
COMBINED INSURANCE PROPOSAL

A FULL POLICY WORDING IS AVAILABLE ON REQUEST

Please complete in capital letters using an ink pen and tick boxes as appropriate

Name of Proposer in full

	Tel. No.
--	----------

Date cover required from

--

Address

	Postcode
--	----------

Email address / Website address

--

Address of Business Premises if different from above

	Postcode
--	----------

Trade or Business (if you do not occupy the Premises please state the nature of your interest in the Premises)

--

If you manufacture or supply any products give details including purpose of use

--

Please tick cover required

- Fire, lightning, Aircraft, Explosion, Earthquake
- Riot and Malicious Damage
- Storm, Flood, Burst Water Pipes and Impact
- Sprinkler Leakage
- Theft
- Subsidence
- Accidental Damage
- Accidental Breakage of Fixed Glass
- Loss or Damage of Office Machines

- []
- []
- []
- []
- []
- []
- []
- []
- []

Declared Value

1. Buildings including an allowance for Architects' and Surveyors' fees and removal of debris (usually 15% of Building Sum Insured) and cost of complying with local authority requirements
2. a) Machinery, plant, fixtures and fittings and all other contents
b) Value of computer and ancillary equipment included in 2a) above

£
£
£

See prospectus for definition of 'Declared Value'

Sums to be Insured

3. Stock and materials in trade and goods for which responsibility has been accepted consisting of
 - a) Tobacco and Cigarettes
 - b) Wines and Spirits
 - c) Video machines, tapes and equipment
 - d) All other stock

£
£
£
£

4. Year's rent of building at £ per year

Complete question 5 if Accidental Breakage of Fixed Glass cover is required (see prospectus)

5. State limit of liability required for any one period of insurance in units of £500 (Minimum £500)

£

Is any of the glass other than normal flat annealed, toughened or laminated or incorporated in multiple glazed units (other than double glazing)?

Yes [] No []

If 'Yes' please supply full details including replacement values

Are there panes of glass where the length or the width exceeds 5 metres or the total area exceeds 10 square metres?

Yes [] No []

If 'Yes' please supply full details including total replacement values

Does the approximate total area of glass up to second floor level (including any basement exceed 250 square metres?

Yes [] No []

If 'Yes' supply full details including total replacement value

Comp

£

6. (i) State total replacement value of office machines

(ii) State single article limit if more than £2,500

(iii) Please indicate where cover is to apply

Premiums only []
Anywhere in Europe []

Anywhere in UK []
Anywhere in the World []

7. Tick box if index-linking in **NOT** required []

BUSINESS INTERRUPTION

Unless otherwise requested and agreed, the cover will follow Property Damage

Sum to be Insured

1. Anticipated Annual Gross Profit

2. Maximum Indemnity Period required (minimum 12 months)

3. Please indicate if any of the following are to be included

a) Theft [] Infectious disease []
Food poisoning [] Murder, suicide etc []
Denial of access []

b) Damage at the premises of unspecified suppliers or customer (Limit 10% sum to be insured – maximum £100,000) Yes [] No []

c) Public Utilities (ie, interruption consequent upon damage at the premises of the electricity gas or water supplier).

Electricity [] Gas [] Water []

d) Accidental failure of the public supply (available only when Property Damage and Business Interruption cover is arranged on an 'Accidental Damage' basis).

Electricity [] Gas [] Water []

This extension is subject to one of the following exclusions, please tick which is required.

Failure not exceeding 30 minutes [] or The first 24 hours of each interruption []

4. Do you have a business continuity plan? (please provide copy) Yes [] No []

5. Can you easily relocate to alternative premises following an incident? Yes [] No []

6. Are you dependent on any specialist equipment? (if so, please provide details) Yes [] No []

Liability to Employees

Estimated total remuneration paid to the following employees without deduction for National Insurance, Income Tax, Holidays with Pay or Contributory or Graduated Pensions.

a) Clerical, commercial travellers and managerial employees (not engaged in manual work).		£
b) All other employees (give full description)		
		£
		£
		£
		£

Liability to the Public

1. Turnover for next 12 months		£
2. Limit of Indemnity any one event (for products supplied this amount will be the maximum payable in the period of insurance). Normal minimum £1,000,000		£
3. a) Will you supply any products that you do not manufacture?		Yes [] No []
If 'Yes',		
i) Do you retain rights of recovery against the manufacturers?		Yes [] No []
ii) Do you alter, adapt or change the form of any product which you do not manufacture		Yes [] No []

If 'Yes' give details including the product involved, purpose of use, nature of supplier and type of alteration, adaption or change made

b) Give details of imported products including purpose of use and source and estimated turnover applicable for the next 12 months for each

£
£

4. Will any of your products be supplied directly, or to your knowledge indirectly, to the USA or Canada? Yes [] No []

If 'Yes' please state

i) Details and purpose of use

--

ii) Estimated turnover applicable to products to be supplied to the USA or Canada for the next 12 months

£

iii) Whether you have any contracts or agreements with USA or Canadian customers, suppliers or sellers

Yes [] No []

If 'Yes', please supply copies

5. Have any of your products previously been supplied directly, or to your knowledge indirectly, to the USA or Canada?

Yes [] No []

If 'Yes', give details, including purposes of use and turnover applicable to each of the the last 3 years

	Year	Turnover
		£
		£
		£

6. Have you any representation outside the UK?

Yes [] No []

If 'Yes', state nature and territories involved

--

7. Will you undertake any manual work away from your premises? (other than delivery)

Yes [] No []

If 'Yes', state nature of this work and total estimated wages applicable for the next 12 months

	£
--	---

8. Will any of this work involve the use of welding, flame cutting equipment, blowlamps or hot air paint strippers?

Yes [] No []

If 'Yes' state nature of work and estimated wages applicable for the next 12 months

	£
--	---

MONEY

1 Estimated annual amount paid into and drawn from bank including uncrossed cheques

£

postal and money orders, postage and savings stamps and certificates and amount handled in form of luncheon vouchers

NB: crossed cheques should not be included

2 Amount to be insured in transit or on the premises during working hours (this would represent the maximum amount at risk at any one time) £

3 Give details of safes in business premises

Maker's name and Model	Maximum amount kept therein out of working hours
	£
	£

4 Are increased Personal Accident (Robbery) benefits required? Yes [] No []

If 'Yes', state benefits required
Death/Capital sums (Standard £5,000) £

Temporary total disablement (Standard £50 per week) £

GOODS IN TRANSIT

1 Please indicate means of conveyance for which cover is required?

Travellers and/or Agents Yes [] No []

If 'Yes', provide:

a) details of maximum number of travellers and/or agents employed by you at any one time

b) sum to be insured per traveller and/or agent £

2 Delivery Vehicles owned or operated by you Yes [] No []

If 'Yes', please state

a) maximum number of delivery vehicles owned or operated by you

b) sum to be insured per vehicle £

Post, Rail or Road Carrier Yes [] No []

If 'Yes',

a) please state: £

i) estimated value of goods dispatched annually £

ii) maximum sum to be insured any one package £

iii) maximum sum to be insured any one consignment £

b) do you wish to insure despatches from premises other than you own? Yes [] No []

If 'Yes', provide full details

£

- 1. Outstanding Debit Balances
- 2. Are records kept in a fire resisting safe, strongroom or cabinet? Yes [] No []
- 3. Are records computerised? Yes [] No []

THEFT BY EMPLOYEE

Limit of Indemnity required any one Claim £

Do you wish to pay the first part of each claim?
(For which a discount from the premium may be allowed) Yes [] No []

If 'Yes', please state amount £

1. **All Employees**
(If you do not require all employees to be insured please provide details of individuals or categories separately).

	Number	Estimated Annual Wage & Salaries
a) Employees with responsibility for Money and/or Stock and/or Accounts and/or Computer Operations	<input style="width: 50px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
e.g. Managers, accountants, cashiers, storekeepers, salesmen, collectors, drivers, computer programmers, computer operators and security staff etc. (This should include working Directors who control less than 5% of the Share Capital).		
b) Employees without responsibility for money or stock e.g. technicians, typists, mechanics etc	<input style="width: 50px;" type="text"/>	£ <input style="width: 100px;" type="text"/>
TOTALS	<input style="width: 50px;" type="text"/>	£ <input style="width: 100px;" type="text"/>

2. Has there during the past 5 years been occasion to question the honesty of any employee to be insured? Yes [] No []

If 'Yes', please give details

3. a) Do you have an Internal Audit Department? Yes [] No []

If 'Yes', please complete the following:

- i) To whom does the Department Manager report?

- ii) How frequently are all the areas of the Company audited? Months

- iii) Does the Company operate in accordance with the professional standards laid down by the Institute of Internal Auditors? Yes [] No []

- b) Who are your professional auditors?

£

- c) Do you use any form of Electronic Funds Transfer? Yes [] No []

If 'Yes', please give details.

5. Are any of your accounting, salary or stock control functions computerised? Yes [] No []

If 'Yes'

a) Are security checks built into your computer operations? Yes [] No []

b) Do your

i) Internal auditors supervise computer security? Yes [] No []
(leave blank if no internal audit function exists)]

ii) External auditors examine your computer security? Yes [] No []

Has a computer security firm vetted your computer system? Yes [] No []

If 'Yes', please give details

IMPORTANT NOTE

If this section of the proposal has been completed the quotation offered by the Company on receipt of this proposal will include details of the minimum standards required in respect of supervision, accounting procedures and for checking the security of money and goods together with requirements for taking up references for new employees. These will have been tailored to the circumstances of the risk but should be examined carefully and if you consider that your procedure will not comply, the Company should be advised of where you would wish to seek alterations. The requirements then agreed will be incorporated in the policy.

PERSONAL ACCIDENT

1. Basis of cover
- a) Accidental bodily injury sustained at any time Yes [] No []
- b) Occupational accidents only Yes [] No []
- c) Robbery or hold-up only (if Money cover is not effected) Yes [] No []

2. Insured Persons: (for 1a) and b) only

Name of persons to be insured or If persons are to be defined by category describe each category	Occupation	Date of birth *	Weight *	Height *

* complete only if Named Persons are to be insured.

3. Benefits:

Death
Loss of Limbs
Permanent Total Disablement
Temporary Total Disablement } per week
Temporary Partial Disablement* }
Medical Expenses *

£

£

£

£

£

£

* not available for Robbery or hold-up

LEGAL EXPENSES

(not available in the Republic of Ireland)

1. State the total remuneration paid to all employees in the last financial year

£

2. Does your dismissal procedure follow the guide laid down in the 'Code of Practice 1' as prepared by the Advisory Conciliation and Arbitration Service (ACAS)?

Yes [] No []

3. Provide details of any circumstances which have arisen and could result in a dispute or could give rise to any payment under the 'Contract of Employment' section; for example, employees who are subject to a written or verbal warning, anticipated redundancies, recent or projected mergers with another business

4. Complete the following showing details of all

- a) disputes arising out of employees' contracts of employment
- b) prosecutions (excluding motor prosecutions) against the business, company or any employee (arising out of the employees' employment)
- c) disputes with third parties relating to property owned by you or for which you are legally responsible, including any still pending, over the last three year.
- d) disputes with the Inland Revenue or Commissioners of Customs and Excise

Year of incident	Brief details	Outcome (if decided)

5. Do you require Contract Cover (Goods/Services)?

Yes [] No []

If 'Yes', state:

a) turnover in the last financial year

£

b) details and outcome of all non-employment contractual disputes

c) details of credit arrangement – e.g. credit level allowed without a credit check, maximum credit limit and period allowed.

Please indicate if any of the following are to be included

- 1. Explosion of boilers, economisers and steam pressure plant Yes [] No []
- 2. Collapse, overheating, cracking or fracturing of boilers and pressure vessels
If 'Yes', to either 1 or 2 state replacement values of all such boilers, economisers and plant. Yes [] No []
£
- 3. Mechanical and electrical breakdown of all machinery and plant
If 'Yes', state total replacement value Yes [] No []
£
- 4. Do you own or rent a computer? Yes [] No []
If 'Yes', is there a full maintenance agreement in force? Yes [] No []
If 'Yes', please attach a copy of this agreement
- 5. Excess to apply to each and every claim £250 [] £500 [] £1,000 [] Other £
- 6. Limit of Liability required for any one occurrence £
- 7. Tick box if index-linking is **NOT** required []
- 8. Do you require Royal & SunAlliance Engineering to quote for an engineering inspection Service? Yes [] No []

ENGINEERING – BUSINESS INTERRUPTION

Unless otherwise requested and agreed, the cover will follow Engineering – Property Damage

- 1. Anticipated Annual Gross Profit Sum to be Insured £
- 2. Maximum Indemnity Period required (minimum one month) months
- 3. Percentage of output dependent on any one boiler or machine or group of machines
100% [] None over 75% [] None over 50% [] None over 25% []
- 4. Standby position for the boilers or machines on which the dependency exists
No standby [] 1 working, 1 standby []
2 working, 1 standby [] 3 working, 1 standby []
- 5. Shift working
Single 8-hour shift [] Two 8-hour shifts []
Three 8-hour shifts [] Continuous process (e.g. chemical processes) []
- 6. Excluded time to apply to each and every claim (minimum 24 hours) months

DETERIORATION OF STOCK

State the make, description and reference number of plant	Year of make	Sum to be Insured

LOSS OF LIQUOR LICENCE

1. State the limits of indemnity required

a) On loss of Gross Profit (maximum indemnity period is 12 months)

£

b) On the value of the licensed premises

£

2. How long has the licence been in force?

GENERAL QUESTIONS

Each of the following questions must be answered in full

1. How long have you been in business

a) at these premises

b) at any other premises

2. Are the premises occupied solely by you?

Yes [] No []

If **'No'**, give details of the various occupiers, including a brief description of the business carried on by each and state whether you are responsible for any part of the premises not in your own occupation.

3. Have you previously insured for any of the covers to which this proposal relates at these premises or elsewhere

Yes [] No []

If **'Yes'**, give details including name of insurers

4. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are or have been engaged

a) has any insurer ever declined a proposal, refused renewal, terminated an insurance or imposed special terms?

Yes [] No []

If **'Yes'**, give details

If **'Yes'**, give details

Date of occurrence	Brief details of each incident (whether a claim was made or not)	Cost of losses for which no claim was made	Cost of Claims	
			Paid	Outstanding

5. Have you, or any of your directors or partners ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? Yes [] No []

If 'Yes', give details

6. Give details of any business in which you or any of your directors or partners are or have been involved in during the last five years

Name of Business	Trade	From	To

7. Do you want to pay your premium in instalments

Yes [] No []

ADDITIONAL INFORMATION

Use this space to provide full details if you have deleted any clauses in the Declaration Section overleaf.

IMPORTANT

Please read the following carefully before you sign and date the Declaration

- The questions on this proposal form and any other details we specifically request, relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. **FAILURE TO DISCLOSE ALL MATERIAL FACTS WHETHER OR NOT THE SUBJECT OF A SPECIFIC QUESTION MAY INVALIDATE YOUR INSURANCE.**
- We recommend you should keep a record, including copies of letters and this Proposal Form, of all information supplied to us for the purpose of entering into this insurance.
- Please tick the box if you would like a copy of this Proposal sent to you []

DECLARATION

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that: the premises (including any glass to be insured) are not specially exposed to any of the covers form which insurance is required are and will be maintained in a good state of repair.
 - the buildings are built of brick, stone or concrete, with slate, tile, metal or asbestos roof

Otherwise					
Floors	concrete	stone	timber	Other	
Roofs	asbestos	concrete	metal	slate/tile	timber
	Other				
Walls	brick	concrete	stone	timber	Other
If 'Other' state full details					

- Stock and materials in trade and goods for which I have accepted responsibility will not be kept in any basement area(s) If this does not apply please state nature and value of goods
- records of stock, sales and purchases will be kept and balanced at least once every 12 months
- the ways, works, machinery and plant will be properly fenced and guarded and otherwise maintained in good order and condition, and all inspections of lifting apparatus, boilers and steam pressure vessels will be carried out in compliance with statutory requirements.
- No radioactive substances or other sources of ionising radiation, explosives or other dangerous substances will be used
- all persons proposed for Personal Accident insurance are in good health, have no physical or mental defect or infirmity and will give immediate notice to the Company of any material change in the health, occupation or activities of such persons.

N.B. If any of the above clauses are not applicable, please delete as appropriate and give details in the Additional Information section.

- I/We declare that to the best of my/our knowledge and belief the answers are given are true and complete.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent and acting on my/our behalf, and not the agent of Tower Insurance Company Limited.
- I/We declare that this Proposal Form is for the insurance in the normal terms and conditions of the Insurer's policy.
- I/We agree that the information provided on this Proposal Form and any information supplied by me/us shall be incorporated in and form part of the insurance contract.
- I/We declare that I/we have received a copy of the Tower Insurance Customers Service Leaflet.

Signature of Proposer(s) Date of signing

Title of signatory

Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance

PLEASE INITIAL ANY ALTERATIONS ON THE PROPOSAL FORM