



**NEW INDIA
ASSURANCE**



.....
PROPOSAL FORM
.....

**BUSINESS COMBINED
INSURANCE**

Business Combined Insurance Proposal



NEW INDIA ASSURANCE

Important Notice

On this Proposal you must disclose every material circumstance which you know or ought to know. If you are in any doubt as to whether the circumstance is material, you should for your own protection, disclose it as a failure to do so could invalidate the insurance.

You should keep a record of all information (including copies of letters) supplied to the Insurer for the purpose of entering into this Contract. A copy of your Proposal will be supplied to you on request within three months of its completion. The policy wording can be obtained from your insurance broker or our Ipswich Branch Office.

Please complete this form in BLOCK CAPITALS, delete the parts of the pre-printed answers which do not apply. If the space provided is inadequate please supply full details using the Additional Information Section at the end of this Proposal Form

Name in Full

Trading Name of Proposer

ERN (Please Insert HMRC Employer

Reference Number or State if Exempt). The ERN can be found on many documents including 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?

YES / NO

If 'Yes' please provide a list of Subsidiary Companies covered by this policy including any ERN not stated above.

Postal Address

Post Code

Telephone Number

Risk Address (if different)

Post Code

Telephone Number

Please give full details of:

a) trade or Business at your premises

b) work or services undertaken away from your premises

c) manufactured products

d) other products sold or supplied

Give details of work undertaken that is not usual for the trade or business

State the business of all other occupiers of the building

Year in which business established

Please provide the total turnover of this and all businesses conducted in the name of the proposer

Insurance required from

to

Do you wish to pay the premium by instalments? (not available for Terrorism premium).

YES / NO

Is your business part of the leisure trade? YES / NO

If 'Yes', please answer the following questions.

1. Do your premises offer accommodation? YES / NO

If 'Yes', please answer questions (a), (b), (c) and (d) below:

(a) (i) Number of letting bedrooms

(ii) Maximum number of guests

(b) Are the Premises a hotel within the meaning of the Hotel Proprietors Act 1956 or similar legislation? YES / NO

If 'Yes' is a copy of the Statutory Notice prominently displayed at all times? YES / NO

(c) Do you provide accommodation for any of the following?

(i) Long Term Residential YES / NO

(ii) Long-stay Students YES / NO

(iii) Residents for whom payment is made by the D.S.S. or local Authority YES / NO

(iv) Asylum Seekers YES / NO

If 'Yes' to (i), (ii), (iii) or (iv) above, please estimate the maximum percentage of such guests at any time

(i) Long Term Residential

(ii) Long-stay Students

(iii) Residents for whom payment is made by the D.S.S. or local Authority

(iv) Asylum Seekers

(d) Are all the locks of guest' bedrooms maintained in working order and provided with keys? YES / NO

2. Do you accept items for safe keeping from guests or customers? YES / NO

If 'Yes', are all jewellery, articles of gold, silver or other precious metal, watches, cameras, binoculars, money and securities deposited by guests or customers kept in a locked safe? YES / NO

3. Is your business seasonally operated i.e. closed for at least 30 consecutive days in the year? YES / NO

If 'Yes', are the Premises occupied as a permanent residence all the year? YES / NO

If 'No', please give details of unoccupied period:

4. Do you provide a restaurant service (other than bar snacks)? YES / NO

If 'Yes', please give number of covers

SECTION 1 DAMAGE TO BUILDINGS AND CONTENTS

Do you require cover provided by this section? YES / NO

1. Please state sum insured required for the following:

a) Buildings including landlord's fixtures and fittings - see note i) £

b) Machinery / plant, all other contents - see note ii) £

c) Stock in the Building - see note iii) £

d) Stock in the open - see note iii) £

e) Architects and surveyors fees £

- | | | |
|--------------------------------------|---|--|
| f) Debris removal | £ | |
| g) Stock debris removal | £ | |
| h) Office computers | £ | |
| i) Other electrical office equipment | £ | |
| j) Other please specify | £ | |

