



## OFFICES PROPOSAL FORM

### IMPORTANT

You should keep a record (including copies of letters) of all information provided to B & L Underwriting Agencies Limited relating to this proposal, a copy of which will be provided on request within a period of three months after its completion. A full specimen wording is available on request.

### COMMENCEMENT DATE OF INSURANCE

Date insurance to start       Cover cannot apply until this proposal is accepted.  
The insurance will be renewable annually on this date.

### PROPOSER'S DETAILS (complete in all cases)

#### 1. Trading Name of Proposer

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#### 2. Proposer's Postal address

Postcode:	Telephone number and code: Email address:

#### 3. Address of Property to be insured if different from that in 2 above

Postcode:	Telephone number and code:

#### 4. Name of Directors or Partners and Registered Number if a Limited Company

	Registered Number

#### 5. Business Description or Trade (please describe all your activities to be insured)


**GENERAL QUESTIONS (complete in all cases)**

- | YES | NO |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
|     |    |
1. Do any of the buildings you occupy have walls other than of brick, stone or concrete or roofs other than of slate, tile, concrete, metal or asbestos?
  2. Does any other business occupy or operate from these buildings?
  3. Does your office form part of a wider manufacturing or industrial concern?
  4. Have you or any director or partner ever been declared bankrupt or insolvent?
  5. Have you or has any director or partner been convicted of, or is any prosecution pending for, arson or any offence involving dishonesty of any kind e.g. fraud, robbery, theft or handling stolen goods?
  6. How many years have you been in business at this or any previous address(es)? .....years

**7. In respect of any of the risks against which you now wish to insure:**

- | YES | NO |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |
- i) Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years?
  - ii) Has any previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions?
  - iii) Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last 3 years)

8. Do you undertake work away from your premises?

If you have answered "YES" to any of the above questions, please give details below including name(s) and address(es) of previous Insurers/trading interests and dates and amounts paid or outstanding in respect of any claims, and details of work undertaken.


9. Please state the number of persons that are employed by you and the estimated annual wages (including Directors and Principals' own drawings)

Number of Employees .....  
 Estimated Annual Salaries £.....

10. Please state the estimated annual turnover of the business

£.....

**CONTENTS (complete in all cases)**

Note: the standard cover for this Section is All Risks of accidental loss, destruction or damage. (Theft cover is subject to forcible and violent entry to or exit from the Premises)

1.

State Sums to be Insured

- i) BUSINESS EQUIPMENT, fixtures, fittings, fixed glass and all other contents for which you are legally responsible. (This should represent the full replacement cost as new of your Business Equipment).
- ii) ELECTRONIC EQUIPMENT (such as computers and ancillary equipment)
- iii) BUSINESS FILES and RECORDS (minimum Sum Insured £10,000)
- iv) ELECTRONIC EQUIPMENT anywhere in the UK or Europe

(A) £
(B) £
(C) £
(D) £
Total contents (A + B + C + D) £

2. Do you wish to reduce your premium by increasing the standard Excess of £350

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If YES<sup>n</sup> please tick increased amount:                      £500                       £750                       Other £

3. Do you wish to increase the Limit of Liability in respect of Injury or Damage from £1m to £2m?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

4. Damage to Property in transit is automatically provided up to a Sum Insured of £1,000, do you require an increase in the Sum Insured?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If so please specify the Maximum Sum Insured required

£.....

5. Money cover is automatically provided up to a limit of £2,500 during business hours or whilst in transit to and from a bank, do you require an increase to this limit?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If so please specify the limit required

£.....

Please state the security precautions taken and number of persons who will accompany the Money in transit if over £2,500


**BUSINESS INTERRUPTION (complete in all cases)**

1. Indemnity Period required? (please tick)      12 months     18 months     24 months

2. Estimated GROSS REVENUE during Indemnity Period selected?      £.....

3. Do you wish to limit cover to Additional Expenditure only?      Yes    No  

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If "YES" please state sum insured required (minimum £10,000)      £.....

**OPTIONAL COVERS (complete only if required)**

**BUILDINGS**

**Note: the standard cover for this Section is Fire, Special Perils and Theft**

1. **Sum Insured** (This should represent the full rebuilding cost of your premises including an allowance for Site Clearance Costs and Professional Fees)    £.....

2. **State the name(s) and address(es) of any other financial interest in the building(s) to be noted on the insurance.**


3. Do you require Accidental Damage cover on the Building Section?      Yes    No  

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4. Do you require Subsidence cover on the Buildings Section?      Yes    No  

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If so please answer the following questions:

a) have any of the buildings (or part of the buildings) been subject to subsidence, landslip or heave damage      Yes    No  

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b) have any of the buildings (or part of the buildings) been underpinned to prevent or repair subsidence, landslip or heave damage      Yes    No  

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c) are the buildings built on reclaimed or made up land      Yes    No  

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**OUTSTANDING DEBIT BALANCES**

1. **Sum Insured** £.....  
 (Your insurance will contain a Condition that you maintain a quarterly record of the total amount outstanding and keep this record away from your premises)

**SECURITY (complete in all cases)**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Is an Intruder Alarm fitted?          | <input type="checkbox"/> | <input type="checkbox"/> |
| If "YES" is it NACOSS of SSAIB Approved? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the alarm 'bells only'?            | <input type="checkbox"/> | <input type="checkbox"/> |

If "NO" please advise type of remote signalling used

Please state the manufacturer's name and address and also send us a copy of the alarm specification

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 3. Are all external doors fitted with mortice deadlocks conforming to BS3621? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all accessible windows fitted with key operated window locks?          | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "NO" to either question 3 or 4, please give details of the existing security.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 5. Do your premises have any other security features? (If "YES" please give details below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a safe installed?  | <input type="checkbox"/> | <input type="checkbox"/> |

If please specify make and type, i.e. wall safe, freestanding &/or anchored to the floor

**ELECTRICAL SURGE PROTECTION**

It is a condition precedent to liability of Insurers that all Computer and related electrical equipment be protected by suitable electrical surge protection devices. Please indicate that you have read and understood this requirement and that such protections are in place.

**I have read and understood this requirement      Yes/No**

**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.

**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)
<b>Holding Company</b>		
<b>Subsidiary 1</b>		
<b>Subsidiary 2</b>		

If no ERN available, please state reason

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**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.

**MATERIAL FACTS (Complete in all cases)**

A material fact is any fact which could influence the assessment or acceptance of this proposal. Failure to tell us a material fact may lead to the insurance being of no effect. If you are in any doubt as to whether a fact is material, for your own protection you should let us know.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are there any other material facts you should disclose? (If "YES", please give details below)

Before signing the declaration, please check that you have completed this form in accordance with the cover you require and have answered all the questions. We would suggest that you retain a copy for your own records. – thank you.

**DECLARATION**

I declare that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been withheld, suppressed or omitted.  
If the above statements have been written by any other than the undersigned, such person shall be deemed to have been my/our agent for the purpose of filling in such statements.

PROPOSER(S) SIGNATURE .....DATE:.....