

RETAIL INSURANCE PROPOSAL FORM

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.

Proposer and trading title			
Address and Postcode			
Tel. No.		Fax	
Description of Trade:			

Is the proposer registered for VAT?	Yes		No	
Please state the name and reference of any lender with a financial interest in the property:				
Please give the name and policy number of your previous insurer:				
On what date is this insurance to commence?				
What is your projected gross profit for the coming year?	£			

Should you tick a shaded box when answering the following questions, please provide full details in the space provided below.

Are the premises built of brick stone and/or concrete with a roof of slates or tiles?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the building in which your premises are situated in good repair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you aware of any past flooding or subsidence in or around the property?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you occupy the whole building?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you use any portable heating units?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there 5-lever mortice deadlocks on all exterior doors, and key-operated window locks on all accessible windows and fanlights?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is a NACOSS approved alarm system fitted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the alarm connected to a central station by RedCare or similar?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there a safe on the premises? (If yes please give make and model)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the keys to the alarm and all doors removed from the premises outside business hours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are the premises protected by grills/shutters, CCTV or a sprinkler system?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has any loss, damage, injury or liability arisen in the last 5 year in respect of any of the risks now to be insured?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
In respect of any of the risks now to be insured, has any insurer refused you insurance, imposed special terms, or cancelled or declined to continue your insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Have you, or any director or partner, ever been declared bankrupt, been a director of a company that went into liquidation, or been convicted of an offence of dishonesty? Yes No

Please provide details here in respect of the questions above and overleaf, and of any other matter which you believe may be relevant to this contract of insurance.

How long has your business been trading?		How long have you been at your current trading address?		
How old is the building which you occupy?		Is the building grade I or II listed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide details of the value and/or amount of cover required for each of the following. If you do not want cover under one or more of the items, put "0" or a dash.

Rebuilding cost of the building	£	Loss of Rent	£
Tenant's improvements	£	Shopfront including signs and blinds	£
Specified stock*	£	Other stock	£
Wines & Spirits	£	Tobacco & Cigarettes	£
Fixtures fittings and other contents**	£	*Jewellery, photographic equipment, TV/radio/hi-fi, video cassettes and equipment, computers, mobile phones, power tools and clothing. ** Machinery & plant, furniture, telephones, showcases, grilles etc.	
Frozen Food	£		
Goods in Transit	£		
Money in transit to bank	£	Money in safe overnight	£
Loss of Profits (the policy provides for cover up to £125,000 per year over a two year period. If this is insufficient, please indicate the higher figure required.)			£
Loss of Licence			£
Business Machines computers, tills and other electronic business equipment			£
Any equipment which will be removed from the premises (please itemise with values)			£ £ £ £

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 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.

Signature of Proposer		Date	
-----------------------	--	------	--

No liability is accepted by the insurer until the proposal is accepted and the premium paid

You are advised to keep a copy of this form and all correspondence relating to this insurance.