



Traders Commercial Combined Proposal Form



Thank you for choosing China Taiping Insurance (UK) Company Limited

You are in good hands.

We are committed to delivering an excellent and sincere customer service so we can give you the peace of mind you deserve.

China Taiping UK strictly adheres to the principals of prudent business underwriting and we transact business with the concept of 'Diligent Management and Sincere Service' in mind.

We have expert technical underwriters that fully understand your trade and your challenges as a business owner so we are confident that we can protect your business against the insured risks and give you the peace of mind you need.

We also have an excellent professionally trained in-house claims team who understand your needs and will diligently and sincerely listen to you so as to provide you with the best solutions to get your business back on track as soon as possible after a loss.

Your Duty of Fair Representation

Following the introduction of the Insurance Act (2015) which we fully embrace, you have the duty of fair representation which means that you have to disclose to us either every material fact that you know or ought to know by reasonable search both within your company or organisation, and externally or give us sufficient information so as to prompt our further enquiries on certain matters.

A material fact is defined as one that would influence the judgement of a prudent underwriter.

If in doubt, disclose the information to allow us to consider as appropriate.

Reasonable searches within and outside of your company or organisation include information held or suspected by your business senior management, anyone internal and external who contributes to the placement of your insurance including but not solely your insurance adviser, loss adjuster, any consultants etc. Material facts should be disclosed in a reasonably clear and accessible manner and you may want to keep records of members of your senior management and individuals responsible to arrange your insurance so that you can easily access this information and disclose their knowledge as appropriate.

In case of breach of duty of fair representation, the Insurance Act (2015) stipulated the following remedies:

- In case of a deliberate or reckless breach of duty by the policyholder: the insurer will be able to avoid the policy and keep any premiums;
- if the breach of duty is neither deliberate nor reckless but the insurer would not have entered into the contract has they known the facts: the insurer will be able to avoid the policy but must return all premiums;
- if the breach is neither deliberate nor reckless and the insurer would have entered into the contract albeit on different terms other than terms relating to premium: the insurer will treat the contract as if those different terms applied for example, any additional conditions or exclusions that would have been imposed;
- if the breach is neither deliberate nor reckless and the insurer would have entered into the contract albeit at a higher premium: the insurer will be able to reduce the claim payment on a proportionate basis as per the difference between the premium charged and the premium that the insurer would have charged had the material facts been disclosed.

Our stance to Insurance Act (2015) is available on our website and can also be provided on request.

Average applies to some of the Sections so it is important that the sums insured are correct and regularly review.

Section 1, 2, 8 - Contents, Glass, Buildings

1. Full Business Name including trading	g name and Subsidia	ries if 100% owned		
2. ERN number including that of Subsid	diaries	3. If Ltd. Comp	any, registratio	n number
4. Your postal address				
5. Full business description				
o. i un suomoco docomption				
6. Are any premises unoccupied?	7.1	f so which ones?		
8. How many years have you been in bu	usiness?			
9. Have you ever traded under a differe	nt name and if so ple	ase explain reason	for name chang	e?
10. Are you currently insured?				
11. If so please give details of current in	nsurer and policy nu	mber?		
12. When do you need cover to comme	nce?			
13. Do you need Terrorism cover for yo	our Premises?			
14. What do you want your Material Dar (please circle your preferred option)	mage excess to be?	£250 (standar £500 (discour £1,000 (discour £2,500 (discour	its available) its available)	

Premises to be insured

A.	Address of Premises 1 (for more than one premises pl	lease fill in the Appendix at the end)
B.	Business description at Premises 1	
C.	Buildings Sum Insured	
		ates and fences, roads, car parks, pavements, building management and creational features, landlords' fixtures and fittings, architects' and surveyors' amount if you are not registered or exempt.
D.	Contents and Machinery/ Plant Sum Insured	
E.	Glass Sum Insured	
	(leave blank if you don't require Glass cover)	
F.	Computer Equipment Sum Insured	
G.	Stock Sum Insured	
Н.	Wine/Spirits/ Tobacco Sum Insured Please specify per category	
ı.	Are you the sole occupier?	
J.	If no, please specify?	
	, p	
K.	What are the walls, floors, roof made of?	Walls: Floors & Stairs:
		Roof (specify if flat):
L.	Do you have a fire alarm and is it connected to a 24/7 alarm centre and does it have	
	Police Response Level 1?	
M.	Do you have a sprinkler and if so, is it	Maintained Yes/ No:
	maintained? What Edition (28th/ 29th etc.) & what is the water supply (mains, tank)?	Edition/ spec:
		Water Supply:
N.	Building age Please specify if the Building is listed and what Grade	
0.	Do vou require Subsidence cover?	

