



B & L UNDERWRITING AGENCIES LIMITED COMMERCIAL COMBINED PROPOSAL FORM

GENERAL DETAILS

Please answer all the questions in this section in BLOCK CAPITALS

Full name of Proposer:

Correspondence Address:

Postcode:

Tele no:

Full Description of Business:

Address of Premises to which the insurance is apply:

Postcode:

Number of years a) Business established Years b) Established at these Premises Years

Other Interested Parties (please specify)

Period of Insurance: From To: (at midnight)

Please answer all the General Questions, those parts of the Proposal relevant to the insurance proposed and the Declaration. When requested, please give full details in the Supplementary boxes provided at the end of this form.

DISCLOSURE: You are required to disclose all material facts which are likely to influence our acceptance or assessment of the risks proposed for insurance. Should you have any doubt as to whether or not a fact is material, you should disclose it. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. This is for your own protection as omission or mis-statement may mean that your insurance will not provide you with the cover you require or may affect the settlement of claims or make the insurance invalid. You are not required to disclose convictions regarded as "spent" by virtue of the Rehabilitation of Offenders Act 1974.

A FULL SPECIMEN WORDING IS AVAILABLE ON REQUEST.

GENERAL QUESTIONS

Have you or any partner, director, principal shareholder in the business:

- 1. a) Ever been refused insurance or had any special terms or conditions imposed by any insurer? YES/NO
- b) During the last five years sustained any loss or had any claim made against you, or them whether insured or otherwise, in connection with any of the types of insurance for which cover is required? YES/NO
- c) Ever been convicted of or have any prosecution pending for any offence involving dishonesty of any kind? YES/NO
- 2. Have you or any principal in the business or any company in which any of you have had an interest been declared bankrupt, the subject of bankruptcy proceedings or made any arrangement with creditors? YES/NO
- 3. Are the Buildings at the Premises or any part of them (including outbuildings) unoccupied or occupied by anyone other than you? YES/NO
- 4. Please give full details of the occupation of all parts of the Premises detailing the type of goods or services provided from the Premises.

If you have indicated "YES" please give supplementary information below.

Please give full details of the occupation of all parts of the Premises detailing the type of goods or services provided from the Premises:

- 5. Are the Buildings at the Premises:
 - a) Built of brick, stone or concrete and roofed with slate, tile, concrete, metal, asbestos or sheets or slabs composed entirely of incombustible mineral ingredients? YES/NO
 - b) In an area which is not subject to flooding or in an exposed position or close to any river, Stream or other water course? YES/NO
 - c) In a good state of repair and free from damage or any defect of any kind? YES/NO
 - d) Heated only by fixed oil, electricity or gas installation (but not LPG)? YES/NO

If you have indicated "NO" please give supplementary information here.

6. Are the Buildings at the Premises detached from other buildings? YES/NO
 If "NO" please give brief description of the business conducted from adjoining buildings

7. In respect of the Buildings please state:

a) Number of storeys [] whether floors are concrete or timber []

b) whether there are any flat roofs YES/NO

If "YES" please state construction, age and condition:

c) i) age of electrical installation [] years

ii) when last inspected by a qualified electrician [insert date.....]

iii) whether a Certificate has been issued YES/NO
 (If "YES" please attach a copy to this Proposal)

d) Quantities of liquids/substances with a flash point below 32 degrees centigrade kept or used at the Premises YES/NO

(If "YES" please state type and quantities)

e) What the storage arrangements are for such liquids/substances?

f) number and type of Fire Extinguishing Appliances sited at the Premises

Type	Water	Dry Powder	Hose Reels	Others (specify)
No.				

(It is a condition of the Contract of Insurance that Fire Extinguishing Appliances are maintained in full working order under contract)

8. In respect of the Buildings:

a) are all external doors protected by 5 lever mortice deadlocks? YES/NO

b) are all ground floor windows and other accessible windows protected by at least one key operated lock or by bar grilles? YES/NO

9. Are the Premises protected by an Intruder Alarm? YES/NO

If "YES" please state:

a) Installer [] NACOSS or SSAIB Approved YES/NO

b) Date of Installation []

c) Is the system maintained under contract by the Installer? YES/NO

d) Method of Alarm Signalling

Bells only Digital Communicator Redcare Private line to central station

If you have answered "NO" to any of the above questions, please give supplementary details below.

