



UNDERWRITING LTD.

Commercial Insurance Proposal Form

It is essential that you make fair presentation of the risk that should include a full and unrestricted disclosure including every material fact and circumstance (a material fact or circumstance is material if it would influence the judgement of the Underwriter when considering whether to accept the risk and/or the assessment of the terms, conditions or premium which should be applied).

If you are unsure in any way that your disclosure is complete you should check with your insurance advisor.

In the event you fail to make a full unrestricted disclosure we may refuse to pay your claim, pay only part of your claim, and/or void your policy.

GENERAL QUESTIONS *(please answer all questions accurately and in full)*

Proposer's name(s):			
Risk address:			Postcode:
Postal address (if different from above):			

How are the premises occupied? *(Include all trades and use additional information section on page 4 if required)*

Cover required. 12 Months from:		<i>(No cover is in force until underwriters written confirmation has been issued)</i>
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THE PREMISES AND BUILDINGS

If you tick any of the shaded boxes (with a red 'Yes' or red 'No'), please provide details under the Additional Information section on page 4.

1. Are the buildings:

- a) Built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos? Yes No
(If not, detail on Page 4 and include specification of materials including composite panelling)
- b) In a good state of repair and maintained to keep it in good condition? Yes No
- c) A Protected Structure? Yes No
- d) Heated solely by electricity or mains gas? Yes No
- e) Entirely self-contained with its own means of access? Yes No
- f) Constructed with a flat roof (other than concrete) and covered with felt? Yes No

If YES what percentage of total roof area is flat:	up to 25%	up to 50%	up to 75%	up to 100%
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- g) Heated with a system linked to a frost-stat to maintain a minimum temperature of 4°C between 31st October and 31st March? Yes No
- h) Pipes lagged to prevent freezing? Yes No

2. Have you or do you intend to use, provide or store any type of portable heater(s) on the premises? Yes No

3. Approximate age of the oldest part of the buildings:

- Pre 1900 1900-1919 1920-1945 1946-1979 1980+

a) Are the buildings detached from neighbouring properties?	Yes	No
If NO what are the adjacent premises occupied as? <i>(If insufficient space provide details in Additional Information section on page 4)</i>		
4. Safety Regulations		
a) i) Has the whole electrical system at the premises been inspected at by a ECSSA or RECI registered contractor and a satisfactory electrical condition report been issued?	Yes	No
ii) If yes will you ensure that you possess a satisfactory electrical condition report issued by a registered contractor that is never more than three years old at the commencement and throughout the currency of this insurance?	Yes	No
iii) Do you undertake periodical Portable Appliance Testing?	Yes	No
b) i) if the premises or any part thereof is let as residential accommodation will you comply with current gas safety regulations and laws and ensure you are in possession of a current Gas Completion certificate issued by a Registered Gas Installer?	Yes	No
ii) if the premises are in commercial use and you are responsible for gas installations do you ensure annual maintenance and safety checks of the gas installation(s) are completed by a Registered Gas Installer and that you are in possession of a valid Gas Completion certificate issued by a Registered Gas Installer engineer?	Yes	No
5. Is burning of waste carried out at the premises?	Yes	No
6. Is the building in an area unduly exposed to storm or impact damage?	Yes	No
7. Have the premises been flooded in the last ten years?	Yes	No
8. Are the premises within 400 metres of any watercourse, river or the sea?	Yes	No
9. Have you been informed that the premises are in a potential flood risk area?	Yes	No
10. Security protections:		
Do the premises have the following levels of physical security that are in use:		
a) All external entry/exit doors are fitted with at least 5 lever mortice deadlocks complying to BS3621	Yes	No
b) All windows at ground floor and basement levels and windows that are readily accessible either barred, gridded or fitted with key operated window locks?	Yes	No
c) Are the premises protected by an intruder alarm?	Yes	No
If YES, please advise type of alarm:		
i) Bell only Digital Communicator Central Station Red Care/Dualcom		
ii) Do you have an alarm maintenance contract in force with a security company accredited by the SSAIB or NSI?	Yes	No
d) Do you have a safe or vault installed at the premises? <i>If Yes provide details in Additional Information</i>	Yes	No
11. Is Subsidence, ground heave and landslip cover requested?	Yes	No
If Yes please complete the following questions:		
a) Have the buildings had any occurrence of subsidence, ground heave or landslip?	Yes	No
b) Are you aware of any signs of damage to the buildings which may be attributable to subsidence, ground heave or landslip?	Yes	No
c) Are the buildings being, or have they ever been monitored for subsidence, ground heave or landslip?	Yes	No
d) Are you aware of any neighbouring property having been damaged by subsidence, ground heave or landslip?	Yes	No
e) Has any survey or inspection mentioned settlement or movement of the buildings?	Yes	No
f) Has the premises been subject to any river or coastal erosion?	Yes	No

FINANCIAL CLAIMS AND PERSONAL HISTORY

We rely upon this proposal form and it is important to us that you make specific enquiries with each applicable party described in (i),(ii),(iii) & (iv) below prior to answering the questions and signing the declaration.

