

COMMERCIAL COMBINED INSURANCE QUOTATION FORM

PLEASE COMPLETE IN **BLOCK CAPITALS** AND TICK APPROPRIATE BOXES WHERE RELEVANT
If supplementary information is required please use extra notepaper.

THE PROPOSER(S)

PROPOSER'S NAME
 TRADING TITLE
 POSTAL ADDRESS

 DAYTIME TELEPHONE POST CODE
 FAX NUMBER

ADDRESS OF PROPERTY TO BE INSURED (A)
 POST CODE
 (B)
 POST CODE

Are you the Sole Occupier of the Buildings at the Premises **YES / NO**
If NO, please provide FULL details of other occupants and their Trades

Basement	Occupant	Trade
Ground Floor	Occupant	Trade
First Floor	Occupant	Trade
Second Floor	Occupant	Trade
Other	Occupant	Trade

1. Specify your full description of Trade/Business

IN ADDITION IS THIS:

(a) Retail	YES / NO
(b) Wholesale	YES / NO
(c) Processing/Manufacture	YES / NO

Please describe accurately, including processes

2. How long have you carried on the Business At these Premises Years
Elsewhere Years

3. Category of Proposer's Business

LIMITED COMPANY OR PLC	<input type="checkbox"/>
PARTNERSHIP	<input type="checkbox"/>
SOLE TRADER	<input type="checkbox"/>

4. If a LIMITED COMPANY or PLC
 please advise COMPANY REGISTRATION NUMBER

Details of all partners/directors :

a) Name	b) Name
Position	Position
Date of Birth	Date of Birth

DESCRIPTION OF PROPERTY AND SECURITY ARRANGEMENTS

5. a) Approximate age of construction b) Number of storeys
- c) Are the premises detached / semi-detached / terraced / other
if other please give details
- d) Are the premises constructed of brick, stone or concrete and does the external surface of the roof consist of slates, tiles, metal, concrete, asphalt and/or sheets or slabs composed entirely of incombustible mineral ingredients (i.e. **standard construction**). **YES / NO**
if NO, please give details
- e) Is any part of roof area flat / felted / bitumen / asphalt **YES / NO**
if YES, please note General Condition 9 of the Certificate.
- f) Are the premises in a good state of repair **YES / NO**
if NO, please give details
- g) Are the premises listed **YES / NO**
if YES, please give details
6. a) Is the Property in an area which is free from Flooding **YES / NO**
if NO, please describe
- b) Is the property situated near a River, Stream, Reservoir, Lake **YES / NO**
7. Are any portable heaters used (except for Electric Heaters) **YES / NO**
Please note this is General Condition 10 of the Certificate
if YES, please give details
8. Is there a Fire Alarm or Automatic Fire Detection System at the Premises **YES / NO**
 Is there an Intruder Alarm at the Premises **YES / NO**
- a) **If YES, advise name of Installer**
- b) Is the Intruder Alarm Installer a NACOSS /SSAIB Member **YES / NO**
- c) Please advise the type of signalling on the Intruder Alarm, and attach a copy of the installers specification.
 Audible only Y Digital Communicator To Central Station Y Redcare/Dualcom Y
10. Is the Intruder Alarm maintained by the Installer and will it continue to be so **YES / NO**
Please note it is a condition of any Certificate issued that a copy of the Alarm Specification be provided within 30 days of inception.
11. Are Grilles/Shutters fitted to the premises **YES / NO**
- a) Internal Y Front / Rear / Side (**please delete**)
- b) External Y Front / Rear / Side (**please delete**)
12. Are Five Lever Mortise Deadlocks or their equivalent fitted to all external Doors **YES / NO**
Please note that this is General Condition 2 of the Certificate
If NO, please give details :
- a) Front
 b) Rear
 c) Side
13. Are sky-lights or lay-lights fitted to the premises **YES / NO**
if YES, have they been fitted with internal / external bars / alarm devices to detect forcible entry. YES / NO

COVER REQUIRED

PERILS PROVIDED : (unless otherwise endorsed)

14. Fire (inc. Lightning)	Explosion	Aircraft	Riot (inc. Civil Commotion)
Earthquake	Malicious Damage	Impact	Storm / Tempest / Flood
Escape of Water	Theft.		

ADDITIONAL PERILS AVAILABLE

(Please note that an additional premium rate will be charged for these perils – therefore consult your insurance advisor.)

Subsidence Y Accidental Damage Y Sprinkler Leakage Y (TICK if cover required)

PLEASE NOTE Subsidence cover is only available if a questionnaire has been completed and accepted by Underwriters.

SECTION 1 - MATERIAL DAMAGE

SUMS TO BE INSURED (please complete)

		PREMISES (A)	PREMISES (B)	PREMISES (C)
15. Buildings		£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Outbuildings		£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Loss of Rent Receivable/Payable (please delete as applicable)	Indemnity Period	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
		12 / 24 / 36	Months	Other _____
Internal Decorations & Tenants Improvements	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Machinery, Plant, Contents	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Computer & Electrical Office Equipment	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Stock in Trade	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Stock of Tobacco, Cigars & Cigarettes	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Stock of Wines & Spirits	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Customers Goods	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Any Other Item (please define)	Sum Insured	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

16. Sums to be insured are on a reinstatement basis.

If indemnity basis required, please specify which items:

.....

SECTION 2 – BUSINESS INTERRUPTION

17. Basis of Cover (please tick)	Gross Profit	Y	Increase in Cost of Working	Y
Sum Insured Required	£	<input type="text"/>	£	<input type="text"/>
Indemnity Period Required		12 / 24 / 36	months	12 / 24 / 36
				months

SECTION 3 – MONEY AND PERSONAL INJURY

18. Please advise the amount of money handled annually by the Proposer and Employees
19. Money limits required:
- a) money at the Premises during business hours or in transit by the Proposer’s Employees
 - b) money in transit by security companies
 - c) money in locked safe outside of business hours
- If an amount is shown in (c) please describe the safe make and model
- d) money in Gaming/Vending machines

PERSONAL ASSAULT EXTENSION

- a) Personal Injury benefits are £10,000 Permanent Disablement and £100 per week Temporary Disablement, **if different benefit levels required please specify amounts**

SECTION 4 – ALL RISKS ON SPECIFIED ITEMS AWAY FROM THE PREMISES

20. Specified all risks

<u>Description of item(s) to be covered</u>	<u>Sum Insured required</u>	<u>*Geographical Limits</u>
1.	<input type="text" value="£"/>	UK / EU / Worldwide
2.	<input type="text" value="£"/>	UK / EU / Worldwide
3.	<input type="text" value="£"/>	UK / EU / Worldwide

* Please specify whether United Kingdom / Europe / Worldwide

SECTION 5 - GLASS

21. Please advise the Sums Insured required for
- a) External Glass / Shop Front
 - b) Internal Glass and Sanitary Ware
 - c) External Neon Signs, Light Boxes and Canopies

SECTION 6 – GOODS IN TRANSIT (GEOGRAPHICAL LIMITS:THE UK)

22. Total annual amount of sendings by carrier
23. **Carriers :** Maximum values any one load
24. **Own Vehicles :** Maximum values any one own vehicle
- NUMBER OF VEHICLES** **Total Annual Own Carryings**

SECTION 7 – DETERIORATION OF STOCK

25. Cover is conditional upon a Maintenance Service Agreement operating unless the Unit has a thermostatically sealed motor and compressor. **No cover is provided for Units over the age of 10 years.**

<u>Description of Unit(s) including make, model and serial number</u>	<u>Sum Insured Per Unit</u>	<u>Date of make</u>
a) _____	<input type="text" value="£"/>	<input type="text"/>
b) _____	<input type="text" value="£"/>	<input type="text"/>
TOTAL SUM INSURED	<input type="text" value="£"/>	

SECTION 8 – BOOK DEBTS

(The perils covered will be the same as for Buildings and Contents Section)

26. Sum Insured required £ Maximum debit balances
27. Are duplicate records kept away from the Premises **YES / NO**

SECTION 9 - LIABILITIES

PLEASE ANSWER ALL QUESTIONS

28. Do you wish to Insure in respect of :
- | | | | | |
|----------------------|------------|-----------|---|----------|
| | YES | NO | In respect of Public / Products Liability
please indicate indemnity limit required | |
| Employer's Liability | Y | Y | £1,000,000 | Y |
| Public Liability | Y | Y | £2,000,000 | Y Other |
| Products Liability | Y | Y | £5,000,000 | Y £..... |

Please complete the following schedule

<u>Description of Persons</u>	<u>Number</u>	<u>Estimate of annual payments to all employees and other persons</u>	
		<u>Working on your premises</u>	<u>Working away from your premises</u>
Clerical, Commercial Travellers and Managerial Employees who do not Work manually	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Wood Working Machinists and their Labourers	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
All Other Direct Employees	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Proposer's own remuneration if working Manually in the business		£ <input type="text"/>	£ <input type="text"/>
Gross Annual turnover estimate		£ <input type="text"/>	

29. Is there any work done away from the Premises involving the use of heat. **YES / NO**
if YES, Percentage of annual turnover applicable. %
- a) Nature of heat work :i) Welding/Oxyacetylene **YES / NO**
 ii) Blow Lamps or Hot Air Guns **YES / NO**
 iii) Soldering Irons **YES / NO**

29. Do you engage in work on or supply products which will be incorporated into aircraft/airports, marine vessels, automobiles, railway transport, offshore installations, oil refineries or nuclear installations. ... **YES / NO**
if YES, please give details

31. Do you sell, process, treat, repair or otherwise work on any product exported to the **USA** or **Canada** **YES / NO**
if YES, please advise approximate percentage of annual turnover applicable %

32. Do you sell, process, treat, repair or otherwise work on any product exported to any territory other than the USA or Canada **YES / NO**
if YES, please advise approximate percentage of annual turnover applicable:

Europe	<input type="text"/> %
Rest of the World (excluding USA/Canada)	<input type="text"/> %

SECTION 10 – LOSS OF LICENCE

33. State limit of liability required

£

- a) Has there been any opposition to the grant, renewal or transfer of the licence within the last 5 years **YES / NO**
If YES, please give details
- b) Please state the name in which the Licence is held
- c) Have you or the licence holder ever had an application for the grant, renewal or transfer of the licence refused **YES / NO**
If YES, please give details

CLAIMS DECLARATION

Give details of all claims made during the last 5 years:

<u>Date of Loss</u>	<u>Type of Loss</u>	<u>Settled</u>	<u>Outstanding</u>	<u>Details</u>

Please provide details of measures taken to prevent further losses:

<u>Date of Loss</u>	<u>Details</u>

DECLARATION

To the best of my knowledge and belief the information provided in connection with this 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 a material fact will entitle Underwriters to void the insurance.

(NB A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor).

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

Signature of Proposer(s) Date

Please note : Unless dated this quotation will not be valid.

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