

Commercial Combined

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:

DECLARATION

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

If yes, please provide details:

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) been prosecuted or are any prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?

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?

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MATERIAL DAMAGE

Year commenced trading at this address:

Year built:

Occupancy (Please Select):

Do you have any neighbouring premises? If Yes; What are their business activities:

Is the property free from flood, subsidence, heave & landslip & in a good state of repair? (Y or N) If NO, please provide details:

Is the building of standard construction (i.e. brick/stone/concrete (floor & roof)/slates/tiles? (Y or N) If NO, please provide details:

% of Flat Roof:

Are composite panels LPCB approved?

Do you have CCTV?

Do you have an intruder alarm

Accreditation of alarm:

Will the alarm be set and in full and proper operation whilst premises are closed/unattended?

What security & locks do you have on accessible doors?

Are all accessible window locks key operated?

Heating method?

Do you have a fire alarm?

Do you have a smoke alarm?

Do you have fire extinguishers?

Do you have a sprinkler system?

Do you have fire doors?

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MATERIAL DAMAGE - SUMS INSURED

Buildings (£)	<input type="text"/>
Tenants Improvements (£)	<input type="text"/>
General Contents (£)	<input type="text"/>
Computer Equipment (£)	<input type="text"/>
Stock (£)	<input type="text"/>
Machinery & Plant (£)	<input type="text"/>
Theft Attractive Stock (£)	<input type="text"/>

Do you require cover for items away from the premises?

Description:	Limit of Indemnity (£)	Territorial Limits (UK, EU, Worldwide)
Laptop Computers & Ancillary Equipment	<input type="text"/>	<input type="text"/>
Photographic, Video & Audio Equipment	<input type="text"/>	<input type="text"/>
Other - Please Describe: <input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS INTERRUPTION

Description:	Indemnity Period (Months)	Sum Insured (£)
Gross Profit	<input type="text"/>	<input type="text"/>
Revenue	<input type="text"/>	<input type="text"/>
Additional Increased Cost of Working	<input type="text"/>	<input type="text"/>
Additional Expenditure	<input type="text"/>	<input type="text"/>

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LIABILITY

Limit of Indemnity

Employers Liability (£)

Public Liability (£)

Estimated Turnover for the forthcoming 12 Months: Turnover (£)

WAGEROLL: Estimated Annual Wage Roll & Number of Workers for the forthcoming 12 months:

Wage Roll (£)

Number of Workers

Clerical, Managerial & Supervisory Staff:

Manual work at own premises:

Manual work away:

Other (Please Specify):

Bona Fide Subcontractors:

HEALTH & SAFETY:

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

Do you have a written and signed Health & Safety policy?

Do you have a formal safety training plan for employees?

Do you have documented procedure for high risk activities?

Do you have a formal documented accident investigation plan?

Machinery and plant all installed and used in accordance with statutory requirements?

Personal Protective Equipment issued, worn and signed for?

Do you carry out formal risk assessments, documented with relevant safe system of work?

Please list all the trade associations, professional bodies and accreditation schemes you belong to:

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ADDITIONAL COVERS

COVER:	REQUIRED (Y or N)	DETAILS:
Money & Assault	<input type="checkbox"/>	<input type="text"/>
Book Debts	<input type="checkbox"/>	<input type="text"/>
Deterioration of Stock	<input type="checkbox"/>	<input type="text"/>
Employee Fidelity	<input type="checkbox"/>	<input type="text"/>
Goods in Transit	<input type="checkbox"/>	<input type="text"/>
Legal Expenses	<input type="checkbox"/>	<input type="text"/>
Terrorism Cover	<input type="checkbox"/>	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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SIGNATURE

I hereby declare the above information is accurate and true:

Signature:

Name:

Date:

 / /

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ADDITIONAL INFORMATION
