



**NEW INDIA
ASSURANCE**



PROPOSAL FORM

**SHOPS &
RESTAURANTS**

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

- If you require a higher limit please specify the amount required
- Please state indemnity period required if other than 24 months
- 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

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

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

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

	Numbers	Estimated earnings
(a) Managerial employees who do not engage in manual labour and clerical staff	<input type="text"/>	<input type="text"/>

(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 of the business set out in this proposal

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 suffered damage from subsidence, heave or landslip? YES NO

(ii) Are there any visible signs of cracking, distortion, misalignment or settlement? YES NO

(iii) Is the property erected on made up ground or recently cleared woodland? YES NO

(iv) Has the property been extended? YES NO

- (v) Is there any exposure of the property to;
- mines/underground workings? YES NO
 - cliffs, embankments, railway cuttings, tunnels, quarries or other excavations? YES NO
 - vibrations from major roads/railways? YES NO
 - sloping site? YES NO
 - large trees or dense vegetation within 15 metres? YES NO

If 'Yes' to answers (i) to (v) please give details

(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 – Deterioration of Stock – Optional Section if required.

1. Do you require cover for Deterioration of Stock? YES NO

If 'YES', please complete the following:

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

2. Is any of the 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 (please note maximum cover is £100,000) £

(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?

If 'YES', please give details: YES NO

2. Where Cover is required is the licence in the name of the Proposer? YES NO

If 'No', please give name of licensee and relationship to the Proposer

3. 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

Section 10 – Business Machines – Optional Section if required.

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). YES NO

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. Do you have your own CCTV system? YES NO

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

If 'YES', please refer to the Unoccupied Premises Condition and give details:

6. Are the premises and outbuildings:
(a) constructed entirely 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:

7. 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

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

9. Please refer to Minimum Security Requirements of the General Conditions and confirm that you are complying with these YES NO

If the answer to either 7, 8 or 9 is 'NO', please give details

10. (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

11. 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)

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

13. Has flooding ever occurred at the Premises including any outbuildings? YES NO

If 'YES', please give details:

14. 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 NO

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

If so please give details:

16. Are any portable or temporary heaters used at the premises? YES NO

If 'YES', please state type of heaters (your attention is drawn to the General Condition – Portable Heaters in the Policy wording)

17. Do you have open fires at the premises? YES NO

18. Do you have a woodburner at the premises? YES NO

19. 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

20. 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

21. 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 19-21 is 'YES', please give details:

22. Do you require Terrorism cover? YES NO

If 'YES', does the proposer own business premises and/or other assets which don't form part of this Proposal? YES NO

If 'YES', are all the other properties and/or other assets insured for Terrorism Cover with a Pool Re member? YES NO

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 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

A material circumstance 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 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.

NOTES

Some or all of the information which you supply to New India 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.

Signature of Proposer:	Date:
<input type="text"/>	<input type="text"/>
Print Full Name:	Position of Signatory:
<input type="text"/>	<input type="text"/>



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