



**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

**SHOPS &
RESTAURANTS**

Shops and Restaurants Proposal

Non-disclosure Warning: On this proposal which will form the basis of the contract you must disclose all facts 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.

1. Full name of Proposer

Trading name of Proposer

ERN (HMRC Employer Reference Number)

Do you have any subsidiary companies? YES NO

If 'YES', please provide a list including any ERN not stated above:

2. Postal Address

Postcode Telephone No.

3. Full description of business

4. Year in which established

5. Premises to which this proposal relates (if other than above)

Postcode

6. (a) Are you the sole occupant(s) of the building in which your Premises are situated? YES NO

(b) Are your Premises entirely self-contained with their own means of access? YES NO

If 'NO' to (a) or (b) above, please give details:

ASSESSING YOUR SUMS INSURED

Contents – (Section 1 only)

Claims for contents (other than stock, goods in trust, employees' effects and pedal cycles) damaged beyond repair will be settled on the basis of reinstatement as new with no deduction for wear and tear. **Be sure to select Sums Insured which represent the full cost of replacement at today's prices, including VAT as appropriate.**

Average

If the Sums Insured by Sections 1, 3, 7, 8 and 11 do not represent the full cost of replacement of property, any claims settlement will be proportionately reduced.

Section 1 – Contents

1. Please state your Sums Insured for each of the following:

	Sum Insured
(a) (i) Cigarettes and tobacco	£
(a) (ii) Wines and spirits	£
(b) Other stock and goods in trust (including frozen food)	£
(c) Building owner's fixtures and fittings and interior decorations for which you are responsible	£
(d) Your improvements to the building and interior decorations	£
(e) All Other Trade Contents (including employees' personal effects)	£
Total Sum Insured – Section 1	£

2. Is Accidental Damage cover required on all your contents? YES NO

3. Is Accidental Damage cover required on any items of Business Machines included in 1 (d) above? YES NO

If 'YES', please complete Section 10:

4. Is Theft cover required for contents in outbuildings without a communicating passageway? YES NO

If 'YES', please indicate nature of contents:

Nature	Sum Insured

5. Do you wish to vary the months or amounts of the seasonal increase? YES NO

If 'YES', please delete the standard terms shown below and enter your requirements:

(a)	NOV/DEC	25%	(b)	30 Days Prior to Easter	25%

Section 2 – Glass – Cover is automatically provided.

Section 3 – Loss of Income – Cover is automatically provided, for up to £600,000, with a 24 month Maximum Indemnity Period. If a higher sum insured is required please specify the amount required £

Do you wish to extend your cover to include accidental failure of supply by public utilities? YES NO

If 'YES', please indicate for which supply authorities cover is required:

Electricity		Gas	
Telephone		Water	

Section 4 – Money

1. Do you wish to vary the standard limits in respect of either of the undermentioned limits? YES NO

If 'YES', please state your requirements:

(a) Loss of money from locked safe(s) when the Premises are closed for business £1,000 £

If you require more than £1,000, please give details of your safe(s)

Make	Model

(b) Loss of money in transit, on the Premises during business hours or in a bank night safe £2,000 £

Note: The limit requested in 1(b) must not be less than the amount required under 1(a).

2. Do you currently operate a Building Society Agency? YES NO

If 'YES', indicate Estimated Annual Carrying £

3. Do you have an ATM machine in or on your premises? YES NO

Section 5 – Assault – Cover is automatically provided.

Section 6 – Liability to Others

1. Do you, or any partner, director or employee carry out work away from the Premises? YES NO

If 'YES',

(a) please give details:

(b) Estimate the number of occasions each year and turnover

2. Do you employ staff? YES NO

If 'YES', please advise the schedule of earnings

(a) Managerial employees who do not engage in manual labour and clerical staff

(b) Door staff: (i) Own employees

(ii) Agency vetted and approved

(c) All other employees (including working directors and persons engaged in Government work experience schemes) at the premises

(d) All other employees working away from the premises

3. Please provide an estimate of annual turnover £

4. Do you provide, or intend to provide entertainment? YES NO

If 'YES', please complete the following:

(i) type of entertainment provided? (e.g. discotheque, dancing, cabaret, etc)

(ii) number of events per week?

(iii) maximum attendance permitted?

(iv) what hours do you intend to keep for the entertainment?

(v) is a separate charge made/to be made for the entertainment? YES NO

(vi) where does the entertainment take place?

5. Do you have a designated dance floor within the premises? YES NO

If 'YES', please answer the following:-

(i) Please give size of the dance floor

(ii) Do you allow drinks on the dance floor? YES NO

6. Please provide premises opening hours

Section 7 – Buildings – Optional section if required

1. Do you require cover for Buildings? YES NO

If 'YES', please complete the following:

(a) State the Sum Insured being the estimated cost of rebuilding including VAT where appropriate, together with an allowance for removal of debris, architects' and surveyors' fees and the extra cost of complying with building regulations following loss destruction or damage (usually 10% for each) £

(b) Do you require Accidental Damage cover on your Buildings? YES NO

(c) Do you require Subsidence cover on your Buildings? YES NO

If 'YES', please complete the following:

(i) Has the property or any adjacent property previously suffered damage from Subsidence? YES NO

(ii) Are there any visible signs of cracking? YES NO

(iii) Is the property erected on made up ground? YES NO

(d) Does any part of the building(s) have a flat roof? YES NO

If 'YES', please give full details of construction and percentage of roof area that is flat

Section 8 – Frozen Food – Optional Section if required.

