

Commercial Combined

Proposal Form

Please complete in BLOCK CAPITALS and tick where indicated. Use additional sheets if necessary

1. NAME AND ADDRESS DETAILS of APPLICANT

Name of Applicant(s)	<input type="text"/>	
Trading Name	<input type="text"/>	
Main Address	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	Tel No. <input type="text"/>
Contact Email Address	<input type="text"/>	

Address of property to be insured (if different from above)

Address	<input type="text"/>
	<input type="text"/>
Full description of trade or business	<input type="text"/>
Premises occupied as (e.g. offices, factory, warehouse etc)	<input type="text"/>

Is the applicant Company a Limited company registered at Companies House? Yes No

Date Established as Ltd Co/PLC

Employer Reference Number (ERN)
(if more than one trading name you must provide the different ERN's)

Cover Required From (DD/MM/YYYY)

Type of Cover required (please tick) Full Reinstatement First Loss

If first loss cover is required, please confirm the required limits: **First Loss Limit** **Contents** **BI/ICOW**

2. PROPERTY DAMAGE

Is this section required? Yes No

Please duplicate this page & complete for each additional location noting location number in box: Location Number

Full address of premises to be insured

Occupation of property

Age of Property No of Stories Good state of repair

Detached Semi Detached Other

Are the premises Standard Construction i.e. built of brick, stone / concrete & roof of slated tiles? Yes No

If "No" please give full information _____

Is any part of the roof flat/felted/bitumen/asphalt? Yes No

If "Yes" please give full information _____

Are the premises in an area likely to flood or where flooding has occurred? Yes No

If "Yes" please give full information _____

Are the premises protected by an intruder alarm? Yes No

Please give name of installer if "Yes" _____

Method of signalling: Sirens/Bells Only Digital Communicator Other

Is there a fire alarm or automatic fire detection system at the premises? Yes No

If "Yes" please give signalling method _____

Are the premises fitted with an automatic sprinkler system? Yes No

If "Yes" state the edition and if maintained _____

Standard Perils Provided – Unless otherwise endorsed within the certificate / *Subsidence is subject to additional questionnaire

1) Fire/Lightning 2) Explosion 3) Aircraft 4) Earthquake 5) Riot 6) Malicious Damage

7) Storm / Flood 8) Escape of Water 9) Impact 10) Theft (by forcible Entry/Exit)

Additional Perils Accidental Damage Subsidence* Sprinkler Leakage Terrorism

3. MATERIAL DAMAGE

Is this section required? Yes No

Sums Insured

BUILDINGS Inc. Landlord's fixtures and fittings therein and thereon	GBP
Loss of RENT Receivable / Payable (Please delete as applicable) State Months ()	GBP
Internal Decorations & TENANTS Improvements	GBP
MACHINERY , Plant, Fixtures & Fittings and All Other Contents including office machinery, furniture and the like	GBP
STOCK including MATERIALS IN TRADE and GOODS IN TRUST or on commission for which you are responsible	GBP
CUSTOMERS GOODS	GBP
COMPUTERS - Electrical &/or Ancillary Office Equipment	GBP
TOBACCO/CIGARETTES/CIGARS / Other (Please specify)	GBP

WINES/SPIRITS / Other (Please specify)	GBP
Property in the Open / Other (Please specify)	GBP
Other (Please specify)	GBP
TOTAL	GBP

4. ALL RISKS COVER – Away from premises

Is this section required? Yes No

Description of Property

Location (UK, Europe, USA, Worldwide)

1)		GBP
2)		GBP
3)		GBP
4)		GBP

5. BUSINESS INTERRUPTION

Is this section required? Yes No

Estimated Gross Profit* / Gross Revenue* / Turnover* *(delete as appropriate): Including Payroll and Auditors Fees	GBP
Indemnity Period: 12 Months <input type="checkbox"/> 24 Months <input type="checkbox"/> 36 Months <input type="checkbox"/>	
Please advise payroll element in Gross Profit sum insured	GBP
Additional Expenses only (Increased Cost of Working)	GBP
Optional Extensions:	
Prevention of Access Extension	GBP
Public Supply Undertaking Extension	GBP
Property Stored Extension	GBP
Supplier of Customer Extension	GBP

