

Office and Surgery Insurance Proposal Form



A specimen of the policy is available on request

When completing this proposal form or having your agent complete it for your signature, you must provide all the material information that is likely to influence the acceptance and/or assessment of your proposal. If you are in doubt whether a particular item of information is material in this respect you should include it. Your failure to do so may give the insurer the right to refuse the claims you make and in certain circumstances avoid the policy altogether.

For Data Protection Act purposes, we will hold and process your personal data for insurance administration. For this purpose, the information may also be passed to selected third parties and reinsurers. You consent to our processing sensitive data about you and other persons who may be insured under the contract. You understand that all personal data you supply must be accurate and you have the specific consent of those persons insured to disclose their personal details.

PLEASE ANSWER ALL QUESTIONS IN CAPITALS OR BY TICKING BOXES AS APPROPRIATE

Insurance required for a period of 12 months commencing

Please note that cover does not commence until this proposal has been accepted by the underwriter

INFORMATION ABOUT YOUR BUSINESS OR PROFESSION

1. Full names of Proprietor / Partners / Directors

a	b
c	d
e	f
Trading as (<i>trading name</i>)	

2. Address for correspondence (*inc Postcode*)

		Postcode
Telephone		

3. Address of office or surgery if different from above (*inc Postcode*)

		Postcode
Telephone		

4. Business or Profession

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5. How else is building occupied (*e.g. Private Dwelling*)

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6. Please state name address and status of any financial interest in the property to be insured (*e.g. bank, building society*)

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BUILDINGS – Please select the cover that you require <i>(The Sum Insured for rebuilding costs is subject to Average – see notes)</i>												
7. The full rebuilding cost (not the market value) of the buildings and outbuildings, plus allowance for architects' and surveyors' fees and costs of removal of debris							£					
8. The full replacement cost of the Office Front, blinds, awnings and fitments							£					
9. Loss of rent receivable from the premises							Term Insured in months			12	24	36
							Sum insured			£		
10. Is subsidence cover required?							Yes		No			
11. Has the property, or any adjacent property, suffered any obvious damage from subsidence or are there any visible signs of cracking							Yes		No			
CONTENTS – Please select the cover that you require <i>(The Sum Insured is subject to Average – see notes)</i>												
12. Contents of Office or Surgery (excluding items entered in 11 to 14 below) Stock and samples, Goods held in trust and Employees effects							£					
13. Computers and other electronic office equipment (enter portable equipment under 14 below)												
14. Surgeries only - Drugs and Medicines							£					
15. Tenants Improvements including decorations to the building <i>(to be insured if the proposer does not own the building)</i>							£					
16 Portable Equipment												
Description					Sum Insured							
a)					£	Is cover required outside the UK?	Yes		No			
b)					£		Yes		No			
c)					£		Yes		No			
17. Refrigerator Contents Sum Insured							£					
18. If the Sum Insured for Contents includes Trade Stock, samples and good held in trust please state value							£					
Description of stock etc.												
Is such property kept within your office or surgery?							Yes		No			
If No, please state where it is kept												
19. Is any work other than clerical or medical or veterinary work undertaken away from the premises?							Yes		No			
If Yes please give a full description of the nature of such work												
BUSINESS INTERRUPTION – Please select the cover that you require by entering the sum to be insured in either 19 or 20 below												
20. The Maximum Indemnity Period is the period of time during which this cover applies whilst damage to your premises adversely affects the operation of your business or Profession. The standard cover is 12 months but alternatives are available.												
Choose the period required	12 months		18 months		24 months		Other <i>(please state)</i>					
21. Loss of Gross Income and Additional Costs of Working The amount of cover you require should be your estimated income during the financial year most nearly concurrent with the period of insurance plus your assessment of the additional expenses you will incur to maintain the income. If you have indicated above that you require a period of cover exceeding 12 months, you should increase your estimated income proportionately.												
Example 18 months – multiply figure by 1.5					Sum Insured	£						
22. Additional Costs of Working The amount of cover you require should be based on your assessment of the additional expenses you will incur related to the period of cover you require.												
This does not cover Loss of Income					Sum Insured	£						

COMPUTER EQUIPMENT AND BREAKDOWN

Please complete the following if you want to upgrade cover to include accidental damage and breakdown

23. Please state description of computer equipment including data carrying materials. Cover applies only at the Premises

Computer Equipment	Sum Insured

24. Additional Costs of Working

£50,000 Sum Insured included in standard cover

25. Is a maintenance agreement in force for all your computer equipment?	Yes		No	
26. Do you keep duplicate records in a fireproof cabinet or safe or away from your Premises?	Yes		No	

INFORMATION ABOUT THE PREMISES

27. Are Premises built of brick, stone or concrete and roofed with slates, tiles or concrete?	Yes		No	
28. Are the Premises heated only by a central heating system powered by electricity, mains supply gas or oil?	Yes		No	

If you have answered No to questions 25 or 26 please give full details of the construction or heating of the Premises as appropriate.

