



**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

**COMMERCIAL
PROPERTY OWNERS**

Commercial Property Owners Proposal



Non-disclosure warning: Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your Proposal. Failure to do so may prejudice the settlement of any claim. Please mention such facts, or if you are in any doubt refer to New India.

For YES/NO answers please tick the appropriate box. Where appropriate please provide details in the boxes provided. If there is insufficient space, please continue on a blank sheet of paper.

Proposer's full name (Block letters)

Trading name of Proposer

ERN (HMRC Employer Reference Number)

Do you have any subsidiary companies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If 'Yes', please provide a list including any ERN not stated above

Postal address	
Postcode	Tel No.

Business	Length of time established
Property Owner	

Name of person to contact (should survey be required)	Tel. No.

The Property

1. Please give full details of each property to be insured. If insufficient space, please continue on a separate sheet of paper.	
Property One	
Address:	
Details of trade or business of tenants of building (See Note 1)	
Buildings Declared Value (See Note 2)	£
Landlord's Contents –	£5,000 Free £
	Plus £
(i) Annual Rental Income Including Service charges? YES / NO (See Note 3)	£
(ii) Maximum Indemnity Period	_____ Years
(iii) (i) multiplied by (ii)	Total £

Commercial Property Owners

Property Two		
Address		
Details of trade or business of tenants of building (See Note 1)		
Buildings Declared Value (See Note 2)		£
Landlord's Contents –	£5,000 Free	£
	Plus	£
(i) Annual Rental Income Including Service charges? YES/NO (See Note 3)		£
(ii) Maximum Indemnity Period		_____ Years
(iii) (i) multiplied by (ii)	Total	£

Property Three		
Address:		
Details of trade or business of tenants of building (See Note 1)		
Buildings Declared Value (See Note 2)		£
Landlord's Contents –	£5,000 Free	£
	Plus	£
(i) Annual Rental Income Including Service charges? YES/NO (See Note 3)		£
(ii) Maximum Indemnity Period		_____ Years
(iii) (i) multiplied by (ii)	Total	£

NOTE 1 Please state if any portion of the premises including any part which communicates or forms part of the same building is unoccupied

NOTE 2 The Declared Value should include allowance for professional fees, debris removal costs and the cost of complying with public authority requirements (see Prospectus – Assessing your Sums Insured)

NOTE 3 Service charges (where applicable) should be included in the Annual Rental Income figure

2. Please state the inflation provision that you require if other than 30% (see Prospectus – Assessing your Sums Insured)

 %

3. Please provide details of the construction

a. Please state the year of construction of the Premises/Building (approx.)

Premises	Year built
Property One	
Property Two	
Property Three	

b. Are the buildings (or any part) of combustible construction? (e.g. containing or clad with composite panels) **YES** **NO**

If the answer is 'YES' Please answer the following questions

(i) External Walls – Are they Combustible? **YES** **NO**

If 'YES' Please give details and tick the appropriate box

Premises	Type of materials	Percentage combustible					
Property One		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>
Property Two		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>
Property Three		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>

(ii) Roof Covering – Is it Combustible? **YES** **NO**

If 'Yes' Please give details and tick the appropriate box

Premises	Type of materials	Percentage combustible					
Property One		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>
Property Two		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>
Property Three		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>

(iii) Wall/Roof Linings – Are they Combustible? **YES** **NO**

If 'Yes' Please give details and tick the appropriate box

Premises	Type of materials	Percentage combustible					
Property One		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>
Property Two		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>
Property Three		Non combustible	<input type="checkbox"/>	Less than 50% combustible	<input type="checkbox"/>	More than 50% combustible	<input type="checkbox"/>

(iv) Floors – Are they Combustible? **YES** **NO**

(Ignore the Lowest floor in the Property and small galleries)

If 'Yes' Please give details

Premises	Type of materials	Details (e.g. Number of combustible floors)	
Property One		Number of combustible floors	<input type="checkbox"/>
Property Two		Number of combustible floors	<input type="checkbox"/>
Property Three		Number of combustible floors	<input type="checkbox"/>

c. Situated in a protected environment? **YES** **NO**

If 'Yes' Please give details

Premises	Details (e.g. CCTV Areas, patrolled business park, secure shopping centre)
Property One	
Property Two	
Property Three	

4. Are the Buildings (or any part)

a. in a good state of repair? **YES** **NO**

If 'NO', please give details

b. subject to any Grade of listing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please tick the appropriate box	GRADE 1 <input type="checkbox"/>	GRADE 2 <input type="checkbox"/>
5. Has there been any previous damage as a result of subsidence or storm/flood?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details		
6. Are the premises protected by an automatic sprinkler installation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details		
7. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Is any other interest to be noted in the policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please state name, address and nature of interest		
9. Do you require Terrorism Cover?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. The standard limit of Indemnity for Property Owners' Liability is £1,000,000. Do you require a higher limit of £2,000,000?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are there any passenger or goods lifts, escalators, steam boilers, pressure plant or similar machinery on any of the premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', are they regularly inspected to comply with statutory regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Do you require cover for Employers' Liability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please complete the following schedule of earnings for all employees		
Category of employees	Numbers	Estimated Annual Earnings
Clerical employees		
Employees engaged in Maintenance		
Employees engaged in Security		
Caretakers		
Others (please give details)		
For the purpose of this question, 'earnings' means the total wages, salaries, commission, bonuses and other earnings without any deduction in respect of National Insurance, Income Tax, Holiday with pay, Contributory or graduated pensions or other amounts whether deducted by agreement with the person or otherwise.		

13. 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 licenses 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*). **YES** **NO**

If 'Yes', please give details

History

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 for which you are now applying? **YES** **NO**

If 'Yes', please give details

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 for which you are now applying? **YES** **NO**

If 'Yes', please give details

16. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, administration or receivership, 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 'Yes', please give details

17. Would you like details of our premium by instalment scheme? (not available for terrorism premium)

YES

NO

18. From which date do you wish cover to commence?

Notes

The insurance does not come into force until your proposal has been accepted by New India. It is recommended that you retain a copy of this proposal for future reference. A photocopy will be supplied on request. Some or all of the information which you supply to New India in connection with this insurance will be held by New India 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.

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 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.

Signature of Proposer:

Date:

Print Full Name:

Position of Signatory:

Please return this form to:



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