1. Do you require cover for Frozen Food? YES NO

If 'YES', please complete the following:

(a) Total Number of Cabinets (b) State Total Sum Insured required £

2. Is any of the Frozen Food contained in open topped units? YES NO

If 'YES', please state the Total Sum Insured required (if greater than £5,000 a separate proposal form may be required) £

Section 9 – Loss of Licence – Optional Section if required.

1. Do you require cover for Loss of Licence? YES NO

If 'YES', please complete the following:

(a) Estimated Amount of Loss (if greater than £100,000 a separate proposal form may be required) £

(b) Within the last 5 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:

Section 10 – Business Machines

If you have chosen Standard cover for your Contents but wish to insure Business Machines for a wider "All Risks" cover, you should insert the full current replacement cost as new of each Machine. The value of Machines covered under this Section does not then need to be included in your sum insured under Section 1 – Contents. "All Risks" cover for computer systems records and programs or production machinery is not available under this Section.

1. Do you require cover for Business Machines? YES NO

If 'YES', please list items below:

Item No.	Description of Property to be Insured	Sum Insured

Section 11 – Goods in Transit – Optional Section if required.

1. Do you require cover for Goods in Transit? YES NO

If 'YES', please complete the following:

(a) Sum Insured per Vehicle £ (b) Number of Vehicles

(c) Is cover required for goods in vehicles unattended at night? YES NO

If 'YES', please give details of overnight security of vehicles:

(d) Do you have permanent garage Premises?

If 'YES', please state the full address

Please note that the Insurer automatically excludes theft from unattended vehicles. If you would like us to consider this cover, Please give full details of the goods carried

Section 12 – Theft by Employees – Optional Section if required.

1. Do you require cover for Theft by Employees? YES NO

If 'YES', 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

Limit of Indemnity is £10,000. Higher amounts are available but may necessitate a separate proposal.

Section 13 – Legal Expenses – Optional Section if required.

1. Do you require cover for Legal Expenses? YES NO

Please answer these questions in respect of yourself, your partners, your directors and any member of your family directly connected with the business.

(a) Has any dispute or litigation of the type to be insured occurred during the past three years? YES NO

If 'YES', please give details

(b) Have any statutory licences necessary to engage in your business been issued by a Governmental or Local Authority? (Legal Expenses licence disputes cover operates only in respect of the licences specified or advised to New India before a dispute begins).

If 'YES', please give details

General

TO BE COMPLETED BY ALL PROPOSERS

1. Are you currently insured or have previously held insurance against any of the risks proposed? YES NO

If 'YES', please state name of Insurer

2. From which date do you wish this insurance to commence?

N.B. Cover is not operative until confirmed by the New India

3. Are your premises situated within a street level CCTV area? YES NO

4. Are any parts of the building at present unoccupied? YES NO

5. Are the premises and outbuildings:
(a) constructed of brick, stone or concrete and roofed with slates, tiles, metal or concrete and in good repair? YES NO

(b) occupied solely by you for the purposes of the business described on the front page? YES NO

If the answer to either (a) or (b) is 'NO', please give details:

6. Are all your existing doors of sound construction and fitted with good quality deadlocks which comply with BS3621 (look for the British Standard Kitemark)? YES NO

7. Are all opening windows fitted with key operated window locks in addition to the standard fastening? YES NO

If the answer to either 6 or 7 is 'NO', please give details

8. (a) Do you have any form of intruder alarm fitted and in working order? YES NO

(b) If an alarm is fitted, is a maintenance contract in force with a member of the National Security Inspectorate? YES NO

(c) Please state the signalling system of the alarm

(i) Single Signalling Systems

- Local Audible Alarm only Red ABC
- Digital Communicator BT RedCare
- Direct Line to Central Station

(ii) Dual Signalling Systems

- DualCom Smart BT RedCare GSM

(iii) Other please give details

9. Are the premises protected by and secured by roller shutters? YES NO

If 'YES', please give details of the positioning of the roller shutters (i.e. front, front & rear, rear)

10. Are your premises within a precinct/enclosed shopping centre? YES NO

11. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended? YES NO

12. How far away is your nearest watercourse river/canal/sea? KM

13. Is the shop front protected by any anti ram-raid devices? YES NO

If so please give details:

14. In the last five years have you or any director or partner (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for? YES NO

15. Has any insurer declined or required special terms to insure you or any director or partner (in this or any other name under which you may have been trading) cancelled or refused to renew any insurance of a type you are now applying for? YES NO

16. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, or been convicted of or received a police caution for or been charged with but not yet tried for arson, criminal deception, fraud, forgery, theft, robbery or handling or any crime of violence associated with these or with any other offence against property? YES NO

If the answer to any of the questions 14-16 is 'YES', please give details:

17. Do you require Terrorism cover? YES NO

18. Would you like details of our Premium Instalment Scheme? (not available for Terrorism premium) YES NO

NOTES

Some or all of the information which you supply to New India Assurance Company Ltd in connection with this insurance will be held by the Insurer on computer. Information may be passed to other insurance companies, professional firms employed by insurance companies or any other recognised authority directly concerned with this type of insurance.

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

DECLARATION

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 Assurance Company Ltd to be expressed in the usual terms of the Insurer'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 New India Assurance Company Ltd)

I/We consent to the seeking of information from other insurers to check the answers I/we have provided, and I/we authorise 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.

Date Signature(s) of Proposer(s)

Print Full Name Position in company



NEW INDIA ASSURANCE

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

Please return this form to:

Agent