	P.	Does the Building show sign of Subsidence?	Yes/ No:	
			Any Subsidence claims in the last 5 years?	
	Q.	Are the Premises heated by central hot water/ gas	s/ electricity?	
	R.	Do you use portable heaters?		
	S.	Are your Premises in a good state of repair? Including but not limited to: without structural problems, no replacement, no damp, no waste material in the interior/ ext	dryrot, rot or infestation, not requiring timber/ window erior, no roof or chimney stack damage, no faulty wiring	
		or incomplete construction and no damage to floors/ roof/ w	valls/ exterior etc.	
	T.	Are your Premises in a flood risk area and/or	Yes/ No	
		susceptible to storm?	If yes, please explain:	
80	OUR	ity and Protections		
		ity and Protections		
1. 		your Premises protected by an Intruder Alarm Sy s' please give details of the signalling system:	stem?	
	Digi	tal Communicator Redcare Dualcom Re	edcareGSM DualcomPlus Dualcom GPRS	
		,	Please specifiy grade	
	Oth	er (please provide details):		
2.	ls t	he alarm maintained under contract with an appro	ved installer?	
3.	Doe	es it have Police response Level 1 (have you been	issued with a URN number?)	
4.	Do	you have a CCTV system in place?	Yes/ No	
			If yes, please give details of the signalling system	
5.	Are	all water pipes/ tanks protected against freezing l	py insulation/ lagging?	
	Υe	es/ No		
	lf i	not, please explain:		
S	ect	<u>ion 3 - Loss of Trading Profi</u>	<u>t</u>	
1.		you need cover on a Declaration Basis?		
	or re	If you require declaration linked sum insured, the sum insured and our maximum liability will be 133.3% of that amount. It premium for this Section will be adjusted accordingly.		
2.	Cov	ver required:		
	Inc	reased Cost of working only		
	Gro	oss Profit Indemnity Period: 12 months	24 months 36 months	

3.	Sum Insured			
		ths, the Sum Insured should be adjust	ed proportionately to reflect this.	
4.	Do you require Terrori	sm cover?		
5.	Do you require any op	tional covers?		
	AICOW	Sum Insured		
	Specified Suppliers	Limit:		
	Specified Customer	Limit:		
Se	/ Customer(s): NB: If more than one pleas	uired Specified Supplier(s) se list them all with their addresses 5 - Money and Per	sonal Assault	
1.	Estimated Annual Carr NB: this is money carried to	rying of money o and from your bank or post office		
2.	Money in transit to and	d from the bank/ in bank safe		
3.	At all premises in busi	iness hours		
4.	At all premises out of and not in a safe	business hours		
5.	At all premises in a loc business hours (our standard limit is £500 lif you ask us to.)			
	Please add safe details and	d cash limit per safe:		
	Make	Mod	el	Cash limit
6.		ody/ your employees out of bus but we can increase If you ask us to)	iness hours	
7.		professional cash carrying concept full responsibility for loss of all m		
Se	ection 6 - Liak	oility		
1.	What limit of indemnit	ty do you require?		

2. Do you/ your subcontractors carry out any of the following:

•	Work Away
	If so please advise on % of work away to overall wageroll and if applicable % of work away heat work within this amount
L	
•	Heat Work If so If so please advise tipe of work and % of work away to overall wageroll
	Do you use welding, flame-cutting, blowlamps etc. away from your premises?
•	Work at height
L	
•	Work abroad If so, please advise if permanently abroad or temporarily and nature of work
Г	
L	
٠	Building/ breaking/ repairing of ships, have a H&S written policy, accident book?
•	Any work at your premises on Foundries, railway sidings or berthing facilities for watercraft?
•	Trade processes which give rise to toxic/ dangerous waste
•	Any tunnelling/ sewers work
•	Process/ handle/ store asbestos materials, silica, gases, explosives, any type of acids?
•	Process/ handle/ store radioactive substances/ devices?
•	Process/ handle/ store any other materials giving rise to dust or fumes
•	Activities where noise levels exceed 85 Db?
•	Work on offshore installations?
•	Waste/ other materials burning?
•	Work on machinery/ equipment not guarded or maintained?
•	Implement a strict no smoking policy at the premises?
ease	advise your estimates wageroll for the next 12 months?
lerica	
eavv	manual (woodworking etc) Work Away
eat W	/ork Labour only sub-contractors

3.

