



B & L UNDERWRITING LIMITED

PROPERTY OWNERS COMBINED PROPOSAL FORM

Please answer all the questions in this Section in BLOCK CAPITALS

Name of Proposer (and trading name):		
Correspondence Address:		
Postcode:	Tele no:	
Email address:		
Full description of Business:		
Address of Premises to which the insurance is to apply:		
Postcode:		
Number of years the Premises have been owned by you:		
Other Interested Parties (please specify)		
Period of Insurance: From _____ to: _____ (at midnight)		

COVERS REQUIRED (Please indicate covers required)

BUILDINGS	YES	NO
LOSS OF RENT	YES	NO
PROPERTY OWNERS LIABILITY	YES	NO
EMPLOYERS LIABILITY	YES	NO
CONTENTS	YES	NO

Proposers should complete the General Questions, the relevant parts of the Proposal and the Declaration. If you tick any **shaded boxes**, please give supplementary information in the area 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 for insurance. Should you have any doubts 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.

GENERAL QUESTIONS

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

		YES	NO
1. a)	Ever been refused insurance or had any special terms or conditions imposed by the Insurer		
b)	During the last five years sustained any loss or had any claim made against you, whether insured or otherwise, in connection with any of the types of insurance for which cover is required?		
c)	Ever been convicted of or have any prosecution pending for any offence involving dishonesty of any kind?		
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 arrangements with creditors?		

THE PREMISES

1. Please give full details of the occupation of all of the Premises, including land (if there are no buildings)

		YES	NO
2.	Are the premises or any part of them (including outbuildings) unoccupied?		
3.	Are 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?		
b)	in an area which is subject to flooding or in an exposed position or close to any river, stream or other water course?		
c)	in a good state of repair and free from damage or any defect of any kind?		

SECTION 1 - THE BUILDINGS

1.	Do you wish to insure against limited Perils only? If YES please state the Perils to be insured:	YES	NO
2.	Do you wish to amend the Standard Excess of £500? If YES please indicate the amount of excess required: £1,000.....		

Please indicate which "Basis of Claims Settlement" should apply by completing either a) or b) following:

3.	a)	Reinstatement	Sum Insured
Note 1:		The Sum Insured should represent the full cost of rebuilding (as new) including an allowance for architects and surveyors fees, debris removal costs and any other costs which may be incurred in complying with local authority requirements	£
	b)	"Day One" Basis - Declared Value	Declared Value
Note 2:		The "Declared Value" should represent the costs as detailed in Note 1 above but at a level of costs appropriate at the commencement of this insurance. Cover under your Property Owners insurance document automatically includes a +25% "Day One" Inflation provision which should be adequate and for the purpose of calculating your Declared Value you should ignore any inflationary facts. (If 25% is not adequate for your needs please advise us)	£

4.	Do you require Subsidence insurance? If YES -	YES	NO
a)	Are the Premises free from any signs of damage by Subsidence, Landslip or Heave and are free from any cracks to external walls and without any history of damage?		
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?		
5.	Are you planning to undertake any significant alterations renovation refurbishment or re-development of the Premises?		

6	Is the building listed Grade 1 (A in Scotland) Grade 2 (B in Scotland) If Yes Indicate which	YES	NO
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SECTION 2 - LOSS OF RENT (RECEIVABLE)

Please state: Annual Rent £.....Period of Rent to be Insured.....months	Sum Insured £
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Note: The Sum Insured should be the annual rent expected during the insurance year multiplied by the Period to be Insured (in years or fraction of years). Your Property Owners Insurance Document automatically includes any increase in Rent as a result of a Rent Review during the Period to be Insured up to a maximum of 100% of the Sum Insured

SECTION 3 - PROPERTY OWNERS LIABILITY

Your liability as Property Owner is automatically insured up to a Limit of Indemnity of £1,000,000 Do you wish to increase the Limit of Liability to £2,000,000?	YES	NO

OPTIONAL SECTIONS

SECTION 4 - EMPLOYERS LIABILITY

Your liability for injury to Employees is automatically insured up to a limit of Indemnity of £10,000,000

1. Do you require cover for Employers' Liability? If YES please state details of Employees to be included	YES	NO

Categories of Employee	Number	Estimated Total Annual Earnings
Employees engaged in Maintenance		
Caretakers		
Employees engaged in Security		
Clerical/Managerial		
Others		

Note: 'Earnings' mean total wages, salaries, bonuses, commissions and other earnings without deduction for Income Tax, National Insurance or contributory Pensions and other amounts deducted by agreement or otherwise.

2. Are any Employees engaged or likely to be engaged in exterior maintenance work above two storeys in height?	YES	NO

SECTION 5 - LANDLORDS CONTENTS

Do you require cover for your Contents? If YES please give details of Property to be insured and the Sum Insured you require for each	YES	NO

	Property to be Insured	Sum Insured
1.		£
2.		£
3.		£

Note: The Sum Insured must represent the full cost of repair or replacement as new of all insured items plus an inflationary amount.

SUPPLEMENTARY INFORMATION

If you have ticked any shaded boxes, please give supplementary information here, indicating clearly the Section and Question Number referred to:

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)
Holding Company		
Subsidiary 1		
Subsidiary 2		
Subsidiary 3		
Subsidiary 4		
Subsidiary 5		

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.

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/us and the Insurers.

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

I/We agree to accept an Insurance Document subject to the terms and conditions of the Insurers 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 it may issue

Signed _____ Position _____ Date _____

Please return completed proposal to:

B & L Underwriting Agencies Limited, 4th Floor, 6-8 Fenchurch Buildings, London, EC3M 5HT