Notes: Ensure that your Sums Insured are sufficient to include the costs of: **TOTAL £**

- i). Building(s) including landlord's fixtures and outbuildings, walls, gates and fences, piping, ducting, cables, wires and associated control gear and accessories on the premises and extending to the public mains, but only to the extent of your responsibility, external fire escapes, gangways, hoists, conveyors, trunks, shafting, belting, ropes, clocks, pipes and water tanks over or forming roofs and buildings.
- ii). Machinery. Plant, and all other contents therein and thereon, your property or held by you in trust for which you are responsible, excluding landlord's fixtures and fittings, stock and materials in trade and vehicles licensed for road use including accessories thereon.
- iii). Stock and materials in trade, your property or held in trust by you or on commission for which you are responsible.

2. Is 'Day One' inflation protection required? **YES / NO**
 If 'Yes', what percentage uplift is required? **%**

3. Is Accidental Damage cover required on a) Buildings **YES / NO** b) Contents **YES / NO**

4. Do you wish to extend your cover to include subsidence? **YES / NO**
 If 'Yes' please answer the following questions:

- (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:
 1. mines/underground workings? **YES / NO**
 2. cliffs, embankments, railway cuttings, tunnels, quarries or other excavations? **YES / NO**
 3. vibrations from major roads/railways? **YES / NO**
 4. sloping site? **YES / NO**
 5. large trees or dense vegetation within 15 metres? **YES / NO**

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

If a structural survey has been carried out recently, please attach a copy of the surveyor's report

5. 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 premises and/or other assets insured for terrorism Cover with a Pool Re member? **YES / NO**

SECTION 1 GENERAL QUESTIONS

1. Description of business premises (e.g. factory, warehouse, office, retail, leisure)

2. Are you the sole occupier of the premises? YES / NO
If you have answered "NO", Please state the names and occupations of the other occupants and give details of the construction of the party wall up to roof level and whether there are any window or door openings
3. 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 whether there are any window or door openings
4. Are your premises entirely self contained with their own means of access? YES / NO
5. Do the premises comprise more than one building? YES / NO
If 'Yes'
a) are all the buildings used for the same purpose? YES / NO
If 'No' please give details of use
6. Are the premises:-
- a) built entirely of brick stone or concrete and roofed with slates tiles concrete metal or sheets composed entirely of incombustible mineral ingredients and plastic roof lights? YES / NO
- b) in a good state of repair and will be so maintained? YES / NO
- c) in a position or area where flooding has occurred? YES / NO
- d) is/are any or part of the building(s) lined with insulated (composite) panels or any other combustible materials YES / NO
If 'Yes', please give full details
- e) is any portion of the building(s) unoccupied? YES / NO
If 'Yes', please give full details
7. 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
8. Please state the method of heating on the premises including any portable or temporary heaters, open fires or woodburners
9. Are the premises protected by a water sprinkler system? YES / NO
If 'Yes', please give full details including any maintenance programmes
10. Do you have an ATM cash machine on the premises? YES / NO

SECTION 2 BUSINESS INTERRUPTION

Do you require cover provided by this section? YES / NO

1. Please state basis of cover required (delete those that are not applicable)
Gross Profit/Gross Revenue/Rent Receivable/Other Income (specify)

Please state sum insured required £

2. Tick or complete the maximum Indemnity Period required.
12 months 18 months 24 months Other (months)

3. Do you wish to extend the cover to include an insured loss at a specified customers or suppliers premises (other than public utilities)?

4. Do you wish to extend your cover to include accidental failure of supply by public utilities?
If 'Yes', please indicate for which supply authorities cover is required:
Electricity Gas Telephone Water

5. Do you require cover against loss resulting from prevention of access to your premises arising from damage by the perils insured to property in the vicinity of your premises? YES / NO

6. If you require cover against loss resulting from interruption of your business caused by any of the following please tick the appropriate box:
Theft from premises Breakage of glass Loss of money
Note: These covers are only available when insurance under the relevant section of the Policy is in force

7. Do you require cover for additional increased cost of working? YES / NO
If 'Yes', please state the amount required: £

8. Please state maximum percentage of your sum insured by this section which could be lost following damage at any one of the premises referred to in questions 3, 4 or 5 %

9. 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

10. Do you require cover for customers outstanding Debit Balances (Book Debts) YES / NO

11. Please state sum insured required. £

12. Proportion of payments received by Bankers Order, Direct Debit, Standing Order or other method which does not involve application to the customer for Payment. %

13. Proportion of Hire Purchase Credit Sales agreements kept at your bank. %

14. Are the records kept in a fire-resisting safe, compartment or cabinet? YES / NO

15. Are duplicate records kept at a separate location from the originals? YES / NO
If 'Yes', please state:

a) how often they are updated.

b) the percentage of all records for which duplicates are held %

16. If the records were destroyed would other information enabling their reinstatement be readily available? YES / NO
If 'Yes', please give details

SECTION 3 THEFT

Do you require cover provided by this section? YES / NO

1. Please state sum insured required for the following:

a) Stock and materials in trade - see note 1

£

b) Business fixtures and fittings - see note 2

£

c) Other property (please specify) - see note 3

i)

£

ii)

£

iii)

£

iv)

£

v)

£

Notes - Ensure that your Sums Insured are sufficient to include the costs of:

1. Stock and materials in trade, belonging to you or held in trust by you or on commission for which you are responsible (other than property described in note 3 below)
2. Business fixtures and fittings, utensils, machinery plant and all other contents (excluding stock and materials in trade) belonging to you or held by you in trust for which you are responsible, employees possessions and computer system records (not exceeding £5,000 unless specified). Do not include any amount for property insured under Section 5 - Business Equipment
3. Stock and materials in trade of the following descriptions should be specified under Item 1.c) with a separate sum insured for each category including goods held by you in trust or for which you are responsible.

Graphic equipment

Gold, silver and other precious metals (including Articles made from them)

Wines and spirits

Watches, jewellery and furs

Radios, TV's and audio equipment

Copper, lead, brass, nickel & other non-ferrous metals

DVD/Blu-ray players, CD's, tapes and records

Stainless steel

Clothing other than suede, sheepskin and leather

Video equipment including discs and tapes

Computer equipment, servers, desktop and printers

4. The insurance excludes property in :

(a) outbuildings not communicating with the main premises

(b) any open space

If you wish property in outbuildings to be considered, please supply a separate sum insured in respect of each item above.

2. Do you or any of your employees live on the premises?

YES / NO

If 'Yes', does the residential portion communicate with the business portion?

YES / NO

3. Are all security protections (including the intruder alarm system) to the business premises maintained in full working order and used and put into operation whenever the business premises are closed for business and at all other material times?

YES / NO

4. Are the business premises attended outside normal business hours by security personnel?

YES / NO

5. Are the premises protected by an intruder alarm?

YES / NO

If 'Yes'

a) Name of the installer

b) Method of signalling

Bell only

Digital Communicator

BT Red Care

6. Are the premises protected by Shutters?

YES / NO

If 'Yes' please provide details

SECTION 6 GLASS

Do you require cover provided by this section? YES / NO

1. Please indicate glass to be insured YES / NO
- All fixed external glass YES / NO
- All fixed internal glass YES / NO
- Shopfront only YES / NO

2. Do you wish to extend the cover to include: YES / NO
- a) window or display stock YES / NO
- If 'Yes', please give details and state sum insured required

Details	Sum Insured
	£

- b) sanitaryware YES / NO
- If 'Yes', please give details (number of wc's, washbasins etc.) and state sum insured required

Details	Sum Insured
	£

3. Do you wish to extend the cover to include neon and illuminated box signs?

If 'Yes', please give details below:

Type (neon / box)	Maker name	Position	Description	Value
				£
				£
				£
				£

SECTION 7 GOODS IN TRANSIT

Do you require cover provided by this section? YES / NO

1. Please state nature of goods carried. []
2. For goods carried by own vehicle please state:
- a) Number of vehicles in use [] b) Maximum value per vehicle £ []
- c) Maximum value any one parcel £ [] d) Estimate annual carryings £ []
3. Is cover required for goods in vehicles unattended at night? YES / NO
- If 'Yes', please give details of overnight security of vehicles.

