

Cover is available for a range of perils. Please indicate below the cover you require.

PERILS

- 1. Fire and Lightning YES / NO
- 2. Storm or Tempest YES / NO
- 3. Flood YES / NO
- 4. Burst Pipes YES / NO
- 5. Impact YES / NO
- 6. Explosion YES / NO
- 7. Aircraft YES / NO

PERILS

- 8. Riot, Strikes and Civil commotion YES / NO
- 9. Malicious Damage YES / NO
- 10. Earthquake YES / NO
- 11. Sprinkler Leakage YES / NO
- 12. Theft YES / NO
- 13. Accidental Damage other Than Perils 1 – 12 YES / NO
- 14. Terrorism YES / NO

Optional Extensions

- 1) Day one basis YES / NO
- 2) Stock Declaration YES / NO
- 3) Rent Payable Limit £ _____ YES / NO
- 4) Breakage of Glass Limit £ _____ YES / NO

SECTION B : BUSINESS INTERRUPTION

Cover under this section will be provided for the risks covered under the Material Damage Section (excluding Theft and Glass) unless indicated to the contrary.

- 1. Estimated Gross Profit for the financial year nearest to the year of insurance Indemnity Period £ _____
Months _____
- 2. Additional Increased cost of working YES / NO
- 3. Rent receivable £ _____
YES / NO

Suppliers and/or customers Memorandum (appropriate details to be entered below)

Name & Address	Supplier or Customer	Percentage of Gross Profit Related
1.		
2.		
3.		

SECTION C : COMBINED LIABILITIES
SUB SECTION 1: EMPLOYERS LIABILITY

Please provide the following estimates of wages, salaries and other earnings.

Description of Employee	Number	Estimated Annual Wages and Salaries
Clerical, Managerial and Commercial Travellers not involved in manual labour	_____	£ _____
Other persons working on your premises (specify nature of work)	_____	£ _____
Other persons working away from your premises in the UK (Specify nature of work)	_____	£ _____
Any persons working manually abroad (specify nature of work)	_____	£ _____
Earnings of proposer if working manually	_____	£ _____

SUB SECTIONS 2 AND 3 : PUBLIC AND PRODUCTS LIABILITY

- 1. Is cover to include:
 - a) Public Liability, i.e. claims by other persons who sustain injury or whose property is damaged? YES / NO
If yes, state indemnity limit required £ _____
 - b) Products Liability, i.e. claims arising from goods sold or supplied? YES / NO
If yes, state indemnity limit required £ _____
- NB: The limit for Products Liability applies to all claims in any one period of insurance.

2. State your estimated turnover in the next 12 months:-
 Goods manufactured by you, goods sold by you as wholesalers £ _____
 Goods sold by you as retailers £ _____

3. State type of goods for which cover is required.

 Attach brochure or any other useful information available.

4. Do you export to or undertake work in the USA and/or Canada?. If so, please give full details together with the value of such exports/work.

SECTIONS D : MONEY

Cover is automatically included:-

- i) Up to £250,000 for crossed items, i.e. cheques, postal orders and other non-negotiable items.
- ii) Up to £200 for money not in locked safe in the premise, outside business hours.
- iii) Up to £350 in the dwelling of the Assured or any other persons to whom money is entrusted.

1. What limit is required for cash, bank notes and open cheques?:-
 a In locked safe in the premises when closed for business £ _____
 b In transit, on the premises during business hours or in bank night safe £ _____
 c In coin or vending machines £ _____

2. If there is a safe at the premises, please state:-
 a Make and model - _____
 b Special letter and number - _____
 c Dimensions - _____
 d How secured - _____

N.B keys and/or combination codes must be removed from the premises outside business hours

3. If money is carried by a security company, please advise name of company.

4. What is estimated annual carryings of bank notes, cash and open cheques by?: _____

Is Assault cover required (limits as per policy) YES / NO

a) Own employees £ _____
 b) Security company £ _____

Is Assault cover required (limits as per policy) YES / NO

SECTION E : GOODS IN TRANSIT

1. Please state limits required:-
 a Any one vehicle/consignment £ _____
 b Any one package (postal sendings only) £ _____
 c Any one loss £ _____

2. What method of transit is used?:-
 Own vehicles / post / outside hauliers / rail
 (Delete as appropriate)

3. What is the nature of goods carried? _____

4. Give details of own vehicles used for the carriage of goods:-
 Make _____ Type of Body _____ Limit Required £ _____

3. Estimated annual carryings:-

- 4.
- | | | |
|---|------------------|---------|
| a | Own vehicles | £ _____ |
| b | Outside hauliers | £ _____ |
| c | Rail | £ _____ |
| d | Postal sendings | £ _____ |
5. Are your own vehicles fitted with immobilisers, alarms or other security devices? YES / NO
6. Are your vehicles soft topped, open topped or open sided vehicle or trailer (Delete as applicable)
If YES, please give details _____

SECTION F: ALL RISKS TO BUSINESS EQUIPMENT

This Section covers accidental damage to business equipment whilst within the United Kingdom. Please provide the following details for the items you wish to be insured.

<u>Item No</u>	<u>Description of Property</u>	<u>Sum Insured</u>
1.	_____	£ _____
2.	_____	£ _____
3.	_____	£ _____
4.	_____	£ _____
5.	_____	£ _____
6.	_____	£ _____

SECTION G : BOOK DEBTS

1. What is maximum value of outstanding debit balances at any one time? £ _____
2. Are books of account and records kept in fire resistant safe when not in use? YES / NO
3. Are duplicate records kept? YES / NO
- If YES, give details _____

SECTION H: DETERIORATION OF STOCK

This section covers stocks of frozen foods against deterioration or putrefaction due to a change in temperature following:

- 1) Breakdown of refrigeration machinery
- 2) Failure of the public electricity or gas supply but not the deliberate act of the supply authority withholding or restricting supply or due to strikes.

Description of goods stored in units _____

Maximum value of goods to be stored £ _____

Maximum value of goods in any one unit £ _____

Maximum number of units covered _____

Are units alarmed and connected to a 24hr manned service company YES / NO

It is a condition of cover under this section that all equipment is subject to an in force annual maintenance contract

ALL QUESTIONS TO BE ANSWERED

1. Do all the buildings to be insured have walls of brick, stone or concrete and roofs of slate, tile, concrete, metal or asbestos? YES / NO
2. Method of Heating _____
3. Are any flammable oils or hazardous goods stored or used in the premises? YES / NO
If yes, state quantity and where stored _____
4. Are there any manufacturing processes carried out on the premises? YES / NO
If yes, give details _____
5. a) Are the premises occupied at night? YES / NO
If yes, by whom? _____
- b) Give details of fire protections (e.g. alarms, extinguishers, sprinklers, if any)

Give details of how each of the following are protected (e.g. by shutters, grilles, types of locks, etc). if any of the access points are not applicable to your Premises, insert N/A as appropriate.

- i) Each outer door _____
- i) Doors and other access points to our part of the building, if you are NOT the sole occupier _____
- ii) Cellar flaps or other basement entries _____
- iii) Show windows _____
All other windows _____
- iv) All skylights, fanlights or roof openings _____

c) Is there a Burglar alarm? YES / NO
If yes, state:-

- i) Make and when installed _____
- ii) Whether bell only, 999 or central station connection _____
- iii) Whether under your sole control _____
- iv) Whether maintained under contract _____

NB It is a condition of this Insurance that the alarm is maintained under contract by the installing Company or a member of the National Supervisory Council for Intruder Alarms.

Please enclose specification of the Alarm system with this proposal.

d) Is any of the property to be insured protected by a safe, Strongroom, high security store or cage? YES / NO

If yes, give details of such protection and nature of property contained therein

e) Are there any other protections not included above? YES / NO

6. Do you keep stock records? YES / NO

a) How often are they written up? _____

b) How often are they audited? _____

c) Where are they kept? _____

d) Do you keep duplicate copies elsewhere? _____

7. a) Are you the sole occupier of the premises YES / NO
If no, which floors do you occupy? _____

b) If you are not the sole occupier, give details of the other occupants.

i) Name _____

ii) Trade _____

iii) Floor _____

8. Are the premises: YES / NO

a) Near any stream, river, canal, reservoir or the sea? YES / NO

b) Low lying? YES / NO

9. Are goods stored in any basement or cellar? YES / NO
If yes, give details, including height stored above the floor _____

10. Previous History
How long have you carried on business either under your present name or any other names?

a) At these Premises? _____ yrs

b) Elsewhere? _____ yrs

State other trading name(s) previously used during the last 6 years

11. Has any Company or Underwriter, in respect of any of your various insurance, ever: YES / NO

a) Declined your proposal, refused to renew or cancelled your Policy? YES / NO

b) Imposed any special restrictions or conditions? YES / NO

If yes, please give full details

COMMERCIAL
SUBSIDENCE, LANDSLIP AND HEAVE QUESTIONNAIRE

Name of Insured:
Address of Property to be Insured:
..... Post Code

Please provide details for any questions answered **Yes** on the reverse of this sheet

1. Are the premises (including outbuildings):-
 - a) Free from signs of damage which may be attributable to Subsidence, Landslip or Heave? **Yes/No**
If no, state the width of the internal/external cracks on the reverse of this form.
 - b) Being monitored for Subsidence, Landslip or Heave or have ever been monitored for Subsidence, Landslip or Heave or been the subject of Subsidence, Landslip or Heave? **Yes/No**
2. Have the premises (including outbuildings):-
 - a) Ever been the subject of a survey which mentioned settlement or movement of the buildings? **Yes/No**
If Yes, enclose a copy.
 - b) Ever been flooded, as a result of broken or damaged underground drains, or are you aware of any extensive underground drainage problems during the last 5 years? **Yes/No**
3. Are there any trees or shrubs within 20 feet of any building (whether inside or outside the grounds of the premises) which are more than 10 feet tall? **Yes/No**
4. Has the structure of your premises been extended within the last 25 years? **Yes/No**
5. Has any neighbouring property, after enquiry been the subject of an occurrence or Subsidence, Landslip or Heave? **Yes/No**

Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this supplement to the property insurance proposal, whether in my own hand or not is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of any material fact will entitle Underwriters to void this insurance.

(A Material Fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this supplement to the property insurance proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature Date

You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purposes of entering into this insurance. A copy of your completed proposal form, together with this supplement, will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should contact your insurance broker.

