



## Office Insurance Proposal Form

### Section 1: Personal Details

Company Name <i>(including subsidiaries)</i> :	
Main Office Address:	
Address to be Insured <i>(if different)</i> :	
Number of Offices:	
Employer's Reference No. (ERN):	
Details of any Trade / Professional Associations:	
Telephone No.:	
Email:	
Website:	
Date Established:	
Renewal Date:	

### Section 2: General

1. Have the electrical system been checked in the last 5 years by a qualified electrician?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Are the premises only occupied by you?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. If 'No', is the business self-contained and separately locked?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Have any Risk Assessments been completed?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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5. Do you have a Disaster Recovery Plan or a Business Continuity Plan in place?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Are any chemicals stored on site?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Is visitor access to the office controlled during business hours?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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### Section 3: Buildings

Are the premises built solely of brick, stone or concrete and roofed solely of slate, tile, concrete, metal or asbestos and in a good state of repair?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If 'No', please provide full details at the end of this proposal form.*

Does the company own the building?	
Buildings (rebuild cost):	£
Landlord's fixtures and fittings:	£
Tenant improvements:	£
Percentage of roof that is flat:	%
Percentage of roof that is of timber construction:	%
Is this felt on timber, concrete or other?	
Percentage of building that is of timber construction:	%

How many storeys is the building?	
Is subsidence cover required?	
If 'Yes', confirm sum insured:	£

Have the premises or surrounding area suffered from or are showing signs of damage from subsidence, ground heave or landslip, or in an area susceptible to this type of damage?

Yes  No

If 'Yes', please provide details below:

Is the building in an area with a history of flooding?

Yes  No

If 'Yes', please provide details below:

#### Section 4: Contents

Sum Insured:

Computers/Computer Equipment:	£
Laptops:	£
All other contents/Business equipment:	£
Documents:	£
Work in progress & Stock:	£
Portable equipment away from office (UK):	£
Portable equipment away from office (EUR):	£
Portable equipment away from office (ROW):	£
Money:	£
Computer breakdown cover required?	

#### Section 5: Security

Can you confirm that the security measures at the proposed insured location comply with the following criteria:

- a) The final exit door is secured by means of either a mortise deadlock or rimlock conforming to, or superior to, BS3621 or a key operated multi-point locking system having at least 3 locking bolts.
- b) All other external doors and internal doors giving access to any part of the building not occupied by you, are secured by means of either a locking devices specified in (a) above, or by two key operated security bolts to engage the door frame.
- c) Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or a mortise lock having specific application for emergency exit doors and which is operated by means of a conventional handle and/or thumb turn mechanism.

- d) All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are secured by means of a key operated locking device or are permanently screwed shut.
- e) The local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door.
- f) The provisions of specification (d) above do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate or grilles.

I confirm that my / our office security measures comply with the above requirements:

Yes

No

If 'No', please provide details below:

Alarm Security:

- Are the premises protected by an intruder alarm?  Yes  No
- Is the alarm under your sole control?  Yes  No
- Has a Fire Risk Assessment been completed?  Yes  No
- If 'Yes', is this regularly viewed and updated?  Yes  No

## Section 6: Liability

Wage Roll:

Clerical		Manual	
Current Full Year:	£	Current Full Year:	£
Number of Employees:		Number of Employees:	

Turnover (Current year):

UK:	£
EU:	£
USA / Canada:	£
Other:	£

Liability limits required:

General Liability:	£
Employers Liability:	£

Do you have a written health and safety policy?  Yes  No

Is an accident register maintained?  Yes  No

Are you involved in the manufacture, assembly, alteration, modification, repair or labelling of any products?  Yes  No

If 'Yes', please provide details below:

Do you require cover for any manual work away from the office?  Yes  No

If 'Yes', please provide details below:

### Section 7: Loss of Income, Additional Expenditure and Book Debts Cover

Loss of Income/Loss of Revenue ( <i>last 12 months income</i> ):	£
Additional Expenditure ( <i>to maintain gross income</i> ):	£
Book debts ( <i>Accounts receivable</i> ):	£

What indemnity period is required?  12 Months  24 Months  36 Months

### Section 8: Terrorism

Is cover for Terrorism required?  Yes  No

### Section 9: Insurance History

Have you or any director or partner:

- 1) Ever been refused insurance or had any restrictions or special terms imposed on you by any insurer?  Yes  No
- 2) Made a claim, suffered from any loss or damage or had any claims made against you in the last 5 years?  Yes  No
- 3) Ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than driving offences)?  Yes  No
- 4) Ever been declared bankrupt or been the subject of bankruptcy proceedings?  Yes  No
- 5) Been prosecuted under the Health & Safety at Work Act?  Yes  No
- 6) Been disqualified from any directorship of any company?  Yes  No
- 7) Been the subject of a recovery action by HM Revenue & Customs or their predecessors?  Yes  No

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

## 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.**