4. Are the vehicle fitted with immobilisers, alarms or other protective devices? YES / NO
- If 'Yes', please provide details []
- If 'No', please state the precautions taken to protect property when vehicles are left unattended []

5. Is cover required for goods sent by road, rail or post? YES / NO
- If 'Yes', please provide details below:

	Tick method of consignment	Maximum value any one parcel or package	Maximum value any one consignment	Estimated value of annual consignments
a)	Road carriers	£ []	£ []	£ []
b)	Rail	£ []	£ []	£ []
c)	Post	£ []	£ []	£ []

SECTION 8 DETERIORATION OF STOCK

Do you require cover provided by this section?

YES / NO

1. Please provide the following information:

a) Number of refrigerated units

b) Total sum insured

£

2. Are there any refrigerated units which do not have sealed motors and compressors?

YES / NO

If 'Yes', is there a regular maintenance and inspection contract in force?

YES / NO

3. Are any of the refrigerated units or other plant more than 10 years old?

YES / NO

If 'Yes', is there a regular inspection and maintenance contract in force?

YES / NO

4. In the event of breakdown of a refrigerated unit what action will be taken to minimise the loss?

SECTION 9 EMPLOYERS LIABILITY

Do you require cover provided by this section?

YES / NO

1. Please provide estimated wages and other payments for the next 12 months for:

a) Clerical staff (including commercial travellers and managerial employees who do not engage in manual labour)

£

b) Woodworking machinists and their labourers

Employees whose work with woodworking machinery is restricted to the use of lathes, fret-saws, boring machines, sanding machines and mechanically-driven portable hand tools (other than pendulum and swing-saws) may be included under 'all other employees'.

£

c) Security Staff (including doormen and nightwatchmen)

£

d) All other employees working on own premises

£

(Please provide details of work undertaken)

e) All other employees working away from own premises

(Please provide details of work undertaken)

£

2. Has any prosecution, prohibition notice or improvement order been placed on the company under any health and safety legislation during the past 5 years?

YES / NO

3. Do you or any of your employees operate fixed powered woodworking machinery?

YES / NO

4. Do you handle or use:

a) asbestos, isocyanates or silica or material containing these substances?

YES / NO

b) radioactive substances or other sources of ionizing radiations?

YES / NO

c) acids, gases, explosives or other dangerous substances?

YES / NO

If 'Yes' to any of the above, please give details:

SECTION 10 PUBLIC LIABILITY

Do you require cover provided by this section?

YES / NO

1. Please indicate the limit of indemnity required:

£1,000,000

£2,000,000

2. Please provide details of wages of all your employees (including earnings of working principals, directors, partners etc.)
- a) working on your premises £
 - b) working away from your premises and involving the use of heat £
 - c) working away from your premises not involving the use of heat £
3. Please provide details of other payments
- a) agency vetted and approved security staff (including doormen and night watchmen) £
 - b) to other sub-contractors working at your premises £
 - c) to sub-contractors working away from your premises £
 - d) for plant and/or equipment hired in £
4. Does your trade or business involve the discharge of effluent, fumes or anything of a noxious nature?
- If 'Yes', please provide details:
5. Do you work on or in aircraft operational areas, water-borne craft, off-shore or in nuclear installations, petrochemical works or power stations?
- If 'Yes', please provide details:
6. Is your business part of the leisure trade?
- If 'Yes' please answer the following questions.
- (a) Do you provide, or intend to provide entertainment?
- If 'Yes' please complete the following
- (i) type of entertainment provided?
(e.g. discotheque, dancing, cabaret, foam parties, lap dancing, pole dancing, strippers, pyrotechnics, firework/bonfire events, 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?
 - (vi) where does the entertainment take place?
- (b) Do you provide or intend to provide the following?
- (i) Children's play area/creche
 - (ii) Gymnasium/fitness centre
 - (iii) Swimming pool/sauna
 - (iv) Beauty treatment
 - (v) Boxing machines
 - (vi) Mechanical rides including but not limited to bucking broncos and rodeo bulls
 - (vii) Facilities for Shisha smoking
 - (viii) other leisure facilities

