Conditions and confirm that you are complying with these  YES  NO

If the answer to either 7, 8 or 9 is 'NO', please give details

10. (a) Do you have any form of intruder alarm fitted and in working order?  YES  NO

(b) If an alarm is fitted, is a maintenance contract in force with a member of the National Security Inspectorate?  YES  NO

(c) Please state the signalling system of the alarm

(i) Single Signalling Systems

- Local Audible Alarm only  Red ABC  
 Digital Communicator  BT RedCare  
 Direct Line to Central Station

(ii) Dual Signalling Systems

- DualCom  Smart  BT RedCare GSM

(iii) Other please give details

11. Are the premises protected by and secured by roller shutters?  YES  NO

If 'YES', please give details of the positioning of the roller shutters (i.e. front, front & rear, rear)

12. Are your premises within a precinct/enclosed shopping centre?  YES  NO

13. Has flooding ever occurred at the Premises including any outbuildings?  YES  NO

If 'YES', please give details:

14. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended and have any faults been rectified in accordance with the General Condition – Electrical Inspection?  YES  NO

15. Is the shop front protected by any anti ram-raid devices?  YES  NO

If so please give details:

16. Are any portable or temporary heaters used at the premises?  YES  NO

If 'YES', please state type of heaters (your attention is drawn to the General Condition – Portable Heaters in the Policy wording)

17. Do you have open fires at the premises?  YES  NO

18. Do you have a woodburner at the premises?  YES  NO

19. In the last five years have you or any director or partner (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for?  YES  NO

20. Has any insurer declined or required special terms to insure you or any director or partner (in this or any other name under which you may have been trading) cancelled or refused to renew any insurance of a type you are now applying for?  YES  NO

21. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, administration or receivership or been convicted of or received a police caution for or been charged with but not yet tried for arson, criminal deception, fraud, forgery, theft, robbery or handling or any crime of violence associated with these or with any other offence against property?  YES  NO

If the answer to any of the questions 19-21 is 'YES', please give details:

22. Do you require Terrorism cover?  YES  NO

If 'YES', does the proposer own business premises and/or other assets which don't form part of this Proposal?  YES  NO

If 'YES', are all the other properties and/or other assets insured for Terrorism Cover with a Pool Re member?  YES  NO

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief all the statements and particulars made with regard to this proposal are true and are a fair representation and I/we apply for a contract of insurance with New India to be expressed in the usual terms of the Insurer’s policy.

I/We have disclosed every material circumstance which I/we know or ought to know

A material circumstance is one likely to influence acceptance or assessment of this proposal by the Insurer

If you are in any doubt as to what constitutes a material circumstance you should consult New India Assurance Company Ltd

I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

**DATA PROTECTION**

The data supplied by you will only be used for the purposes of processing your policy of insurance including underwriting administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those which are mentioned herein. It is important that the data you have supplied is kept up to date. You should therefore notify the Insurer promptly of any changes. You are entitled to ask to inspect the personal data which is held about you. If you wish to make such an inspection you should contact the Insurer. The Insurer may respond to enquiries by the Police and regulatory bodies concerning your policy in the normal course of their investigations and where it is necessary to administer your policy effectively or to protect your interests. The Insurer may disclose the data you have supplied to other third parties such as professional firms employed by the Insurer, solicitors, loss adjusters, reinsurers and reinsurance brokers, repairers, replacement companies, risk surveyors, Employers Liability Tracing Office and other insurers. The data may also be shared with agents or databases for the purposes of preventing and detecting fraud.

For full details of our privacy policy please visit our website at <http://www.newindia.co.uk>.

Signature of Proposer:	Date:
<input type="text"/>	<input type="text"/>
Print Full Name:	Position of Signatory:
<input type="text"/>	<input type="text"/>



New India Assurance Company Ltd.  
 3rd Floor, Crown House  
 Crown Street, Ipswich  
 Suffolk IP1 3HS













**THE NEW INDIA ASSURANCE COMPANY LTD.**  
**3rd Floor, Crown House, Crown Street, Ipswich, Suffolk IP1 3HS**  
**Tel: 01473 233626 Fax: 01473 233625**