29. Do you or any member of your family or staff live on the Premises or is there a night security guard?	Yes		No	
30. Do the locks on the doors and windows of the Premises comply with the descriptions in the "Important Notes" at the end of this form?	Yes		No	
31. Is an intruder alarm maintained in working order installed in your portion of the Premises? If Yes, please attach a copy of the Alarm Specification.	Yes		No	

INFORMATION ABOUT YOU

32. How long have you been in your Business or Profession?

a) at this address		b) elsewhere	
33. Have you been previously insured at these Premises or elsewhere?	Yes		No
34. In respect of any type of insurance to which this proposal applies and at these or any other business premises, have you or any partner or director of the business			
a) sustained any loss, made any claim or had any claims made against you in the last 5 years?	Yes		No
b) been made aware of any circumstances which may give rise to a claim against you?	Yes		No
c) ever had a proposal declined renewal refused, cover terminated, special terms imposed or increased premium required by any insurer?	Yes		No
35. Has any insurer required increased security protection or risk improvements at these premises and if so, are any of these requirements not complied with?	Yes		No



36. Have you or any director or partner of the Business or Practice ever				
- been convicted of any criminal offence involving dishonesty, arson, theft or wilful damage or are any prosecutions outstanding? (<i>Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 need not be disclosed</i>)	Yes		No	
- been convicted of any offence under any legislation relating to safety of employees or the public or under the Consumer Protection Act or are there any prosecutions pending?	Yes		No	
- been declared bankrupt or had an interest in a business declared bankrupt or made any arrangement with creditors?	Yes		No	
37. If you are a sole trader do you wish the Law of England to apply to this contract?	Yes		No	

If you have answered Yes to any of the questions 31 – 35 under “Information about You” please give a full explanation on a separate sheet.

IMPORTANT NOTES – PLEASE READ CAREFULLY

Notes on the completion of the proposal form

YOUR OWN RECORD OF INFORMATION AND FACTS SUPPLIED

It is recommended that you should keep your own record (including copies of letters) of all information and facts supplied to us for the purpose of entering into this contract.

COPY PROPOSAL FORM

A copy of your completed proposal form is available on request up to 3 months after the date of signature of the declaration

UNDER INSURANCE – AVERAGE

Please note that, as is the normal practice with property insurances, the amounts for which you insure under this policy will be subject to a condition called Average. This makes it extremely important that you insure for the total value and not just for the maximum that you feel you may lose at any one time from any of the risks insured. This also applies to insurance for loss of Gross Income. If you insure for less than the full value, any claim you make may not be settled in full.

SECURITY

- Final exit doors should be secured by a 5 lever mortice deadlock and a 7 inch box striking plate
- Other external doors should be secured by either 5 lever mortice deadlock and 7 inch box striking plate or key operated bolts fitted top and bottom and used in addition to any existing protections.
- Opening windows on the ground floor and other accessible windows should be secured by key operated window locks.
- Louvres in windows on the ground floor and in other accessible windows should be permanently fixed in place

VAT

If you are accountable for VAT you should not include this within the sums insured as, in the event of damage to goods, you can recover from the Authorities the tax that you have paid. If you are not VAT registered or exempt then you must allow for VAT within your sums insured.

DECLARATION

I/We declare that, to the best of my/our knowledge and belief, the above statements made by me/us or on my/our behalf are true and complete and that I/we have not suppressed, misrepresented or misstated any material fact, and that I/we agree to accept the terms and conditions contained in the document of insurance. I/We agree that this proposal shall be the basis of the contract between me/us and the insurer. I/we agree that if any answer has been written by any other person than the undersigned then he/she shall for that purpose be regarded as my/our agent and not an agent of the insurer. I/We understand that the liability of the insurer does not commence until this proposal has been accepted by the insurer.

Signature(s)		Date	