If you feel unable to answer a question(s) accurately or have a material fact or circumstance(s) to disclose please provide full details in the additional information box on page 4.

- (i) You or any family member(s) that reside at or use the insured premises or are involved in the business
- (ii) Any Director or Partner
- (iii) Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
- (iv) Any person with management control of the insured entity (other than professional letting agents that you have contracted to manage the property):

Have any of the parties described in (i) – (iv) above:

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| a) During the last five years under any other insurance policy made a claim(s), incurred a loss, damage or liability whether insured or not at these premises or any other location (other than claims made against motor/travel/pet and health policies)? | Yes | No |
| b) Ever been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences? | Yes | No |
| c) Ever been disqualified from acting as a Company Director? | Yes | No |
| d) Been prosecuted or been subject to prohibition or enforcement notices under the Safety Health and Welfare Act | Yes | No |
| e) Been a director of a company or partner of a business that: | | |
| i) went into liquidation, administration, or was subject to an insolvency process or scheme of arrangement with creditors? | Yes | No |
| ii) incurred a County Court judgment(s) that remains unsatisfied? | Yes | No |
| f) Been declared bankrupt, incurred a County Court judgment(s) that remains unsatisfied or entered into an individual voluntary arrangement with creditors? | Yes | No |
| g) Ever had insurance cover refused, cancelled or had special terms imposed? | Yes | No |

If you have answered Yes to any question(s) or feel that you have been unable to answer a question(s) accurately please provide full information in the Additional Information box on page 4.

MORTGAGES OR CHARGES AGAINST THE PROPERTY TO BE INSURED

Is there a mortgage or other charge against the property to be insured which should be noted on the policy? Yes No

Name and address of interested parties

ADDITIONAL INFORMATION

Please use this area if you need more space to provide information to the questions where you have ticked a shaded box, need more space to answer a certain question or there are material facts and/or circumstances to disclose.

COVER REQUIRED AND SUMS TO BE INSURED

It is important that you should ensure the Sum(s) Insured given below are adequate on a full reinstatement basis as under-insurance may reduce the amount of recovery in the event of a claim.

Sections 1 & 2 Material Damage		
State cover required		
Material damage Specified Perils	Yes	No
Material Damage All Risks	Yes	No
Subsidence, heave & landslip extension	Yes	No
Buildings (including outbuildings) representing full cost of reconstruction in their present form and debris removal and professional fees:	Sum Insured	€
Machinery, Plant, Contents and Tenants Improvements	Sum Insured	€
Stock	Sum Insured	€
Other	Sum Insured	€
Section 3 – Glass		
	Sum Insured	€
Section 4 – Deterioration of Stock		
	Sum Insured	€
Section 5 – Money & Assault		
Sub-Section 1 – Money & Non Negotiable Items		
i) In the Premises outside Business Hours not contained in locked safes or strong rooms		€ 650
ii) In the private residence of the Insured or any authorised partner, director or Employee		€ 650
iii) In the Premises outside Business Hours contained in locked safes or strong rooms		€
iv) On the Premises during Business Hours		€
vi) In a gaming, amusement or vending machine		€ 650
Sub-Section 2 – Assault		
Paragraphs a) to d) Death, Loss of Sight, Loss of Limb(s), Permanent Total Disablement		€ 13,000
Paragraph e) Medical Expenses		€ 1,300
Paragraph f) Temporary Total Disablement		€ 130 per week
Section 6 – Goods in Transit		
Limit per Consignment	By Carrier	€
	By Vehicle or Trailer owned or operated by You	€
	By Postal Service	€
Section 7 – Loss of Licence		
	Sum Insured	€

Section 8 – Computers

Sub-Section 1 – Damage to Computer Equipment	€
Sub-Section 2 – Damage To Portable Equipment – Anywhere Eire / Europe / Worldwide	€
Sub-Section 3 – Increased Cost of Working	€
Sub-Section 4 – Reinstatement of Data	€

Sections 9 & 10 – Business Interruption

Indemnity period required: 12 months 24 months 36 months

Annual Gross Profit/Gross Revenue/Other Describe

€ Sum Insured €

DECLARATION

The underwriter will rely upon the information you have provided in this Proposal Form together with any other statements, facts or information you have provided when deciding whether to accept this insurance and the terms offered including the amount of premium payable.

If you are in any doubt as to the completeness and accuracy of the statements and facts you are providing you should consult with your insurance advisor.

During the period of the insurance you must tell your insurance advisor as soon as reasonably possible if you become aware that any of the statements and facts that you have provided have changed.

I/We declare that:

- i. the statements and facts given are true and accurate.
- ii. if any statement or fact has been written by any other person, such person shall for that purpose be regarded as my/our agent and not the agent of the Underwriters.
- iii. I am duly authorised to sign this statement on behalf of the proposer.

Authorised Signatory

Capacity

Name in full:

Dated:



UNDERWRITING LTD.

www.skunderwriting.co.uk