10. Is the building listed YES/NO

If yes is it :-

Grade 1 (A in Scotland) YES/NO

Grade 2 (B in Scotland) YES/NO

MATERIAL DAMAGE (Standard Cover)

consisting of:

Fire, Explosion, Aircraft, Riot, Earthquake, Malicious Damage, Storm or Flood, Escape of Water, Impact, Escape of Oil, Collapse of Television Aerials,

1. Please indicate if cover required for additional Perils of

Theft Accidental Loss Sprinkler Leakage Subsidence

2. Do you wish to insure against specific Perils only?
If "YES" please state Perils to be insured:

YES/NO

3. Do you wish to amend the standard Excess of £500?
If "YES" please indicate the amount of excess required

[£.....]

YES/NO

4. If you require Subsidence insurance please answer the following questions:-

a) are the premises free from any sign of damage by Subsidence, Landslip or Heave free from any cracks to external walls and without any history of damage?

YES/NO

b) Are neighbouring properties or the immediate area in which your Premises are sited free from any sign of damage by Subsidence, Landslip or Heave and without any history of damage?

YES/NO

If "NO" please give supplementary information below.

5. Please state Sum Insured required in respect of:

Sum Insured

- a) Buildings (based on full new rebuilding costs including an allowance for architects, surveyors and consulting engineers fees, removal of debris and public authority costs) £
- b) Machinery plant fixtures and fittings and all other contents (other than below) (based on full replacement value of all property owned or held in trust BUT EXCLUDE business equipment if you select wider cover – See "All Risks" on Business Equipment) £
- c) Computers and ancillary equipment pertaining thereto and used in conjunction Therein £
- d) Stock (including goods and materials in trade for which you are legally responsible) £
- e) Tenants improvements and decorations (excluding Landlord's improvements and decorations) £
- f) Any other property (please specify) £

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TOTAL

£

6. Please indicate the value of the following property included within the Sum Insured on Stock (if any)

a) Wines and Spirits

£
£
£

b) Cigarettes and tobacco

£
£
£

c) Precious & non ferrous metals

d) Photographic equipment

e) Audio/visual equipment

f) Video, tapes, discs & CD's

BUSINESS INTERRUPTION (Standard Cover)

Consisting of:

Perils Operative: Fire, Explosion, Aircraft, Riot, Earthquake, Malicious Damage, Storm or Flood, Escape of Water, Impact, Escape of Oil, Collapse of Television Aerials

1. Please indicate if cover is required for additional Perils of
 Theft Accidental Loss Sprinkler Leakage Subsidence

2. Please indicate Basis of Cover required:
 A. Gross Profit B. Gross Revenue C. Increased Cost of Working

Notes: The Sum Insured for A or B above should represent the anticipated Gross Profit/Revenue during the maximum indemnity period beyond the year of insurance.
 The Sum Insured for C should represent the anticipated costs which would be incurred in re-establishing the Business following interruption.

3. Please state the Sum Insured required [£.....]

Note: The maximum indemnity period should be the greatest length of time which the Business could be interrupted or disrupted following physical damage to property

4. Please state the maximum indemnity period required: 12 months 18 months 24 months

5. Is cover to include interruption following damage:

- a) At suppliers and/or customer's premises? YES/NO
 If "YES" please state

Whether Supplier or Customer	Name and Address	Percentage of profit or monetary Limit required

- b) to nearby property preventing access of use of your Premises? YES/NO

- c) to Public Utilities premises? YES/NO

- d) to property stored at Premises (other than your own business premises) YES/NO

ALL RISKS – BUSINESS EQUIPMENT

Means – reinstatement, replacement, repair or indemnity against loss or destruction of or damage to the Property Insured caused by any peril not specifically excluded (Please see specimen insurance document wording for excluded perils)

Please indicate against each item the Description/Make/Model, the Territorial Limits required and the Sum Insured

- The choice of Territorial Limits are:
- A. The Premises Only
 - B. Anywhere UK
 - C. Anywhere UK/Europe
 - D. Anywhere in the World

DESCRIPTION/MAKE/MODEL	TERRITORIAL LIMITS	SUM INSURED

Do you wish to amend the standard excess of £500?
If "YES" please indicate the amount of excess required [£.....]

YES/NO

MONEY

Notes: Cover is automatically provided i) up to £500,000 for crossed cheques, giro cheques, postal orders and other non-negotiable items ii) up to £250 for other money not in a locked safe in the Premises outside Business Hours and iii) up to £500 in your dwelling house or that of any partner, director or employee

When answering the following questions the term Money should EXCLUDE crossed cheques, crossed giro cheques, crossed postal orders or money orders, crossed bankers and/or giro drafts, unexpired units in franking machines, stamped national insurance cards, national saving certificates, premium bonds, credit and card vouchers and VAT purchase invoices

1. Please state:

a) the estimated total amount of Money carried to and from the Bank during year (i.e. the estimated annual carrying)

£

b) the limit to apply to any single loss of Money (This should represent the maximum loss which could be sustained at any time, either in the Premises during Business Hours, or in transit, or in a bank night safe)

£

c) details of safes and strong rooms and the amount of Money contained therein out of Business Hours in respect of which insurance is required

The Premises	Make, Model and/or Name of Safe	Amount of Money

2. Is the transit of Money carried out by a specialist security company?
If "YES" YES/NO

a) Does the security company accept full liability for all loss of Money in their custody? YES/NO

b) Can such Money be excluded from this insurance?
If "NO" YES/NO

c) Please state the estimated annual carryings by the security company

£

3. Is cover required in respect of Personal Accident and/or Injury as a result of robbery?
If "Yes" and you required personal injury benefits larger than £10,000 for death or permanent disability and £100 per week for temporary total disability please state amounts required YES/NO

Capital Amount	£ <input type="text"/>
Per Week	£ <input type="text"/>

GLASS

Note:	Cover under this Section automatically includes damage to a) sanitary ware fixed sinks wash basins lavatory pans and cisterns b) neon and other external fixed signs c) damage to lettering and alarms foils d) damage to frame and framework e) damage to goods on display
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1. Please indicate cover:

A. All Glass

B. External Glass Only

Automatic Covers:

- a) Sanitary wares etc
- b) External Signs
- c) Lettering & Alarm Foils
- d) Frames & Framework
- e) Goods on Display

Sum Insured

£	
£	
£	
£	
£	

Total Sum Insured

Do you wish to amend the standard excess of £350?
 If "YES" please indicate the amount of excess required [£.....]

YES/NO

GOODS IN TRANSIT

Note: Standard Goods in Transit cover excludes furs, jewellery, precious stones, precious metals, pictures, paintings, works of art, bullion, explosives and goods of a dangerous nature unless specifically requested.

1. Please describe fully the nature of all goods to be insured in transit

If cover is required in respect of tobacco, wines, spirits, clothing, non-ferrous metals, photographic equipment, audio/visual equipment, computers, computer games, computer software, video tapes, cassettes, discs or audio tapes, please state maximum value:

£

2. Premium discounts are normally available for excesses above the minimum of £250
Is an increased excess required? YES/NO

If "YES" please state excess required £

IN RESPECT OF PROPERTY IN TRANSIT BY YOUR OWN VEHICLES

3. Please state:

a) the estimated total value of property in transit during the next 12 months

£

b) the maximum value of any one load

£

c) the total number of business vehicles used

4. Are business vehicles fitted with alarms, immobilisers or other protective devices?
If "YES" please give details

IN RESPECT OF PROPERTY IN TRANSIT BY ROAD CARRIER, RAIL OR POST

5. Please state:

a) the estimated total value of property in transit during the next 12 months

£

b) The maximum value of any one consignment i) by Rail/Road Carrier
ii) by Post

£

£

6. Are there written contract conditions applying in respect of Road and Rail transits?

YES/NO

If "YES" what Conditions of Carriage apply:

DETERIORATION OF REFRIGERATED STOCK

If you have refrigerated or frozen stock in machines (up to 10 h.p. only) which are less than 15 years old and you wish to include deterioration of such stock due to failure of these machines

1. Please state

	Description, Make and Model of Refrigerator	Age	Sum Insured

2. Are all refrigerators the subject of a current manufacturers guarantee or warranty or a maintenance contract with a competent refrigeration engineer? YES/NO

If "NO" please give supplementary information below.

BOOK DEBTS

1. please state

a) the maximum amount of debit balances likely to be outstanding at any one time (including an allowance for expansion of the business, seasonal variations, inflation and VAT but deducting an allowance for bad debts) £

b) the address where records are kept (if different from main premises)

c) at what intervals are accounts normally rendered

2. Are records kept within a safe, strong room or fire resisting cabinet? YES/NO
If "YES" please give details including make, model, number and type:

3. Are details of your accounts recorded on computer? YES/NO
If "YES" :

a) are any duplicate records kept? YES/NO
If "YES": please specify where such duplicates are kept

b) how often are duplicate records updated
Daily Weekly Monthly Other

4. What proportion of payments are made to you by bankers order, direct debit, standing order or other such method of payment which does not involve application to the customer %

LOSS OF LICENCE

1. Please state whether cover is required following loss of
A. Liquor Licence B. Entertainment Licence C. Liquor & Entertainment Licence
2. Please state your estimate of the depreciation in the value of the Premises and/or the Business as a consequence £
3. a) have the premises been closed during normal licensing hours during the last 12 months? YES/NO
b) within the last 5 years has there been any opposition to the granting, renewal or transfer of the licence, any notice, caution or other complaint been given or made or any conviction of the licence holder? YES/NO
c) has there been any disqualification or other circumstances or accident which might prejudicially affect the licence or be likely to prevent renewal thereof being obtained? YES/NO
d) is there any intention to apply for a transfer of the licence within the next 12 months? YES/NO

If you have answered YES to any of the above questions, please give details below.

LIABILITIES

1. Please indicate cover required
 A. Employers Liability B. Public Liability C. Products Liability

2. a) Please state the Limit of Indemnity required for Public & Products Liability
 A. £1,000,000 B. £2,000,000 C. £5,000,000

- b) Please state estimated turnover for the next 12 months in respect of
 A. UK £..... B. Export £..... C. Total £.....

Note: The Limit of Indemnity for Employers Liability is £10,000,000
 (but limited to £5,000,000 in respect of Terrorism or Asbestos related claims)

3. Please give estimated annual payment to all employees and other persons as follows:

- a) clerical commercial travellers managerial Employees not engaged in manual labour
 b) all other employees
 c) labour gangers, labour only sub contractors and self employed hire or borrowed persons
 d) all other sub-contractors
 e) proposers own annual remuneration if working manually in the business

Est. No.	Work at Premises	Work away from Premises

4. Please describe fully:

- a) work undertaken – at own premises

- b) goods supplied, installed erected repaired altered or treated by you

5. Do you carry out any work away from the Premises? (other than delivery and collection) YES/NO
6. Do you carry out work outside the United Kingdom? YES/NO
7. a) do you export directly or, to your knowledge, indirectly to the USA or Canada? YES/NO
 b) have you previously exported goods to the USA or Canada? YES/NO
 c) do you export goods to any other countries? YES/NO
 d) do you import any goods from outside the European Community? YES/NO
8. Do you supply or have you previously supplied goods for use in the nuclear, aircraft or marine industries? YES/NO

9. Do you have any facilities at your premises for loading or unloading vessels or craft? YES/NO
10. Do you at any time handle, or store YES/NO
- a) asbestos, silica, explosives or any other substances involving a hazard to health or property? YES/NO
 - b) radioactive substances or other sources of ionising radiations? YES/NO
 - c) flame cutting or welding plant or other heat producing plant or processes away from your own premises by you, or by your sub-contractors? YES/NO
 - d) power driven machinery? YES/NO
11. Are you aware of any situation where noise may be impairing hearing ability? YES/NO
12. Have you entered into any agreements assuming liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement YES/NO
If "YES" please supply copies of the agreement(s)
13. How do you ensure that any sub-contractors employed by you maintain adequate liability?
14. Please give particulars of any mechanically propelled vehicles to which this insurance is to apply:
(Note: Insurance cover required under any Road Traffic legislation is not provided by this Policy)

Important

If you have answered "YES" to Questions 5 to 12 to any of the above questions, please give full details in the Supplementary Details Section including where appropriate the nature of the work, the countries involved, the turnover and/or wages applicable clearly indicating to which questions such further detail refers.

SUPPLEMENTARY DETAILS SECTION

If you have indicated "YES" to any of the questions 5 to 12, please give supplementary information here, indicating clearly the Section and Question referred to:

Section & Question no.	Details

EMPLOYERS' LIABILITY TRACING OFFICE ("ELTO")

It is a requirement for anybody incepting an Employers' Liability policy to supply the Insurer with a full list of their Subsidiary Companies together with the associated Employer Reference Number (ERN). In order to prepare and comply with these requirements, we are asking you to provide this information below.

What is the ERN?

ERNs are commonly referred to as the "Employer PAYE Reference" number and can be found on mandatory documents including P45, P60, P11/D and on most payslips. Including the ERN number will make the process of searching the database for Insurers of Employers far more efficient. ELTO will additionally work with Her Majesty's Revenue and Customs (HMRC) to centrally allocate the relevant Companies House Reference Number to each EL record. The only exception is where the Employer pays all their Employees below the PAYE threshold (currently GBP 503.00 monthly).

Please complete the table below. We will not be able to offer Employers Liability cover without the ERN

	Name	Employer Reference No. (ERN)
Holding Company		
Subsidiary 1		
Subsidiary 2		
Subsidiary 3		
Subsidiary 4		
Subsidiary 5		

If no ERN available, please state reason

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DATA PROTECTION

The defined terms used in this insurance contract shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to you the proposer, the Insurer may have access to Personal Data. You the proposer, warrants that you shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the Insurer (whether such disclosure is made directly by the proposer to the Insurer or indirectly by the proposer to any agent acting on behalf of the proposer or the Insurer). The Insurer shall be the Data Controller of any Personal Data provided to it.

The Insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the Insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The Insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The Insured hereby consents to the Insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the Insurer contracts in connection with the proposed contract/contract of insurance between the Insured and the Insurer

The Insured acknowledges that the Insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Conduct Authority or any other public body or authority of competent jurisdiction and the Insured hereby consents to any such disclosure.

The Insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

IMPORTANT NOTICE TO THE PROPOSER, THE FOLLOWING CLAUSE WILL BE APPLICABLE TO ANY INSURANCE CONTRACT ARRANGED FOLLOWING COMPLETION OF THIS PROPOSAL FORM AND ACCEPTANCE BY ANY INSURER

SANCTION LIMITATION AND EXCLUSION CLAUSE

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

DECLARATION

I/We declare that the foregoing statements and particulars are true and complete and I/We have disclosed all material facts and that this proposal shall form the basis of the contract between me and Insurers

I/We agree that if any information has been given by any person other than myself/ourselves or if any part of this proposal has been completed by any person other than myself/ourselves that person is my/our agent for that purpose

I/We agree to accept a contract of insurance subject to the terms and conditions of the Insurers' contract terms and that the insurance(s) will not be in force until the proposal has been accepted by the Insurers except to the extent of any official Cover Note which they may issue

Signed Position Date

Please return completed proposal form to: