



**NEW INDIA
ASSURANCE**



Please complete this proposal and return it to
your insurance adviser or to:

The New India Assurance Company Limited,
3rd Floor,
Crown House
Crown Street,
Ipswich,
Suffolk IP1 3HS

Proposal

**COVERCHOICE BUSINESS
COMBINED INSURANCE**

Business Combined Insurance Proposal



**NEW INDIA
ASSURANCE**

Important Notice and Personal Details

On this Proposal which will form the basis of the Contract you must disclose all material facts i.e. those which an insurer would regard as likely to influence the acceptance or assessment of the risk. If you are in any doubt as to whether the facts are material, you should for your own protection, disclose them as a failure to do so could invalidate the insurance.

You should keep a record of all information (including copies of letters) supplied to the Insurer for the purpose of entering into this Contract. A copy of your Proposal will be supplied to you on request within three months of its completion.

Please complete this form in BLOCK CAPITALS, delete the parts of the pre-printed answers which do not apply. If the space provided is inadequate please supply full details using the Additional Information Section at the end of this Proposal Form

Name in Full	<input type="text"/>		
Trading Name of Proposer	<input type="text"/>		
ERN (HMRC Employer Reference Number)	<input type="text"/>		
Do you have any Subsidiary Companies?			YES / NO
If 'Yes' please provide a list including any ERN not stated above.	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Telephone Number	<input type="text"/>
Risk Address (if different)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Telephone Number	<input type="text"/>

Please give full details of:

a) trade or Business at your premises	<input type="text"/>		
	<input type="text"/>		
b) work or services undertaken away from your premises	<input type="text"/>		
	<input type="text"/>		
c) manufactured products	<input type="text"/>		
d) other products sold or supplied	<input type="text"/>		
Give details of work undertaken that is not usual for the trade or business	<input type="text"/>		
	<input type="text"/>		
State the business of all other occupiers of the building	<input type="text"/>		
	<input type="text"/>		
Year in which business established	<input type="text"/>		
Insurance required from	<input type="text"/>	to	<input type="text"/>

Do you wish to pay the premium by instalments? If 'Yes' please complete a budget plan application form. YES / NO

SECTION 1 DAMAGE TO BUILDINGS AND CONTENTS

Do you require cover provided by this section? YES / NO

1. Please state sum insured required for the following:

a) Buildings including landlord's fixtures and fittings -see note i)	£	
b) Machinery / plant, all other contents - see note ii)	£	
c) Stock in the Building - see note iii)	£	
d) Stock in the open - see note iii)	£	
e) Architects and surveyors fees	£	
f) Debris removal	£	
g) Stock debris removal	£	
h) Office computers	£	
i) Other electrical office equipment	£	
j) Other please specify	£	
Notes: Ensure that your Sums Insured are sufficient to include the costs of:		TOTAL £

- i). Building(s) including landlord's fixtures and outbuildings, walls, gates and fences, piping, ducting, cables, wires and associated control gear and accessories on the premises and extending to the public mains, but only to the extent of your responsibility, external fire escapes, gangways, hoists, conveyors, trunks, shafting, belting, ropes, clocks, pipes and water tanks over or forming roofs and buildings.
- ii). Machinery, Plant, and all other contents therein and thereon, your property or held by you in trust for which you are responsible, excluding landlord's fixtures and fittings, stock and materials in trade and vehicles licensed for road use including accessories thereon.
- iii). Stock and materials in trade, your property or held in trust by you or on commission for which you are responsible.

2. Is 'Day One' inflation protection required? YES / NO
 If 'Yes', what percentage uplift is required? %

3. Is Accidental Damage cover required on a) Buildings YES / NO b) Contents YES / NO

4. Do you wish to extend your cover to include subsidence? YES / NO
 If 'Yes' please answer the following questions:

- a) Has the property or any adjacent property previously suffered damage from subsidence? YES / NO
- b) Are there any visible signs of cracking? YES / NO
- c) Is the property erected on made up ground? YES / NO

If a structural survey has been carried out recently, please attach a copy of the surveyor's report

5. Do you require Terrorism Cover? YES / NO

SECTION 1 GENERAL QUESTIONS

1. Description of business premises []
 (e.g. factory, warehouse, office, retail, leisure)

2. Are you the sole occupier of the premises? YES / NO
 If you have answered "NO", Please state the names and occupations of the other occupants

[]

3. Are your premises entirely self contained with their own means of access? YES / NO
4. Do the premises comprise more than one building? YES / NO
 If 'Yes'
 a) are all the buildings used for the same purpose? YES / NO
 If 'No' please give details of use
5. Are the premises:-
- a) built of brick stone or concrete and roofed with slates tiles concrete metal or sheets composed entirely of incombustible mineral ingredients and plastic roof lights? YES / NO
- b) in a good state of repair and will be so maintained? YES / NO
- c) in a position or area likely to be subject to flooding or where flooding has occurred? YES / NO
- d) is/are any or part of the building(s) lined with insulated (composite) panels or any other combustible materials? YES / NO
 If 'Yes', please give full details
- e) is any portion of the building(s) unoccupied? YES / NO
 If 'Yes', please give full details
6. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended? YES / NO
7. Please state the method of heating on the premises including any portable or temporary heaters
8. Are the premises protected by a water sprinkler system? YES / NO
 If 'Yes', please give full details including any maintenance programmes
9. Do you have an ATM cash machine on the premises? YES / NO

SECTION 2 BUSINESS INTERRUPTION

- Do you require cover provided by this section? YES / NO
1. Please state basis of cover required (delete those that are not applicable)
 Gross Profit/Gross Revenue/Rent Receivable/Other Income (specify)
 Please state sum insured required
2. Tick or complete the maximum Indemnity Period required.
 12 months 18 months 24 months Other (months)
3. Do you wish to extend the cover to include an insured loss at a specified customers or suppliers premises (other than public utilities)?

4. Do you wish to extend your cover to include accidental failure of supply by public utilities?
If 'Yes', please indicate for which supply authorities cover is required:
Electricity Gas Telephone Water
5. Do you require cover against loss resulting from prevention of access to your premises arising from damage by the perils insured to property in the vicinity of your premises? YES / NO
6. If you require cover against loss resulting from interruption of your business caused by any of the following please tick the appropriate box:
Theft from premises Breakage of glass Loss of money
Note: These covers are only available when insurance under the relevant section of the Policy is in force
7. Do you require cover for additional increased cost of working? YES / NO
If 'Yes', please state the amount required: £
8. Please state maximum percentage of your sum insured by this section which could be lost following damage at any one of the premises referred to in questions 3, 4 or 5 %
9. Do you keep your computer records in a fire resisting safe/cabinet, back them up daily and keep a copy away from the premises? YES / NO
10. Do you require cover for customers outstanding Debit Balances (Book Debts) YES / NO
11. Please state sum insured required. £
12. Proportion of payments received by Bankers Order, Direct Debit, Standing Order or other method which does not involve application to the customer for Payment. %
13. Proportion of Hire Purchase Credit Sales agreements kept at your bank. %
14. Are the records kept in a fire-resisting safe, compartment or cabinet? YES / NO
15. Are duplicate records kept at a separate location from the originals? YES / NO
If 'Yes', please state:
a) how often they are updated.
b) the percentage of all records for which duplicates are held %
16. If the records were destroyed would other information enabling their reinstatement be readily available? YES / NO
If 'Yes', please give details

SECTION 3 THEFT

- Do you require cover provided by this section? YES / NO
1. Please state sum insured required for the following:
- a) Stock and materials in trade - see note 1 £
- b) Business fixtures and fittings - see note 2 £
- c) Other property (please specify) - see note 3
- i) £
- ii) £
- iii) £
- iv) £
- v) £

Notes - Ensure that your Sums Insured are sufficient to include the costs of:

1. Stock and materials in trade, belonging to you or held in trust by you or on commission for which you are responsible (other than property described in note 3 below)
2. Business fixtures and fittings, utensils, machinery plant and all other contents (excluding stock and materials in trade) belonging to you or held by you in trust for which you are responsible, employees possessions and computer system records (not exceeding £5,000 unless specified). Do not include any amount for property insured under Section 5 - Business Equipment
3. Stock and materials in trade of the following descriptions should be specified under Item 1.c) with a separate sum insured for each category including goods held by you in trust or for which you are responsible.

Graphic equipment

Gold, silver and other precious metals (including Articles made from them)

Wines and spirits

Watches, jewellery and furs

Radios, TV's and audio equipment

Copper, lead, brass, nickel & other non-ferrous metals

DVD's, CD's, tapes and records

Stainless steel

Clothing other than suede, sheepskin and leather

Video equipment including discs and tapes

Mini and micro computers including computer games

4. The insurance excludes property in :

(a) outbuildings not communicating with the main premises

(b) any open space

If you wish property in outbuildings to be considered, please supply a separate sum insured in respect of each item above.

2. Do you or any of your employees live on the premises?

YES / NO

If 'Yes', does the residential portion communicate with the business portion?

YES / NO

3. Are all security protections (including the intruder alarm system) to the business premises maintained in full working order and used and put into operation whenever the business premises are closed for business and at all other material times?

YES / NO

4. Are the business premises attended outside normal business hours by security personnel?

YES / NO

5. Are the premises protected by an intruder alarm?

YES / NO

If 'Yes'

a) Name of the installer

b) Method of signalling

Bell only

Digital Communicator

BT Red Care

6. Are the premises protected by Shutters?

YES / NO

If 'Yes' please provide details

7. Are the premises protected by CCTV?

YES / NO

If 'Yes' please provide details

8. Additional Security - Please provide details

SECTION 6 GLASS

Do you require cover provided by this section?

YES / NO

1. Please indicate glass to be insured
- All fixed external glass
 - All fixed internal glass
 - Shopfront only

YES / NO
YES / NO
YES / NO

2. Do you wish to extend the cover to include:

- a) window or display stock

YES / NO

If 'Yes', please give details and state sum insured required

Details	Sum Insured
	£

- b) sanitaryware

YES / NO

If 'Yes', please give details (number of wc's, washbasins etc.) and state sum insured required

Details	Sum Insured
	£

3. Do you wish to extend the cover to include neon and illuminated box signs?

If 'Yes', please give details below:

Type (neon / box)	Maker name	Position	Description	Value
				£
				£
				£
				£

SECTION 7 GOODS IN TRANSIT

Do you require cover provided by this section?

YES / NO

1. Please state nature of goods carried.

2. For goods carried by own vehicle please state:

a) Number of vehicles in use

b) Maximum value per vehicle

£

c) Maximum value any one parcel

£

d) Estimate annual carryings

£

3. Is cover required for goods in vehicles unattended at night?

YES / NO

If 'Yes', please give details of overnight security of vehicles.

4. Are the vehicle fitted with immobilisers, alarms or other protective devices?

YES / NO

If 'Yes', please provide details

If 'No', please state the precautions taken to protect property when vehicles are left unattended

5. Is cover required for goods sent by road, rail or post?

YES / NO

If 'Yes', please provide details below:

Tick method of consignment	Maximum value any one parcel or package	Maximum value any one consignment	Estimated value of annual consignments
a) Road carriers	£ <input style="width: 100%; height: 15px;" type="text"/>	£ <input style="width: 100%; height: 15px;" type="text"/>	£ <input style="width: 100%; height: 15px;" type="text"/>
b) Rail	£ <input style="width: 100%; height: 15px;" type="text"/>	£ <input style="width: 100%; height: 15px;" type="text"/>	£ <input style="width: 100%; height: 15px;" type="text"/>
c) Post	£ <input style="width: 100%; height: 15px;" type="text"/>	£ <input style="width: 100%; height: 15px;" type="text"/>	£ <input style="width: 100%; height: 15px;" type="text"/>

SECTION 8 DETERIORATION OF STOCK

Do you require cover provided by this section?

YES / NO

1. Please provide the following information:

a) Number of refrigerated units b) Total sum insured

£

2. Are there any refrigerated units which do not have sealed motors and compressors?

YES / NO

If 'Yes', is there a regular maintenance and inspection contract in force?

YES / NO

3. Are any of the refrigerated units or other plant more than 10 years old?

YES / NO

If 'Yes', to either of the above is there a regular inspection and maintenance contract in force?

YES / NO

4. In the event of breakdown of a refrigerated unit what action will be taken to minimise the loss?

SECTION 9 EMPLOYERS LIABILITY

Do you require cover provided by this section?

YES / NO

1. Please provide estimated wages and other payments for the next 12 months for:

a) Clerical staff (including commercial travellers and managerial employees who do not engage in manual labour)

£

b) Woodworking machinists and their labourers

Employees whose work with woodworking machinery is restricted to the use of lathes, fret-saws, boring machines, sanding machines and mechanically-driven portable hand tools (other than pendulum and swing-saws) may be included under 'all other employees'.

£

c) Security Staff (including doormen and nightwatchmen)

£

d) All other employees working on own premises

£

(Please provide details of work undertaken)

e) All other employees working away from own premises

(Please provide details of work undertaken)

£

2. Has any prosecution, prohibition notice or improvement order been placed on the company under any health and safety legislation during the past 5 years?

YES / NO

3. Do you or any of your employees operate fixed powered woodworking machinery?

YES / NO

4. Do you handle or use:

a) asbestos, isocyanates or silica or material containing these substances?

YES / NO

b) radioactive substances or other sources of ionizing radiations?

YES / NO

c) acids, gases, explosives or other dangerous substances?

YES / NO

If 'Yes' to any of the above, please give details:

SECTION 10 PUBLIC LIABILITY

Do you require cover provided by this section?

YES / NO

1. Please indicate the limit of indemnity required:

£1,000,000

£2,000,000

2. Please provide details of wages of all your employees (including earnings of working principals, directors, partners etc.)
- a) working on your premises £
 - b) working away from your premises and involving the use of heat £
 - c) working away from your premises not involving the use of heat £
3. Please provide details of other payments
- a) to sub-contractors working at your premises £
 - b) to sub-contractors working away from your premises £
 - c) for plant and/or equipment hired in £
4. Does your trade or business involve the discharge of effluent, fumes or anything of a noxious nature? YES / NO
- If 'Yes', please provide details:
5. Do you work on or in aircraft operational areas, water-borne craft, off-shore or in nuclear installations, petrochemical works or power stations? YES / NO
- If 'Yes', please provide details:

SECTION 11 PRODUCTS LIABILITY

- Do you require cover provided by this section? YES / NO
1. Please provide full details of products sold or supplied and either supply a brochure or website address
-
2. Please provide details of the turnover of your business for sales and/or services:
- a) within the UK £
 - b) within the USA and Canada £
 - c) elsewhere in the world £
3. Are the products:
- | | YES / NO | Amount |
|---|----------------------|------------------------|
| a) manufactured by you? | <input type="text"/> | £ <input type="text"/> |
| b) supplied to you by other UK manufacturers? | <input type="text"/> | £ <input type="text"/> |
| c) supplied to you by UK wholesalers? | <input type="text"/> | £ <input type="text"/> |
| d) imported? | <input type="text"/> | £ <input type="text"/> |
- If 'yes' to 3d) please advise the amount of materials, components or products from outside the European Union
-
4. Do you undertake to provide design specification, formula or advice
- a) in connection with your product? YES / NO
 - b) separately for a fee? YES / NO
5. Do you have a system in force for checking quality control?
6. Are any products intended for installation in or to form part of an aircraft, water-borne craft, offshore installation, nuclear installation, petrochemical works or power station?
7. Do you enter into any contracts or agreements which may affect your liability under statute or common law? (If 'Yes', please provide copies of agreements and/or contracts)
- If 'Yes' to any of questions 4 to 7 please provide details:
-

