



## Commercial Combined Proposal Form

### Section 1: Personal Details

Company Name <i>(including subsidiaries)</i> :	
Postal Address:	
Address to be Insured <i>(if different)</i> :	
Telephone No.:	
Email:	
Website:	
Date Established:	
Renewal Date:	
Full Description of Business Activities:	
Details of any work undertaken away from premises:	
Details of any manufactured products, products sold or supplied:	

### Section 2: Sums Insured (Buildings & Contents)

Buildings Sum Insured:	£
Contents Sum Insured (Other than below):	£
General Stock:	£
Non-ferrous Metals:	£
Computers:	£
Electronic Equipment:	£
Cigarettes & Tobacco:	£
Wines & Spirits:	£
Other target stock:	£
Any other property:	£

### Section 3: Security

Are the premises:

1. In the sole occupancy of the proposer?
2. Protected by an intruder alarm?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

3. If 'Yes', please confirm the method of signalling: \_\_\_\_\_  
 (e.g. bells, Digicom, BT Redcare)

4. Protected by a water sprinkler system?  Yes  No

#### Section 4: Buildings/Construction

Are the Premises:

1. Built of brick, stone or concrete?  Yes  No
2. Roofed with slates, tiles, concrete, metal or asbestos?  Yes  No
3. In a good state of repair and will be maintained?  Yes  No
4. In an area prone to flooding or where flooding has occurred?  Yes  No
5. Please state the method of heating on the premises: \_\_\_\_\_
6. Has the electrical system been checked in the last 5 years by a qualified electrician?  Yes  No

#### Section 5: Subsidence

1. Do you require cover for subsidence?  Yes  No
- a) Has the building ever had any occurrence of subsidence?  Yes  No
- b) Are there any signs of damage caused by subsidence?  Yes  No
- c) Has any neighbouring property been damaged by subsidence?  Yes  No

#### Section 6: Loss of Income & Book Debts Cover

Estimated Gross Profit:	£
Book debts ( <i>Accounts receivable</i> ):	£

What indemnity period is required?  12 Months  24 Months

#### Section 7: Public and Employer Liability Cover

Limit of Indemnity required:  £1 million  £2 million  £5 million

Has the firm previously held Professional Indemnity Insurance:  Yes  No

If Yes, please provide details:

Indemnity Limit:	£
Premium	£
Excess:	£
Expiry Date:	

#### Section 8: Wageroll

Clerical & Managerial:	£
Woodworking machinists:	£
All other employees at premises:	£
Full details of work:	
All other employees away from premises:	£

Full details of work:	
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Wageroll of **all** employees (including partners/directors etc):

Working on premises:	£
Working away from premises:	£
Working away from premises and involving use of heat:	£

Payments to subcontractors away from premises:	£
Charges of plant/equipment hire:	£

Annual Turnover:

UK:	£
USA/Canada:	£
Other:	£

## Section 10: General

Does the business involve:

Any work involved with water-bourne craft, off shore or aircraft operational areas?	
Any work in Power stations, nuclear installations or petrochemical works?	
Any discharge of fumes or anything noxious?	

Do you provide design specification formula or advice in connection with own products?	
Or separately for a fee?	

Has any Health & Safety notice or prosecution been placed in the last 5 years?	
Do any products form part of any aircraft, power stations, water-bourne craft, off shore installations or petrochemical works?	
Are any materials/products imported from outside Europe?	
Do you have a quality control system in place?	
Do you enter into any contracts or agreements that may affect liability under statue or common law?	
Maximum height you work to:	
Maximum depth you work to:	

**If 'Yes' to any of the above section please provide details at the end of this proposal form.**

## Section 11: Optional covers

Please select which covers are required:

Goods in Transit:	
Theft by Employees:	
Refrigerated Goods:	
Legal Expenses Cover:	

## Section 12: Claims

Please provide any details of any claims or losses, whether insured or not, against the proposer for this or any other business (including date, details of incident and cost).

## Section 10: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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 to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Name of Proposer (In block capitals): \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

**Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.**