

Commencement Date of Insurance

Date insurance to start

Cover cannot apply until this proposal is accepted.
The policy will be renewable annually on this date.

Proposer's Details (Complete in all cases)

1. Company status

Sole Trader

Partnership

Limited Company

2. Trading Name of Proposer

3. Proposer's Postal Address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
Tel No. and Code	Email address:

4. Address of Property to be insured if different from that in 3. above

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	
Tel No. and Code	Email address:

5. Names of Principals, Partners or Directors and Registered Number if a Limited Company

<input type="text"/>
<input type="text"/>
<input type="text"/>
Registered Number:

6. Please provide details of all companies to be covered by this policy to meet the requirements of the Employers' Liability Tracing Office (ELTO)

Company Name	Employer Reference No. (ERN*)	Exempt (Y/N)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**The ERN is a unique identifier that is given to every business that registers with HM Revenue and Customs as an employer. It is a unique set of letters and numbers used by the HMRC to identify your business. It is often referred to on tax forms as an employer PAYE reference. This reference is made up of two parts: a three-digit HMRC office number, and a reference number unique to your business. It will be provided to you in your employer's welcome pack when you register with HM Revenue and Customs, and will also appear on a range of correspondence from HMRC.*

7. Business description or trade (please provide full details of all your activities)

General Questions (Complete in all cases)

1. Have you or any director or partner of the trade or business ever been, either personally or in any business capacity:
- (i) declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings? Yes No
 - (ii) convicted of or charged (but not yet tried) or has a prosecution pending or been given an Official Police Caution in respect of any criminal offence other than a motoring offence? Yes No
 - (iii) served with a County Court Judgement or Scottish Decree? Yes No
 - (iv) an owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation and/or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order or an administrative order? Yes No
 - (v) disqualified from being a director? Yes No
 - (vi) convicted during the past 5 years of any offence relating to Health & Safety of employees or members of the public? Yes No

2. In respect of any of the risks against which you now wish to insure:
- (i) Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? Yes No
 - (ii) Have you or any director or partner suffered a loss/made a claim for any of the risks proposed within the last 5 years? Yes No

If 'Yes', please provide details:

Loss Date	Policy Section	Nature of Loss	Amount (£)	Settled (Y/N)

3. Do you sell or supply goods or products via Mail Order or the Internet which exceeds 50% of your turnover? Yes No

4. How many principals, partners, directors and employees are involved in the primary trade of the business?

Principals/Partners/Directors Employees

5. What is your estimated annual turnover? £

6. What year was your business established?

Cover Questions

1. How many years experience do you have in the trade?

2. Where is your business situated?

Arcade <input type="checkbox"/>	Business Park <input type="checkbox"/>	Covered Shopping Centre <input type="checkbox"/>	Domestic Premises <input type="checkbox"/>
High Street <input type="checkbox"/>	Building otherwise occupied by dwelling <input type="checkbox"/>	Industrial Units <input type="checkbox"/>	Market <input type="checkbox"/>
Market Hall <input type="checkbox"/>	Office Premises <input type="checkbox"/>	Parade <input type="checkbox"/>	Precinct <input type="checkbox"/>
Warehouse <input type="checkbox"/>	Other, if so please provide further details <input style="width: 400px;" type="text"/>		

3. What are your normal trading hours when open?

24 Hours <input type="checkbox"/>	Business Hours <input type="checkbox"/>	Day Only <input type="checkbox"/>	Night Only <input type="checkbox"/>
Seasonal <input type="checkbox"/>	Unoccupied <input type="checkbox"/>	Other, if so please provide further details <input style="width: 150px;" type="text"/>	

4. Year established at risk address?
5. Is your property designated as a listed building?
 Not Listed Grade 1 Grade 2* Grade 2 A B C
6. In what year was your building constructed?

Contents (Complete in all cases)

1. State Sums to be Insured for: (This should represent the full replacement cost as new of your Stock and Equipment)
- (i) Specified Stock
 - (a) Tobacco, cigarettes, cigars
 - (b) Wines and spirits
 - (c) Jewellery, precious metal or stones
 - (d) Video equipment, cassettes, discs, computer or video games
 - (ii) Stock (other than Specified Stock above)
 - (iii) Business equipment, fixtures & fittings and all other contents (excluding landlord's fixtures & fittings and tenants improvements)
2. The standard limit for Glass is £2000. If you need a higher amount please state limit required.

