

## 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 r	Proposer's full name (Block letters)		
Trading nar	ne of Proposer		
If 'Yes', please give details			
ERN (Please insert HMRC Employer Reference Number documents including the P45, P60 and P11/D. The for is a number and L is a letter).	or state if Exempt. The ERN can be found on many mat is usually NNN/LLNNNNN or NNN/LNNNNN where N		
Do you have any subsidiary companies?	YES NO		
If 'Yes', please provide a list of subsidiary companies covered by	his policy including any ERN not stated above		
Posta	address		
Postcode	Tel No.		
Please provide the total turnover of this and all busines	ses conducted in the name of the Proposer ${f \pounds}$		
Business	Length of time established		
Property Owner			
Name of person to contact (should survey be rec	uired) Tel. No.		
The	Property		
1. Please give full details of each property to be insured. If insuf	ficient space, please continue on a separate sheet of paper.		
Prop	erty 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	£	

Prope	rty 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

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
 Property Three

			(e.g. (	containing or clad with composite pa	anels)	YES NO	
	'YES' Please answer the f	0 1					
	alls – Are they Combustil					YES NO	
If 'YES' Please give details and tick the appropriate box							
Premises	Type of materials	Percentage combus	stible	Less than 50% combustible		More than 50% combustible	
Property One							
Property Two		Non combustible		Less than 50% combustible		More than 50% combustible	
Property Three		Non combustible		Less than 50% combustible		More than 50% combustible	
	ring – Is it Combustible? give details and tick the ap	propriate box				YES NO	
Premises	Type of materials	Percentage combu	stible	2			
Property One		Non combustible		Less than 50% combustible		More than 50% combustible	
Property Two		Non combustible		Less than 50% combustible		More than 50% combustible	
Property Three		Non combustible		Less than 50% combustible		More than 50% combustible	
(iii) Wall/Roof	Linings – Are they Comb	oustible?			11	YES NO	
If 'Yes' Please g	give details and tick the ap	propriate box					
Premises	Type of materials	Percentage combus	stible	2			
Property One		Non combustible		Less than 50% combustible		More than 50% combustible	
Property Two		Non combustible		Less than 50% combustible		More than 50% combustible	
Property Three		Non combustible		Less than 50% combustible		More than 50% combustible	
(iv) Floors – Ar	(iv) Floors – Are they Combustible? YES NO						
	vest floor in the Property	and small galleries)					
If 'Yes' Please g							
Premises	Type of materials			of combustible floors)			
Property One		Number of combu					
Property Two		Number of combu	stible	e floors			
Property Three		Number of combu	stible	e floors			
c. Situated in a If 'Yes' Please g	protected environment? give details					YES NO	
Premises		Details (e.g. CC	ΓV .	Areas, patrolled business par	·k, se	cure shopping centre)	
Property One							
Property Two							
Property Three							
4. Are the Bui	ldings (or any part)						
a. in a good stat						YES NO	
If 'NO', please	give details						

b. subject to any Grade of listing?	YES	NO
If yes please tick the appropriate box	GRADE 1	GRADE 2
5. Has there been any previous damage as a result of storm/flood?	YES	NO
If 'Yes', please give details		
<ul><li>6. (a) Has the property or any adjacent property suffered damage from subsidence, heave landslip?</li><li>(b) Are there any visible signs of cracking, distortion, misalignment or settlement?</li></ul>	YES	NO NO
<ul><li>(c) Is the property erected on made up ground or recently cleared woodland?</li><li>(d) Has the property been extended?</li></ul>	YES YES	NO NO
<ul><li>(e) Is there any exposure of the property to;</li><li>1. mines/underground workings?</li></ul>	YES	NO
<ol> <li>cliffs, embankments, railway cuttings, tunnels, quarries or other excavations?</li> <li>vibrations from major roads/railways?</li> <li>sloping site?</li> <li>large trees or dense vegetation within 15 metres?</li> </ol>	YES YES YES YES	NO NO NO NO
If 'Yes' to answers (a) to (e) please give details		NO
7. Is any Building adjacent to or connecting with neighbouring property?	YES	NO
If 'Yes', please give details of the construction of the party wall up to roof level and whethe		
8. Are the premises protected by an automatic sprinkler installation?	YES	NO
If 'Yes', please give details		
9. Is your electrical installation inspected at regular intervals in accordance with Electricity Work Regulations 1989 or as subsequently amended and have any faults been rectified accordance with the General Condition – Electrical Inspection?		NO
10. Is any other interest to be noted in the policy?	YES	NO
If 'Yes', please state name, address and nature of interest		

	<ul><li>11. Do you require Terrorism Cover?</li><li>If 'Yes', does the Proposer own business premises and/o of this Proposal?</li></ul>	or other assets which do not	form part YES	NO NO
	If 'Yes', are all the other premises and/or assets insured Pool Re member?	for Terrorism Cover with a	YES	NO
	12. The standard limit of Indemnity for Property Owners' l	Liability is £1,000,000.		
	Do you require a higher limit of $\pounds 2,000,000?$		YES	NO
	13. Are there any passenger or goods lifts, escalators, steam or similar machinery on any of the premises?	boilers, pressure plant	YES	NO
	If 'Yes', are they regularly inspected to comply with statutory regulations?			NO
	14. Do you require cover for Employers' Liability?		YES	NO
	If 'Yes', please complete the following schedule of earning	ngs for all employees		
Ì	Category of employees	Numbers	Estimated Annual	Earnings
	Clerical employees			
	Employees engaged in Maintenance			
	Employees engaged in Security			
	Caretakers			
	Others (please give details)			

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

NO

YES

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?

a. Has any dispute or litigation of the type to be insured occur three years?	ed during the past	YES	ΝΟ
If 'Yes', please give details			
b. Have any statutory licenses necessary to engage in your busin Governmental or Local Authority? (Legal Expenses licence disp respect of the licences specified or advised to New India before a disp	utes cover operates only in	YES	NO
If 'Yes', please give details			

#### 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

YES

YES

NO

NO

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?

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?

If 'Yes', please give details	

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

#### **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 up to date. You should therefore notify the Insurer promptly of any changes. You are entitled to ask 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 and regulatory bodies 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 professional firms employed by the Insurer, solicitors, loss adjusters, reinsurers and reinsurance brokers, repairers, replacement companies, risk surveyors, Employers Liability Tracing Office and other insurers. The data may also be shared with agents or databases for the purposes of preventing and detecting fraud.

For full details of our privacy policy please visit our website at http://www.newindia.co.uk.

#### 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