	Sub-contractors away from your premises		All Others
	Have you ever had any Health and Safety Executive, sa prohibitions etc? If so please describe date, type, circumstances, remedial actions	ıfety or en	vironmental bodies fines/ warnings/ legal notices/
5.	Do you carry out any manual work outside the UK? If so please advise location(s) and relevant wageroll		
6.	Are all your machines/ boilers/ cranes/ lifting equipmer	nt regularl	y inspected?
7.	What is your total number of employees?		
	Do you have a written Health and Safety policy that is r records kept?	egularly ι	pdated and upon which employees are trained with
9.	Do you have an updated Accident Book and job trainin	g records	for employees?
10.	Do you have a strict Protective Personal Equipment po sign when receiving their PPEs?	licy which	n you enforce with all employees and do employees
11.	What is your estimated turnover for the next 12 months Please split per country where relevant	s?	

12.	what is your Turnover Split per:		
	Products manufactured by you		
	Products retailed by you		
	Products exported to USA/ Canada (please describe product)		
	Products exported to the EU		
	Durable state and an about of the world		
	Products exported to the rest of the world		
13.	Do you:		
	Give professional advice? Give any form of treatment?		
14.	Have you ever been sued/ prosecuted for any pollution p	problem?	
15.	Have you ever carried out any activities subject to an en	vironmental permit or licence?	
16.	What are your goods supplied/ sold/ installed/ tested/ de	livered/ erected/ altered?	
17.	Do you know if any of the goods are supplied indirectly to	to USA and/or Canada?	
18.	Do you issue any guarantees for the goods?		
19.	Have you signed any hold harmless agreements with any	y supplier?	
20.	Are you responsible for the goods design?		
21.	Are your manufacturers readily identifiable?		
22.	Where are your products manufactured?		
23.	Do the goods (including those not manufactured by you) directives?) comply with all relevant British S	tandards and/or EU
24.	Are your goods known or intended to be installed as a paramarine, space craft or offshore or nuclear installation?	art or a whole in any air,	
25.	Do you produce or distribute any supplies such as water	r. Gas, electricity?	
26.	Do you operate any ports or stadia or railway transporta	tion?	
27.	Do you organise events where the attendance exceeds 2	2,500 people?	
28.	Have you exported products to the USA/ Canada in the p	past?	
29.	Do you import any products or raw materials or compon If so, please describe material, country of origin and supplier's detail		

30.	What excess do you	require?	
Se	ection 7 - Go	oods in Transit	
1.	What are your good	s?	
2.	What is the estimate	ed annual value of goods in transit?	
3.	Do you need cover f	or your own vehicles?	
	If so, please describ	e:	
	Max n. of vehicles used		
	Max Sum Insured requir	ed per vehicle	
	Makes / types of your ve	hicles:	
	Make	Туре	
4.	Do all your vehicles	have immobilisers or alarms?	
5.		nce for goods in vehicles overnight?	
	If so, what is the security (garage, etc?)	y for these vehicles?	
6.	Do you want insurar	nce for any tools in the vehicles?	
	If so, what is the sum ins at any one time?	sured for tools in vehicles	
7.	Do you want to insu	re carryings by Road Hauliers, rail, post or air?	
	If so: What is the max value o		
	What is the max value on Do freight carriers operations.	f any one consignment? te under 1998 RHA General Conditions of Carriage?	
Se	ection 9 - Sp	ecified All Risks	
1.	Item(s) to be insured	d and Sum Insured per item	
	Item description:		Sum Insured:
	1. 2.		
	3. 4.		
	5. 6.		
	7. 8.		

