



**NEW INDIA
ASSURANCE**



PROPOSAL FORM

**COMMERCIAL
PROPERTY OWNERS**

Commercial Property Owners Proposal



Please complete this form in **BLOCK CAPITALS**

It is very important that you complete this form fully and correctly, and disclose all material circumstances which you know or ought to know which should be reasonably revealed by a reasonable search of information available to

you. If you are in any doubt about whether or not a circumstance is material, you should disclose it.

The policy wording is available on our website or can be obtained from your insurance broker or our Ipswich Branch Office.

If there are Yes/No options please tick the one that applies

Proposer's full name (<i>Block letters</i>)	

Trading name of Proposer	
If 'Yes', please give details	

ERN (Please insert HMRC Employer Reference Number or state if Exempt. The ERN can be found on many documents including the P45, P60 and P11/D. The format is usually NNN/LLNNNNN or NNN/LNNNNN where N is a number and L is a letter).	

Do you have any subsidiary companies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
---------------------------------------	-------------------------------------	------------------------------------

If 'Yes', please provide a list of subsidiary companies covered by this policy including any ERN not stated above

Postal address	
Postcode	Tel No.

Please provide the total turnover of this and all businesses conducted in the name of the Proposer £	
--	--

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. You should ensure that you comply with the General Condition – Unoccupied Building.

NOTE 2 The Declared Value should include allowance for professional fees (Architects', Surveyors', Consulting Engineers', Legal and other fees to cover costs including planning permission and supervising repairs or reinstatement), debris removal costs and the cost of complying with public authority requirements

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% (the uplift for inflation applies at the rate of 1/365th per day during the period of insurance)

 %

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 storm/flood?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details		
6. (a) Has the property or any adjacent property suffered damage from subsidence, heave or landslip?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b) Are there any visible signs of cracking, distortion, misalignment or settlement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c) Is the property erected on made up ground or recently cleared woodland?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d) Has the property been extended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e) Is there any exposure of the property to;		
1. mines/underground workings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. cliffs, embankments, railway cuttings, tunnels, quarries or other excavations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. vibrations from major roads/railways?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. sloping site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. large trees or dense vegetation within 15 metres?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes' to answers (a) to (e) please give details		
7. Is any Building adjacent to or connecting with neighbouring property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details of the construction of the party wall up to roof level and whether there are any window or door openings		
8. Are the premises protected by an automatic sprinkler installation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details		
9. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulations 1989 or as subsequently amended and have any faults been rectified in accordance with the General Condition – Electrical Inspection?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. 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		

11. Do you require Terrorism Cover?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', does the Proposer own business premises and/or other assets which do not form part of this Proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', are all the other premises and/or assets insured for Terrorism Cover with a Pool Re member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. 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"/>
13. 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"/>
14. 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.

15. Do you require cover for Legal Expenses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	-------------------------------------	------------------------------------

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 <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details		
<hr/>		
<hr/>		
<hr/>		

b. Have any statutory licenses necessary to engage in your business been issued by a Governmental or Local Authority? <i>(Legal Expenses licence disputes cover operates only in respect of the licences specified or advised to New India before a dispute begins).</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If 'Yes', please give details		
<hr/>		
<hr/>		
<hr/>		

History

16. 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

17. 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

18. 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

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

YES

NO

20. 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

I/We declare that according to my/our knowledge and belief the answers in this proposal are true and are a fair representation 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 disclosed every material circumstance which I/we know or ought to know.

(If you are in any doubt as to what constitutes a material circumstance 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



THE NEW INDIA ASSURANCE COMPANY LTD.
3rd Floor, Crown House, Crown Street, Ipswich, Suffolk IP1 3HS
Tel: 01473 233626 Fax: 01473 233625