Your attention is drawn to the excluded activities under exclusions in the Public Liability section

- (c) Do you have a dance floor within the premises? YES / NO
- If 'Yes' please answer the following
- (i) Please give size of dance floor
- (ii) Do you allow drinks on the dance floor? YES / NO
- (iii) Do you supply drinks in plastic/polycarbonate bottles and glasses? YES / NO
- (d) Please provide premises opening hours
- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

SECTION 11 PRODUCTS LIABILITY

Do you require cover provided by this section? YES / NO

1. Please provide full details of products sold or supplied and either supply a brochure or website address

2. Please provide details of the turnover of your business set out in this proposal for sales and/or services:

- a) within the UK £
- b) within the USA and Canada £
- c) elsewhere in the world £

3. Are the products:

- a) manufactured by you? YES / NO £
- b) supplied to you by other UK manufacturers? YES / NO £
- c) supplied to you by UK wholesalers? YES / NO £
- d) imported? YES / NO £

If 'yes' to 3d) please advise the amount of materials, components or products from outside the European Union

4. Do you undertake to provide design specification, formula or advice

- a) in connection with your product? YES / NO
- b) separately for a fee? YES / NO

5. Do you have a system in force for checking quality control?

6. Are any products intended for installation in or to form part of an aircraft, water-borne craft, offshore installation, nuclear installation, petrochemical works or power station?

7. Do you enter into any contracts or agreements which may affect your liability under statute or common law? (If 'Yes', please provide copies of agreements and/or contracts)

If 'Yes' to any of questions 4 to 7 please provide details:

SECTION 12 THEFT BY EMPLOYEES

Do you require cover provided by this section? YES / NO

1. 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

2. Please indicate the level of indemnity required (please note the maximum cover is £25,000) £

3. Please complete details of number and estimated payroll for each category of employee:

Category of employee	Number	Payroll
Managers		
Representatives, drivers, collectors and sales staff		£
Other employees responsible for money, stock and accounts		£
All other employees		£

SECTION 13 LEGAL EXPENSES

Do you require cover provided by this section? YES / NO

If 'Yes', please answer the following questions in respect of yourself, your partners, your directors and any member of your family directly connected with the business:

1. Has any dispute or litigation of the type to be insured occurred during the past three years? YES / NO
If 'Yes', please give details:

[Empty text box for details]

2. Have any statutory licences necessary to engage in your business been issued by a Governmental or Local Authority? YES / NO

(Legal Expenses licence dispute cover operates only in respect of the licences specified or advised to New India before a dispute begins.)

If 'Yes', please give details:

[Empty text box for details]

SECTION 14 LOSS OF LIQUOR LICENCE

Do you require cover for Loss of Liquor Licence? YES / NO

1. If 'Yes', is the licence in the name of the Proposer? YES / NO
If 'No', please give the name of the licensee and relationship to the Proposer

[Empty text box for details]

2. Please complete the following
(a) Estimated Amount of Loss (please note maximum cover is £100,000) £

(b) Within the last five 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

[Empty text box for details]

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

Additional information

Please use this space to disclose additional information which may influence assessment and acceptance of your proposal.

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 www.newindia.co.uk.

Note

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

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 are a fair representation and I/we apply for a contract of insurance with New India, to be expressed in the usual terms of New India'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 Limited).

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

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**NEW INDIA
ASSURANCE**

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Ipswich Suffolk IP1 3HS



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