2.	Extent of cover required:	3.	Excess required (please specify if different per item)
	Own Premises		£50
	Anywhere in UK		£100
	Europe		£250
	Worldwide		£500
			Other (please specify)
S	ection 10 - Deterioration of	Sto	ock
	Disease describe consent of the order in the consent	·	inner/eine/dennerendene/heine/deinenenenehen/000 % en d
1.	age of unit	tion t	times/ size/ temperature/ height/ air pressure bar/ CO2 % and O2% /
2.	What type of goods do you store?		
3.	When was the insulation last checked and/or re	eplac	ed?
4.	Is a temperature sensor alarm system installed If so, please advise full details of the alarm system and r	l on t	he refrigerated chambers?
	is so, piease advise full details of the alarm system and t	HOTHLO	ining metriod.
5.	Do you have alternate facilities if the plant was	to fa	nil?
	If so, please provide address and distance from your sit	uation	?
6.	How often do you record the stock temperature	e in t	he refrigerated chambers?
_			
7.	Do you have a Machinery Breakdown policy in If so, please provide insurer/ renewal date and policy number 1.		

0.	what retrigeration capacity is left when the cold storage rooms are full?	
9.	Please describe your supervision and maintenance regime?	
	3	
10.	Is operational standby generating equipment available at any time, which can produce the electrical capacity required when the cold-storage house is fully stocked?	
<u>Se</u>	ection 11 - Failure of Extraction Unit	
1.	Do you need this cover?	
2.	If so, what is the total Sum Insured?	
	Is there a regular maintenance contract in place maintenance and a service agreement with a competent engineer for the extractor unit?	
4.	Does the extractor unit have a manufacturer's guarantee or warranty in force?	
<u>Se</u>	ection 12 - Personal Accident	
1.	How many units do you require?	
2.	Are any persons to be insured more than 70 years of age?	
3.	Please describe any known pre-existing conditions for any of the persons to be insured	
4.	Has any application for personal accident, injury or illness insurance been declined or special terms ever imposed?	

Section 13 - Loss of License

1.	Please state category and type of license
2.	Date of issue of license?
3.	What is the issuing authority?
4.	What is the limit of indemnity you require?
5.	Have you ever had any warnings/ notices/ complaints on your license or premises? If so please describe:
6.	Do you abide by the licensing requirements and do you have an appropriate in house policy and a system of check in
	place that is reviewed regularly?
7.	Have you had or are you aware of past, pending, potential proceedings/ convictions of the holder of the Licence or manager tenant or occupier of the premises for any breach of the licensing law?
	MANDATORY GENERAL QUESTIONS
1.	Have you ever been insured for any of the Sections in this proposal?
	If so please advise details of insurer and policy number
2.	Have you / your directors/ partners or any person responsible for managing your business:
	ever been convicted of or charged with any criminal offence?
	ever been disqualified under the Company Directors Disqualification Act 1986 or any subsequent legislation from holding office as a director of a company?
	ever been prosecuted for a breach of any statute relating to health or safety of employees or others?
	ever been a director or partner of a company that went into liquidation, administration, receivership, administrative receivership, or entered into a company voluntary// compulsory arrangement, or a creditors scheme of arrangement or was dissolved?
	ever been declared bankrupt/ entered into an individual voluntary arrangement, or gone into liquidation, administration, receivership administrative receivership or entered into a company voluntary arrangement or creditors scheme of arrangement?

