



## Property Owners Insurance Proposal Form

### Section 1: Personal Details

Proposer's Name(s):

Trading As:

Risk Address:   
Postcode:

Correspondence Address:   
Postcode:

Telephone:

Email:

Period of Insurance:  to

### Section 2: The Property

1) Is the building:

a) Built of brick, stone or concrete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
b) Roofed with slates, tiles, concrete, metal or asbestos?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
c) In a good state of repair and will be maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*
d) A listed property?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
e) In an area prone to flooding or where flooding has occurred?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
f) Entirely self-contained with their own means of access?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Constructed with a flat roof and covered with felt?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No

2) Approximate year built:

3) Has there been a Fire Authority check on the property?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) If 'Yes', have you completed all the FA requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No*

4) Is the property in an area exposed to storm and impact damage?  Yes\*  No

5) Is the building in a flood risk area or ever been flooded?  Yes\*  No

6) Are the premises occupied overnight?  Yes  No

7) If the property is unoccupied, please answer below:

a) How long has the building been unoccupied?

b) How long will the property remain unoccupied?

c) Is the property going through or to undergo renovation/redecoration/refurbishment?

	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
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d) If 'Yes', have you got the relevant planning permission?  Yes  No\*

e) What is your future intention for this property?

8) If you require Subsidence cover, please answer the following:

- |  |                               |                             |
|--|-------------------------------|-----------------------------|
| a) Has the building ever had any occurrence of subsidence?       | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| b) Are there any signs of damage caused by subsidence?           | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| c) Is the property being, or even been monitored for subsidence? | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| d) Has any neighbouring property been damaged by subsidence?     | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |
| e) Has any survey mentioned movement of buildings?               | <input type="checkbox"/> Yes* | <input type="checkbox"/> No |

If you have ticked any of the boxes with '\*' next to it, please provide full details at the end of this proposal form.

### Section 3: 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?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2) Made a claim, suffered from any loss or damage or had any claims made against you in the last 5 years?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3) Ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than driving offences)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4) Ever been declared bankrupt or been the subject of bankruptcy proceedings?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5) Been prosecuted under the Health & Safety at Work Act?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

### Section 4: Ownership

Is there a mortgage or other charge on your business which should be noted on the policy?  
 Yes  No

Name and address of interested parties:

### Section 5: Sums Insured

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Buildings:   |                              |                             |
| a) Is Accidental Damage cover required?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Is Subsidence cover required?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Buildings sum insured: £ _____<br>(Full cost of rebuild and any demolition costs, architect's and surveyor's fees) |                              |                             |
| d) 12 Months Loss of Rent receivable: £ _____   |                              |                             |
| 2) Landlords contents:  |                              |                             |
| a) Contents sum insured: £ _____  |                              |                             |

- 3) Glass:  
 a) Please state limit required:  £2,000     £3,000     £4,000     £5,000
- 4) Business Interruption:  
 a) Indemnity period required:  12 Months     18 Months     24 Months     36 Months  
 b) Gross Rentals: £ \_\_\_\_\_  
 c) Advance Rentals: £ \_\_\_\_\_
- 5) Book Debts:  
 a) Please state limit required:  £25,000     £50,000     £100,000
- 6) Property Owners Liability:  
 a) Limit of indemnity required:  £1m     £2m     £5m

### Section 6: 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.**