6. BOOK DEBTS

Is this section required? Yes No

Sum Insured required	GBP	<input type="text"/>
Are books of account and records kept in a fire-resisting safe when not in use?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Are duplicate records kept?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
If NO, can the amount of outstanding debts be re-created from other sources?	Yes	<input type="checkbox"/> No <input type="checkbox"/>
Are duplicate records kept away from the premises?	Yes	<input type="checkbox"/> No <input type="checkbox"/>

7. PUBLIC and PRODUCTS LIABILITY

Is this section required? Yes No

Indemnity Limit required GBP £1,000,000 £2,000,000 £5,000,000 £10,000,000

Turnover within the UK	GBP
Turnover within Europe	EUR
Turnover within the USA and Canada	USD/CAD
Turnover Elsewhere, state countries: <input type="text"/>	GBP

8. EMPLOYERS LIABILITY

Is this section required? Yes No

Indemnity Limit required £5,000,000 £10,000,000

State total estimated wages for the forthcoming year in respect of the following:	
Clerical and non-manual employees	GBP
Wood-working machinists	GBP
All others (please describe) <input type="text"/>	GBP
Payments to Bona Fide Sub-Contractors working away from your premises	GBP

Do you undertake work or visits away from the premises involving Heat? Yes No

If "Yes" state type(s) of heat used: _____

Do you undertake work at height or at depth? Yes No

If "Yes" state Maximum Height (m) & Depth (m) _____

Do you work or supply products, incorporated into aircrafts, airports, marine vessels, automobiles, railways, offshore installations, oil or nuclear installations? Yes No

If "Yes" provide details of work undertaken _____

Do you sell, process, repair products or services exported, to the USA or Canada? Yes No

If "Yes" provide details of products sold _____

Do you handle materials containing, asbestos, silica, acids, gases, explosives? Yes No

If "Yes" please give full information _____

Do you handle radioactive substances or devices? Yes No

If "Yes" please give full information _____

Do you use Power driven machinery (other than hand tools)? Yes No

If "Yes" please give full information _____

Do you use: lifts, cranes or power lifting equipment, steam or other pressured vessels? Yes No

If "Yes" please give full information _____

9. HEALTH & SAFETY

Is your business a commercial (non-retail), industrial or contractors' risk with more than 5 employees? Yes No

If "YES" every insured must answer the following questions and be evidenced on the underwriting file and confirmed in writing by the originating broker or insured.

If NO please skip to section 9.a

Do you have a written Health & Safety Policy in force and up-to-date? Yes No

If "Yes" state name of person(s) responsible: _____

Have you carried out the following assessments in respect of Management of Health and Safety at Work Regulations 1999? (If applicable to the type of business)

- | | | |
|---|------------------------------|-----------------------------|
| a) Manual handling | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) COSHH | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Working with machinery | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Work at height | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you record in document form for the above risk assessments | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

9.a) Have you or any director, partner, employee or representative ever been prosecuted under the Factories Act or Health and Safety at Work Act, or any similar legislation?

If "Yes" please give full information on a separate sheet of paper

Served with a Prohibition Notice under the Health and Safety at Work Act or similar?

If "Yes" Provide details of Notices issued _____

10. GLASS Is this section required? Yes No

State total value of glass to be insured - External Glass, Internal Glass and Sanitary Ware	GBP
State the value if any special glass (bent, lettered, embossed) is included in the insured figure	GBP
External Neon Signs, Lights Boxes and Canopies	GBP
State measurements of glass to be insured	