	• e\	er been served with a Prohibition Notice under the Health	and Safety at Work etc. Act	1974 and associated re	egulations?
	• e\	er been prosecuted for failure to comply with any environm	ental protection legislation?		
	• e\	er been the subject of a recovery action by HM Revenue a	nd Customs?		
	• e\	er been the subject of a County Court or High Court judgm	ent?		
	• e\	er been a director of a company that has received a Count	y Court or High Court judgm	ent/ Scottish Decree a	gainst it?
	• be	en the subject of an official caution for a criminal offence in	the past 5 years?		[
	• e\	er traded under a different name in the past 10 years?			
3.		surer ever:			
	• ca	ncelled your insurance policies?			
		clined to insure or renew your insurance policies?			
		oided any of your insurance policies for non-disclosure or r			<u></u>
		oided any of your insurance policies for non compliance wi			
		posed special terms or conditions?			
	• re	fused to pay a claim or limited the cover due to a breach of	any policy term or condition	?	
4.		d any comments to the above mandatory questio			
		affect our decision to accept/ renew/ underwrite			
5.		all claims (whether reported or not and including include date of accident, reported date, circum			
5.	insured ar				
5.	insured ar	d include date of accident, reported date, circum			
5.	insured ar (please com	d include date of accident, reported date, circum plete table below)	stances and amount pa	aid and/ or reserve	d?
5.	insured ar (please com	d include date of accident, reported date, circum plete table below)	stances and amount pa	aid and/ or reserve	d?
5.	insured ar (please com	d include date of accident, reported date, circum plete table below)	stances and amount pa	aid and/ or reserve	d?
5.	insured ar (please com	d include date of accident, reported date, circum plete table below)	stances and amount pa	aid and/ or reserve	d?
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5.	insured ar (please com	d include date of accident, reported date, circum plete table below)	stances and amount pa	aid and/ or reserve	d?
5.	insured ar (please com	cause/ Details	Location	aid and/ or reserve	d?
5.	insured ar (please com	d include date of accident, reported date, circum plete table below)	Location	aid and/ or reserve	d?
	insured ar (please com	Cause/ Details DECLAR	Location	aid and/ or reserve	d?
	insured ar (please come) Date You declare for the come of the co	Cause/ Details Cause/ Details DECLAR that: understand your duty to make a fair presentation and	Location ATION:	Amount Paid	Amount o/s ove are correct
	insured ar (please come) Date You declare to and this	Cause/ Details Cause/ Details DECLAR hat: understand your duty to make a fair presentation and accurate including the reasonable searches made by yinsurance within your organisation.	Location Location ATION: all material facts and information here you and any information here.	Amount Paid amation contained abeld by anyone who is	Amount o/s ove are correct
	insured ar (please come) Date You declare to and this	Cause/ Details Cause/ Details DECLAR hat: understand your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate including the reasonable searches made by your duty to make a fair presentation and accurate and the presentation and accurate and the presentation and the presentat	Location Location ATION: all material facts and information here you and any information here.	Amount Paid amation contained abeld by anyone who is	Amount o/s ove are correct
	insured ar (please come) Date You declare to and this	Cause/ Details Cause/ Details DECLAR hat: understand your duty to make a fair presentation and accurate including the reasonable searches made by yinsurance within your organisation. agree to our standard policy wording, a copy of which	Location Location ATION: all material facts and information here you and any information here.	Amount Paid amation contained abeld by anyone who is	Amount o/s ove are correct
	You declare to this 2- You	Cause/ Details Cause/ Details DECLAR hat: understand your duty to make a fair presentation and accurate including the reasonable searches made by y insurance within your organisation. agree to our standard policy wording, a copy of which sition/ Title:	Location Location ATION: all material facts and information here you and any information here.	Amount Paid amation contained abeld by anyone who is	Amount o/s ove are correct

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** <u>Privacy Notice</u> which is available on **our** website at: https://uk.cntaiping.com/uk-privacy/

If **you** do not have access to the Internet, please write to **our** Data Protection Officer (at the address shown below) with **your** name and address and a copy will be sent to **you** in the post.

In summary, **we**, may, as part of **our** agreement with **you** under this contract, collect personal information about **you**, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about **you**, and any additional people who **you** wish to be insured under the policy, including medical records to validate a claim should **you** be claiming for sickness or an accident.

We collect and process your personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on **our** behalf (for example, premium collection and claims validation, or for communication purposes related to **your** cover). **We** will ensure that they keep **your** information secure and do not use it for purposes other than those that **we** have specified in **our** <u>Privacy Notice</u>.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep **your** personal information only for as long as **we** believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share **your** information if **we** are required to by law. **We** may share **your** information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided **we** can do so without breaching data protection laws.

If **you** have any concerns about how **your** personal data is being collected and processed, or wish to exercise any of **your** rights detailed in **our** <u>Privacy Notice</u>, please contact **our** Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited;

2, Finch Lane, London EC3V 3NA

E-mail: dataprotectionofficer@uk.cntaiping.com

Tele: (0044) (0)20 7839 1888

China Taiping Insurance (UK) Co. Ltd.

Registered in England and Wales number 1766035.

Registered office: 2 Finch Lane, London, EC3V 3NA, United Kingdom.

China Taiping Insurance (UK) Co. Ltd is a member of the Association of British Insurers.

China Taiping Insurance (UK) Co. Ltd is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Financial Services Register number 202690