

Property Owners

Please complete the below as accurately as possible.

COMPANY INFORMATION

Company Name (inc. Proprietor(s) or Partner(s) Name:

Business Address inc. Post Code:

Full Business Description and Business Activities

Year Business Established:

Years Exp. In Trade:

Renewal Date:

Current Insurer:

Current Broker:

Last Year's Premium:

BUSINESS ACTIVITIES

The Business description for the proposed policy will be Ownership and/or management of the buildings.

If this is not sufficient to describe your business, please provide an explanation.

Y or N

Is your ownership of the buildings part of your trade, business, or profession?

Are you registered in the UK?

Property Owners

DECLARATION

Has the Proposer, any Partner(s) or any Director(s) ever;

a) had any proposal for insurance cancelled or has any Insurer ever declined to renew your Policy or required increased premium or imposed special terms?

b) had a claim rejected by an insurer

c) been convicted of, prosecuted for or are any prosecutions pending for any criminal offence (other than motoring convictions)?

d) had any CCJs, Liquidations and/or Bankruptcies against them at the current company or previous companies they have been involved in?

e) had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

e) Are you currently trading at a loss or do you have debts that you may not be capable of servicing?

If yes, please provide details:

Property Owners

PREMISES

Please list the full address of any premises to be insured:

Premises 1:

Premises 2:

Premises 3:

Premises 4:

Premises 5:

Premises 6:

Premises 7:

Premises 8:

Premises 9:

Premises 10:

Property Owners

INSURANCE PRODUCTS

OWNERSHIP: if you are not the owner of all the premises to be insured, please state your interest.

INTERESTED PARTY: if you require any interested party to be noted, please state their details.

AGE OF BUILDINGS & NUMBER OF STOREYS

	Year Built	No. of Storeys
Premises 1:	<input type="text"/>	<input type="text"/>
Premises 3:	<input type="text"/>	<input type="text"/>
Premises 5:	<input type="text"/>	<input type="text"/>
Premises 7:	<input type="text"/>	<input type="text"/>
Premises 9:	<input type="text"/>	<input type="text"/>

	Year Built	No. of Storeys
Premises 2:	<input type="text"/>	<input type="text"/>
Premises 4:	<input type="text"/>	<input type="text"/>
Premises 6:	<input type="text"/>	<input type="text"/>
Premises 8:	<input type="text"/>	<input type="text"/>
Premises 10:	<input type="text"/>	<input type="text"/>

PREMISES OCCUPANCY

	Occupancy
Premises 1:	<input type="text"/>
Premises 3:	<input type="text"/>
Premises 5:	<input type="text"/>
Premises 7:	<input type="text"/>
Premises 9:	<input type="text"/>

	Occupancy
Premises 2:	<input type="text"/>
Premises 4:	<input type="text"/>
Premises 6:	<input type="text"/>
Premises 8:	<input type="text"/>
Premises 10:	<input type="text"/>

Property Owners

PREMISES - ADDITIONAL QUESTIONS

Please answer the following questions in relation to health and safety and risk management. If any of the following answers are NO, please provide details:

	Y or N
Tenancy agreement – are all tenancy agreements on the basis of an Assured Shorthold Tenancy and for a minimum period of 6 months?	<input type="checkbox"/>
Sub-Let / Owner Occupied – are any premises to be insured sub-let or owner occupied – in full, or in part?	<input type="checkbox"/>
Tenancy Breach – Are any premises to be insured occupied by a tenant that us in breach of their tenancy agreement?	<input type="checkbox"/>
Cooking Area – Is cooking confined to fixed cooking appliances in designated kitchen areas?	<input type="checkbox"/>
Bedsits – Are any of the premises to be insured occupied as bedsits or shared accommodation?	<input type="checkbox"/>
Construction – Are ALL of the buildings of the premises to be insured “Standard Construction”? (brick, stone, or concrete walls with roof or slate tile, concrete, asphalt, felt, metal or asbestos)	<input type="checkbox"/>
Flat Roofing – Please state the approximate percentage of flat roofing, if any.	<input type="checkbox"/>
Good Condition – Are all premises to be insured in a good state of repair and will be maintained as such?	<input type="checkbox"/>
Flat / Maisonette – Are any of the premises to be insured an individual flat or maisonette?	<input type="checkbox"/>
Unoccupied – Will any of the premises to be insured be unoccupied or undergo major renovations or building works (other than general redecoration and general improvements) during the forthcoming period of insurance?	<input type="checkbox"/>
Listed Building – Are any of the premises to be insured listed/protected? If YES; please provide details in additional information box below:	<input type="checkbox"/>
Security In Place – Do all final exit doors comply with minimum security requirements ie. 5 lever mortice deadlocks. Are all accessible windows key operated? Is there an audible alarm fitted?	<input type="checkbox"/>

ADDITIONAL INFORMATION

Property Owners

SUMS INSURED/COVER REQUIRED

	Buildings Sum Insured (£)	Landlords Contents Sum Insured (£)		Buildings Sum Insured (£)	Landlords Contents Sum Insured (£)
Premises 1:	<input type="text"/>	<input type="text"/>	Premises 2:	<input type="text"/>	<input type="text"/>
Premises 3:	<input type="text"/>	<input type="text"/>	Premises 4:	<input type="text"/>	<input type="text"/>
Premises 5:	<input type="text"/>	<input type="text"/>	Premises 6:	<input type="text"/>	<input type="text"/>
Premises 7:	<input type="text"/>	<input type="text"/>	Premises 8:	<input type="text"/>	<input type="text"/>
Premises 9:	<input type="text"/>	<input type="text"/>	Premises 10:	<input type="text"/>	<input type="text"/>

SUBSIDENCE

Are all Premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave? Y or N

Are any premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave or actually incurred damage from Subsidence, Landslip or Heave?

If YES: Please provide details:

FLOOD

Is any premise/s in a flood plain area or an area that has previously flooded?

	Y or N		Y or N
Premises 1:	<input type="checkbox"/>	Premises 2:	<input type="checkbox"/>
Premises 3:	<input type="checkbox"/>	Premises 4:	<input type="checkbox"/>
Premises 5:	<input type="checkbox"/>	Premises 6:	<input type="checkbox"/>
Premises 7:	<input type="checkbox"/>	Premises 8:	<input type="checkbox"/>
Premises 9:	<input type="checkbox"/>	Premises 10:	<input type="checkbox"/>

Property Owners

TERRORISM

Do you require terrorism cover for the premises covered on this policy?

Y or N

PROPERTY OWNERS LIABILITY

Please state the limit of indemnity required for Property Owners Liability:

Property Owners Liability (£)

EMPLOYERS LIABILITY

Please state the limit of indemnity required for Employers Liability:

Employers Liability (£)

Type of work - Do your employees undertake manual work other than low hazard general routine maintenance and housekeeping?

Y or N

Total Number of Employees:

HMRC Employers Reference Number:

If exempt, please explain below:

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CLAIMS

Have you ever suffered any loss, claim or incident (which may give rise to a claim) in relation to these policies or any other policies, whether insured or not in the last 5 years?

YES or NO

If Yes, Please provide Details:

DATE:

PAID/RESERVED (£)

DETAILS:

SIGNATURE

I hereby declare the above information is accurate and true:

Signature:

Name:

Date:

 / /

Property Owners

ADDITIONAL INFORMATION
