



**NEW INDIA
ASSURANCE**



**PROPOSAL
FORM**

**OFFICES AND
SURGERIES**

Offices and Surgeries Proposal

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

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

1. Full name of Proposer

Trading name of Proposer

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? YES NO

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

2. Postal Address

3. Full description of business

4. Do you sell or supply goods? YES NO
if 'YES' please give details:

5. Year in which established

6. Premises to which this proposal relates (if other than above)

7. (a) Are you the sole occupant(s) of the building in which your Premises are situated? YES NO
- (b) Are your Premises entirely self-contained with their own means of access? YES NO

If 'NO' to (a) or (b) above, please give details:

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

ASSESSING YOUR SUMS INSURED

Contents – (Section 1 only)

Claims for office furniture equipment fixtures and fittings damaged beyond repair will be settled on the basis of reinstatement as new with no deduction for wear and tear. **Be sure to select Sums Insured which represent the full cost of replacement at today's prices, including VAT as appropriate.**

Average

If the Sums Insured by Sections 1, 3, 7 and 9 do not represent the full cost of replacement of property, any claims settlement will be proportionately reduced.

Section 1 – Contents

1. Please state your Sums Insured for each of the following:

- (a) (i) Electronic equipment, i.e. photocopiers, fax machines, televisions, cameras, projectors and DVD/Blu-ray players
- Sum Insured
- (ii) Computers, i.e. computer equipment, servers, desktop and printers
- Sum Insured
- (b) Data carrying materials
- (c) Estimated cost of reinstating computer data after a loss
- (d) Estimated cost of replacing essential documents after a loss (minimum £2,500) (remember to account for machine, clerical and research time)
- (e) Laptops/Notebooks/Mobile Phones/Tablets
- i) Cover required away from premises YES NO
- (f) All Other Business Contents (including employees' personal effects)
- (g) Building owner's fixtures and fittings and interior decorations for which you are responsible

(h) Your improvements to the building and interior decorations

Total Sum Insured – Section 1

If you have selected Computer cover under 1(a), (b) and (c) please complete questions 2 and 3

2. (a) Do you keep computer records of past transactions? YES NO

If 'YES', how often are they updated?

(b) Where do you store computer records and other Data Carrying Materials when the premises are closed?

- Safe Data Storage Cabinets Fire Resistant Data Storage Cabinets
 Off Premises No Special Storage

Otherwise, please give details:

3. (a) What percentage of the Gross Fees is attributable to the operation of your Computer Equipment? %

(b) If the answer to (a) is in excess of 50%, what arrangements have been made to continue the Business in the event of loss or destruction of or damage to the Computer?

(e.g. are there any emergency repair, replacement or standby facilities available to you?)

Please specify:

Section 2 – Glass – Cover is automatically provided.

Section 3 – Loss of Income – Cover is automatically provided, for up to £600,000

1. If you require a higher limit please specify the amount required £

2. Please state indemnity period required if other than 24 months

3. 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 items? YES NO

If 'YES', please state your requirements:

(a) Loss of money from locked safe(s) when the Premises are closed for business £ 1,000 £

If you require more than £1,000 please give details of your safe(s):

Make	Model
<input type="text"/>	<input type="text"/>

(b) Loss of money in transit, on the Premises during business hours or in a bank night safe £2,000 £

Note: 1) The limit requested in 1(b) must not be less than the amount required under 1(a).

2) Where money in transit is in excess of £2500, you should refer to the Special Condition set out in Section 4 – Money of the Policy wording

2. Do you currently operate a Building Society Agency? YES NO

If 'YES', please indicate Estimated Annual Carrying

Section 5 – Assault – Cover is automatically provided.

Section 6 – Liability to Others – Cover is automatically provided.

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 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) All other employees working on own premises (please provide details of work undertaken) £

(c) All other employees working away from own premises (please provide details of work undertaken) £

Section 7 – Buildings – Optional Section if required.

1. Do you require cover for Buildings? YES NO

If 'YES', please complete the following:

State the Sum Insured being the estimated cost of rebuilding 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)

2. Do you wish to extend cover to include subsidence? YES NO

If 'YES', please complete the following questions:

- (a) Has the property or any adjacent property suffered damage from subsidence, heave or landslip? YES NO
- (b) Are there any visible signs of cracking, distortion, misalignment or settlement? YES NO
- (c) Is the property erected on made up ground or recently cleared woodland? YES NO
- (d) Has the property been extended? YES NO
- (e) 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 (a) to (e) please give details

Section 8 – 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 employees?

YES NO

Limit of Indemnity is £10,000. Higher amounts are available but may necessitate a separate proposal.

YES NO

Section 9 – Book Debts – Optional Section if required.

1. Do you require cover for Book Debts? YES NO

If 'YES', please complete the following:

2. Please indicate maximum amount of Gross Fees and Outlay outstanding at any one time Sum Insured £

3. Do you require cover for Unbilled Work, i.e. Gross Fees due to you for work completed but which has not been debited/invoiced to customers? YES NO

If 'YES', please indicate the amount outstanding at any one time Sum Insured £

Section 10 – 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 Government 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 Company.

3. Are your premises situated within a street level CCTV area? YES NO

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

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

5. Are the premises:

(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:

6. 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

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

8. Please refer to the Minimum Security Requirements of the General Conditions YES NO

If the answer to any of the questions 6, 7 or 8 is 'NO', please give details:

9. (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

10. Do you have an ATM cash machine situated on the premises? YES NO

11. Has flooding ever occurred at the Premises including any outbuilding? YES NO

If 'YES', please give details:

12. Is your electrical installation inspected at regular intervals in accordance with Electricity at Work Regulation 1989 or as subsequently amended and have any faults been rectified in accordance with General Condition – Electrical Inspection? YES NO

13. 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

14. 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

15. 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 the answer to any of the questions 13-15 is 'YES', please give details:

16. 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

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 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.

Date	Signature(s) of Proposer(s)
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Print Full Name

Position in company



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