11. MONEY Is this section required? Yes No

STATE LIMITS REQUIRED:	
Money at the premises during business hours or in transit by the Proposer's Employees	GBP
Money in transit by security companies	GBP
Money in a locked safe outside of business hours	GBP
Money NOT in a locked safe outside of business hours	GBP
Money at Residences of Directors &/or Senior Employees	GBP
Money in gaming machines	GBP
Please state make, model, size, weight, how secured to the floor, whether Fire and Burglar resistant:	
Personal Assault Extension Included	
Personal Injury benefits are £10,000 Permanent Disablement and £100 per week for Temporary Disablements, if different benefit levels are required please specify amounts	GBP

12. GOODS IN TRANSIT

Is this section required? Yes No

Estimated annual carryings by own vehicles	GBP
Limit required any-one own vehicle (including trailer)	GBP
Maximum number of vehicles used to carry goods at any one time	<input type="text"/>
State security devices fitted to vehicle	<input type="text"/>
Estimated annual carryings for goods carried by i) Haulier ii) Parcel iii) Rail iv) Courier	GBP
Limit required for goods carried by i) Haulier ii) Parcel iii) Rail iv) Courier	GBP

13. LOSS OF LICENCE

Is this section required? Yes No

Sum Insured Required	GBP
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Any opposition to the grant, renew or transfer of the licence in last 5 years? Yes No

If "Yes" please give full information _____

Please State name of Licensee _____

Has the Licensee been refused to grant, renew or transfer the licence in last 5 years? Yes No

If "Yes" please give full information _____

Is there any intention to apply for a transfer of the licence within the next 12 months? Yes No

If "Yes" please give full information _____

14. DETERIORATION OF STOCK

Is this section required? Yes No

Note: Cover is conditional upon a maintenance service agreement being operative

Description of Unit (Inc. Make & Model & /or Serial No)	Year of Make	Maintenance Contract in Force (for units that are over 15 years old)	Sum Insured
1)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	GBP
2)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	GBP
3)		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	GBP
TOTAL			GBP

15. GENERAL QUESTIONS

Have you ever traded under another name? Yes No

If "Yes" please give full information _____

Are you now or have you previously been insured in respect of any of the risks to which this application relates? Yes No

If "Yes" state name of Insurer & Policy No

In respect of the risks to be insured, whether at these premises or elsewhere has any company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If "Yes" please give full information _____

Have you or any Director, Partner Employee or Representative ever;

Yes No

Been convicted of (or charged with but not yet tried for) any offence other than a driving offence?

If "Yes" please give full information _____

Been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

Yes No

If "Yes" please give full information _____

Had any County Court Judgments made against you in personal capacity, any organisation, company, business or firm in which you have been involved as a trustee, Director or partner or in a similar capacity?

Yes No

If "Yes" please give full information _____

Have any Insurers ever:	
Declined to accept any insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cancelled or refused to renew an Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Required special terms or restrictions or an increased premium	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, to any of the above please give details:	<input style="width: 100%; height: 30px;" type="text"/>
Give details of all incidents, losses and/or accidents sustained or claims made against you, for all sections for which insurance is proposed:	<input style="width: 100%; height: 50px;" type="text"/>

16. CLAIMS DECLARATION

Give details of all claims you and/or any Directors/Partners/Financially Associated Person(s) have made in the insured name or previous trading name(s), during the last 5 years

Date of Loss DD/MM/YYYY	Details of Claims / Circumstances	Improvements made to prevent further losses	Amount Paid, Outstanding or Reserve

17. IMPORTANT NOTICE/DECLARATION

By signing this proposal form you consent to Scholar and Partners Ltd using the information we may hold about you for the purpose of providing insurance or credit broking advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover or credit terms. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies insurance regulatory authorities, banks and credit referencing agencies. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare that the Statement and Particulars in this Proposal are true and that I/We have not mis-stated or suppressed any Material Facts. I/We agree that this Proposal, together with any other information supplied by Me/Us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration of these facts occurring before completion of the Contract of Insurance. **Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.**

Signature

Name

Position

Date

Scholar and Partners

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For your convenience, you can return your completed proposal form or completed **Scholar & Partners proposal form** to: enquiries@scholarandpartners.com