Optional Additional Covers (Complete only if required)

Buildings (including landlords fixtures & fittings and tenants improvements)

1. State Sum to be Insured (This should represent the full rebuilding cost of your premises including an allowance for Site Clearance Costs and Professional Fees)
2. Do you require Subsidence cover? Yes No
- If 'YES', please complete the following questions:
- (i) Is the building in the vicinity of underground workings (actual or proposed) or watercourses? Yes No
 - (ii) Is the building constructed on made-up ground or an infill site? Yes No
 - (iii) Have there been any incidents of subsidence, heave or landslip at or in the vicinity of the building? Yes No
 - (iv) Are there any visible signs at the building of movement, damage or repair? Yes No
 - (v) Has the building been under pinned? Yes No
 - (vi) Are there any trees over 5m (16ft) in height or within 25m (80ft) of the building? Yes No

If 'YES' to any of the questions (i-vi) above, please give details below:

Refrigerated Stock

1. Sum Insured (minimum £100)
 IMPORTANT NOTE: If the refrigeration equipment is over 5 years old, cover is subject to a maintenance contract being in force.

Loss of Licence

1. State limit of indemnity required
2. Has there been within the last 3 years any opposition to the granting, renewal or transfer of the licence, or any circumstances or any incidents which might prejudice the granting, renewal, or transfer of the licence? Yes No

If 'Yes', please give details below:

Treatment Risks (Limit of Liability – £25,000) (only available for the hairdressing, barbers or nail bar trades)

Yes No

1. Do you require Treatment Risks?

2. If 'YES' please complete the following questions:

(i) What treatments are undertaken?

(ii) Number of people requiring treatment risks cover?

(Please note this cover is only available for persons aged 18 years or over who have either:

(a) more than 3 years continuous experience of professional hairdressing or beauty treatments, or

(b) completed 2 years technical college training in hairdressing or beauty treatment)

Public and Products Liability

Yes No

1. Do you wish to increase the limit of indemnity to £5,000,000?

Work Away Cover

1. Is cover required for manual work undertaken away from the business premises other than collection or delivery?

(Cover not available if more than 30% of turnover is derived from work away from the premises)

Terrorism

1. Is Terrorism Cover required?

IMPORTANT NOTE: Please read the Policy Summary for details of cover available in respect of Terrorism.

Security (Complete in all cases)

1. Is an intruder alarm fitted?

2. What type of alarm do you have?

Bells only

Digicom

Dual Com Plus

Dual Com GPRS

Redcare Classic

Redcare GSM

Redcare Assure

Redcare Secure

Other

3. Please indicate the level of Police Response?

Level 1

Level 3

No Police Response

Unknown

4. Is the alarm installed and maintained by a company recognised by a UKAS accredited inspection body (NSI or SSAIB)?

5. Does the alarm incorporate remote signalling to a permanently manned central station?

6. Are all external doors fitted with mortice deadlocks conforming to BS3621?

7. Are all opening and/or accessible windows fitted with key operated window locks?

If you have answered 'No' to either question 6 and 7, please give details of the existing security.

Yes No

8. Do your premises have shop front protection in the form of grilles or shutters?

9. Do your premises have any other security features?

If 'Yes', please give details below

General Questions

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Are the premises constructed of brick, stone, concrete, asbestos, or metal and roofed with pitched slates, tiles, concrete, metal, or sheets or slabs composed entirely of incombustible mineral ingredients? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Are the premises part constructed with a flat roof?
If 'YES': | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (i) Please state proportion of flat roof as a percentage of entire roof area. | <input type="text"/> | |
| (ii) Is the flat roof section of the property constructed of concrete? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are the premises in good repair and will they be maintained? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Are the premises occupied solely by you in connection with the Business and not used for any wholesale or manufacturing? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Are the premises to be inactive, vacant, untenanted or unoccupied for a period exceeding 14 consecutive days? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you require cover for Money held within an ATM Machine?
If 'YES': | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Are you responsible for filling the ATM? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Will the premises be closed when the ATM is filled? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (iii) Is cover required for more than £3,000 cash in the machine? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (iv) Is more than £1,000 cash left in the ATM overnight? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the risk or the premises that you wish to insure situated in, or on a mine, refinery, offshore installation, power station, airport or aerodrome, dock wharf, pier, railway or ship? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Are your premises heated by a main building central heating system or securely fixed heat units? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Are your premises to be insured situated less than 250 metres from a body of water? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. Are your premises protected by a working sprinkler system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have a frying or other cooking range?
If 'YES': | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) is all equipment, flues and exhaust ducting securely fixed and free from contact with combustibile material? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) is the frying equipment fitted with a thermostat designed to prevent the temperature of cooking oils and fat from rising above 205°C? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (iii) Are multi-purpose fire extinguishers suitable for extinguishing oil and fat fires maintained ready for immediate use? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (iv) are grease traps cleaned at least once a week? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. If your business is a Public House or Wine Bar, do you: | | |
| (i) provide live music, dancing, discotheques or other entertainment facilities at the Premises other than pub quizzes or karaoke? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If 'YES', please give details below | <input type="text"/> | |
| | <input type="text"/> | |
| (ii) open later than 12.00am other than on New Years Eve? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If 'YES', please give details below | <input type="text"/> | |
| | <input type="text"/> | |
| (iii) provide letting accommodation for more than five persons at any one time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If 'YES', please note that this Public House cannot be covered by our policy | <input type="text"/> | |
| | <input type="text"/> | |