SECTION 12 THEFT BY EMPLOYEES

Do you require cover provided by this section?

YES / NO

1. Are satisfactory written references always obtained direct from former employers covering an unbroken period of two years immediately preceding the engagement of all employees?

YES / NO

2. Please indicate the level of indemnity required (please note the maximum cover is £25,000)

£

3. Please complete details of number and estimated payroll for each category of employee:

Category of employee

Number

Payroll

Managers

Representatives, drivers, collectors and sales staff

Other employees responsible for money, stocks and accounts

All other employees

£

£

£

SECTION 13 LEGAL EXPENSES

Do you require cover provided by this section?

YES / NO

If 'Yes', please answer the following questions in respect of yourself, your partners, your directors and any member of your family directly connected with the business:

1. Has any dispute or litigation of the type to be insured occurred during the past three years?

YES / NO

If 'Yes', please give details:

2. Have any statutory licences necessary to engage in your business been issued by a Governmental or Local Authority?

YES / NO

(Legal Expenses licence dispute cover operates only in respect of the licences specified or advised to New India before a dispute begins.)

If 'Yes', please give details:

SECTION 14 LOSS OF LIQUOR LICENCE

Do you require cover for Loss of Liquor Licence?

YES / NO

If 'Yes', please complete the following

(a) Estimated Amount of Loss (please note maximum cover is £100,000)

£

(b) Within the last five years, has there been any opposition to the grant, renewal or transfer of the licence or any circumstances or incidents prejudicial to it or likely to prevent its renewal

YES / NO

If 'Yes', please give details

2. Is there an extension to your licence permitting the supply of liquor outside the standard hours for the district?

YES / NO

If 'Yes', please complete the following:

(a) Number of days per week when the licence is extended

(b) The length of the extension

Data Protection

The data supplied by you will only be used for the purposes of processing your policy of insurance including underwriting administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those which are mentioned herein. It is important that the data you have supplied is kept to date. You should therefore notify the Insurer promptly of any changes. You are entitled upon the payment of an administration fee to inspect the personal data which is held about you. If you wish to make such an inspection you should contact the Insurer. The Insurer may respond to enquiries by the Police concerning your policy in the normal course of their investigations and where it is necessary to administer your policy effectively or to protect your interests. The Insurer may disclose the data you have supplied to other third parties such as solicitors loss adjusters motor garages engineers repairers replacement companies and other insurers.

Note

The insurance does not come into force until your proposal has been accepted by New India.

Declaration

Please read carefully before signing

I/We declare, that to the best of my/our knowledge and belief, all the statements and particulars made with regard to this proposal are true and I/we apply for a contract of insurance with New India, to be expressed in the usual terms of New India's policy.

I/We have not withheld any material facts I/We understand that non-disclosure or misrepresentation of a material fact will entitle the Insurer to avoid any insurance granted (A material fact is one likely to influence acceptance or assessment of this proposal by the Insurer If you are in any doubt as to what constitutes a material fact you should consult us)

I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorize the giving of such information for such purposes.

I/We agree that if any information has been given by any person other than myself/ourselves that person is my/our agent for that purpose.

Signature of Proposer:

Date:

Print Full Name:

Position of Signatory



New India Assurance Company Ltd
3rd Floor Crown House Crown Street
Ipswich Suffolk IP1 3HS



Authorised and regulated by the Financial Services Authority