



sutton
specialist risks

Underwritten by QBE Insurance (Europe) Limited



PROPERTY PROPOSAL FORM

PLEASE COMPLETE AND RETURN TO:

Sutton Specialist Risks Ltd, 31 Great George Street, Bristol BS1 5QD Tel: 0117 930 0100 Email: info@ssrib.co.uk Website: www.ssrib.co.uk

Disclosure: In completing this Proposal Form it is very important that you disclose fully and accurately all material facts, as failure to do so may result in this insurance being void.

Material facts are those which may affect an Insurer's assessment of the risk to be insured. If you have any doubt as to whether something is a material fact you should provide full details on this Proposal Form.

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL AND WHERE APPLICABLE TICK THE APPROPRIATE BOX

YOUR DETAILS

1. Full name of proposer (including any trading names):

(where the company is not limited we must have the names of all of the partners)

2. Address

Postcode

3. Have you or any director or partner:

a) been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

b) been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If either of the shaded boxes in questions 3a) or 3b) have been ticked please provide full details here:

4. Have you or any director or partner ever made a claim in the last 5 years (whether insured or not) of the insurances for which you are now proposing?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If YES please provide details below:

Date	Details of Claim	Amount

Please complete the questions in Sections B, C and D for each separate premises to be insured.
(Please take a photocopy or ask your insurance advisor for copies of these sections to do this.)

B COMMERCIAL PROPERTY ALL RISKS SECTION

BUILDINGS

- | | YES | NO |
|---|--------------------------|--------------------------|
| 5. Do you require cover for Commercial Property All Risks on Buildings?
If YES please complete questions 6 and 7 below: | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Should cover include subsidence, heave and landslip?
If YES are the premises: | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) close to a cliff, quarry or other excavation? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) or any property nearby (including boundary walls) showing any visible signs of existing or previous damage by subsidence, ground heave or landslip? | <input type="checkbox"/> | <input type="checkbox"/> |

Note: Depending on the responses to questions 6(a) and (b) above it may also be necessary to complete a supplementary questionnaire.

7. Buildings sum insured

Note: The insurance for this item is on a "day one" basis. The sum insured should represent your assessment of the cost of reinstating the property insured at the inception of the period of insurance including allowance for the additional costs to comply with public authority requirements, architects and surveyors' fees and debris removal.

CONTENTS

- | | YES | NO |
|--|--------------------------|--------------------------|
| 8. Do you require cover for Commercial Property All Risks on Contents?
If YES please complete question 9 below: | <input type="checkbox"/> | <input type="checkbox"/> |

9. Contents sum insured

Note: The insurance for this item is on a "day one" basis. The sum insured should represent your assessment of the cost of reinstating the property insured at the inception of the period of insurance including allowance for the additional costs to comply with public authority requirements, architects and surveyors' fees and debris removal.

Note: The sum insured for Contents must be sufficient to include all of the items listed below for which the policy cover has standard limits as shown. If any of the limits are inadequate please show the required figure in the box.

- | | |
|---|--------------------------------|
| a) Non-ferrous metals (£10,000) | <input type="text" value="£"/> |
| b) Electronic business equipment and computers (£5,000) | <input type="text" value="£"/> |
| c) Goods in Transit (£10,000 per consignment) | <input type="text" value="£"/> |
| d) Portable electronic equipment in the UK (£5,000) | <input type="text" value="£"/> |
| e) Portable tools anywhere in the UK (£5,000) | <input type="text" value="£"/> |
- | | YES | NO |
|---|--------------------------|--------------------------|
| 10. Do you require cover for Terrorism? | <input type="checkbox"/> | <input type="checkbox"/> |

C DETAILS OF YOUR PROPERTY

11. Address of the Premises to be insured if different to the address in 2 above

Postcode (must be provided)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 12. I / We confirm that the Premises: | | |
| a) Are built of brick, stone, concrete or metal and roofed with slate, tiles or metal | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are self contained and occupied solely occupied by me / us | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are not heated by any type of portable heaters | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have never been damaged by flood and are not in an area that has flooded | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the shaded boxes in questions 12(a) to 12(d) have been ticked please provide full details here:

13. How are the Premises Occupied? (e.g. Offices)

SECURITY OF YOUR PROPERTY

14. I / We confirm that:
- | | YES | NO |
|--|--------------------------|--------------------------|
| a) All external doors at the Premises are secured by 5 lever mortise deadlocks and / or 5 lever close shackle padlocks | <input type="checkbox"/> | <input type="checkbox"/> |
| b) All accessible opening windows, fanlights and skylights are either secured by window locks or are fitted with bars | <input type="checkbox"/> | <input type="checkbox"/> |
15. Is an intruder alarm fitted to the Premises
- | | YES | NO |
|--|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
- If YES a) how is the alarm maintained (please tick):
- By an NSI approved company by an SSAIB approved company Other arrangement
- b) what type of alarm signalling is installed (please tick):
- Bells Only Digital Communicator RedCare RedCare GSM Other

If any of the shaded boxes in questions 14 and 15 have been ticked please provide full details here:

BUSINESS INTERRUPTION ALL RISKS SECTION

16. Do you require cover for Business Interruption All Risks? YES NO
- If YES what basis of cover is required? (please tick)
- a) Gross Profit b) Increased cost of working only
- Note:** Gross Profit is the amount by which the sum of the amount of the turnover and the amounts of the closing stock and work in progress exceeds the sum of the opening stock and work in progress and the amount of the specified working expenses
- Note:** Specified Working Expenses are; purchases (less discounts received), discounts allowed, carriage, packing and freight.
17. Sum insured required £
18. Indemnity period required (please tick) 12 months 18 months 24 months 36 months
19. Do you require cover for rent receivable? YES NO
- If YES please state the sum insured required. £

CONTRACT WORKS SECTION

20. Do you require cover for Contract Works? YES NO
- If YES please complete the following:
21. Contract works annual turnover (including free issue materials) £
22. Maximum limit any one contract £
23. Temporary buildings and plant (belonging to you) sum insured £
24. Employees tools and personal effects (Limit £1,500 any one employee) total sum insured £

25. Annual hiring in charges
26. Maximum value of any one item of hired in plant
27. Maximum value of hired in plant at risk at any one time
- | | YES | NO |
|---|--------------------------|--------------------------|
| 28. Are any materials left on site out of work hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. If YES are these materials securely stored in lockable containers or in other secure locations out of work hours? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Is plant ever left unattended or left overnight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. If YES are all items of plant immobilised and locked in secure compounds or locations when left unattended or left overnight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Are tools left on site overnight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. If YES are they securely stored in lockable containers overnight? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the shaded boxes in questions 29, 31 and 33 above have been ticked please provide full details here:

If you have additional comments or information you consider relevant to site security please provide details here:

34. Do you require cover for Terrorism? YES NO

G D E C L A R A T I O N

IMPORTANT

DISCLOSURE

Material facts must be disclosed. These are facts which an insurer would regard as likely to influence the acceptance and assessment of the proposal. If you are in any doubt about what you should disclose, do not hesitate to tell us or your advisor. Making sure we are informed is for your own protection as failure to disclose all material facts may invalidate your cover or result in your policy not operating fully. Please keep copies of all communications in respect of information supplied for the purpose of entering into this contract. If requested, a copy of this proposal form will be provided.

ANTI-FRAUD WARNING

It is important that care is exercised in the completion of this form. Some or all of the information which you supply to insurers in connection with this insurance will be held by the company on computer and may be passed on to other parties for underwriting and claims handling purposes and to prevent fraudulent claims.

DECLARATION

I/we declare that to the best of my/our knowledge and belief this proposal form has been completed correctly and nothing material affecting any of the risks proposed has been concealed. I/we further agree that this proposal shall form the basis of the contract with insurers. I/We agree to accept insurance subject to the terms and conditions of the Company's policy and that the insurance will not be in force until this proposal has been accepted by the Company. I/We further agree to provide such declarations of actual turnover at the end of the period of insurance as may be required and to pay any additional premium due.

NAME IN CAPITALS: SIGNED:

DATE: POSITION:

This proposal must be signed by an authorised representative of the company such as Partner, Director or Company Secretary

FOR OFFICE USE ONLY

CHECKED BY: DATE: