



PROPERTY OWNER PROPOSAL FORM

DETAILS OF PROPOSER

1. PROPOSER NAME

2. CORRESPONDENCE ADDRESS & TELEPHONE NUMBER:

3. ADDRESS OF PROPERTY TO BE INSURED:

4. Date Insurance to Commence:

5. How long have you owned the Property? Years

6. Full Description of type and occupation of the property.

7. Has any Insurer ever:

(a) Declined to provide Insurance?	YES	NO
(b) Refused to renew an Insurance Policy?	YES	NO
(c) Required an increased Premium or imposed special terms?	YES	NO

If 'yes' to any of the above questions, please give full details

CLAIMS HISTORY

8. (a) Any claims or incidents that may have given rise to a claim whether at this or any premises or elsewhere within the last 5 years whether an Insurance claim was made or not. YES / NO

If 'yes' to the above, please supply full details below: -

Type	Paid Amount	Outstanding Amount

(b) To your knowledge have these premises ever been subjected to an illegal or forced entry or suffered any form of malicious damage. YES / NO

If 'yes' to the above, please supply full details below: -

Details: _____



PROPERTY OWNER PROPOSAL FORM (continued)

9. (a) Any flooding within 5 miles of the premises? YES / NO
 (b) Are you in a flood risk area or have you been notified by authorities that you are in a flood risk area? YES / NO

DETAILS OF COVER REQUIRED

10.	Is Standard Cover required? (i.e. Fire/Special Perils/Theft/Accidental Damage) (N/B –Fire, Lightning, Explosion and Aircraft only cover will be applicable in respect of unoccupied premises / unoccupied areas)	YES / NO
11.	Is Subsidence / Heave required? If 'yes' please complete a separate Subsidence Questionnaire.	YES / NO
12.	Is a separate quotation for Terrorism required?	YES / NO

PREMISES

13. Are the premises built of brick, stone or concrete and roofed with slates, tiles, concrete, asphalt, metal or slabs composed entirely of non-combustible materials WITH NO ELEMENT OF FLAT ROOF? YES / NO

If NO - give details (and percentage of building if it has a flat roof)

14. How old are the buildings? _____ Years 15. Is the building Listed? YES / NO
 If YES – please confirm Grade _____

16. Are they in a good state of repair? YES / NO

17. (a) How are the premises heated? _____
 (b) If the premises are not heated, please provide details of the steps taken to prevent burst pipes

18. How many floors are there (including basements)?

19. Are you the sole occupant of the building? YES / NO
 If NO what is the remainder of the building used for including a full description of any/all tenants and trades?



PROPERTY OWNER PROPOSAL FORM (continued)

- 20.** Is the building or any part of the building unoccupied? YES / NO
 If Yes –
- (a) How long have the premises been unoccupied? _____
- (b) What are the future plans for the property? _____
- (c) Has the property been made secure against illegal entry? _____
- (d) Are there any plans for any building/renovation work? If yes, please provide full details and confirm that any work is carried out by independent contractors with bona fide CAR cover. YES / NO

- (e) Are the premises inspected at least weekly and any defects found repaired immediately? YES / NO

- 21.** What type of premises are: (a) Adjoining: _____
 (b) At the rear: _____

- 22.** Do you have a current NICEIC Electrical Certificate? YES / NO
 If NO – Please state reason

(a) When was the last Institute Of Electrical Engineers (IEE) Certificate Issued?

- 23.** Are the premises fitted with: (a) Fire Sprinkler System? YES / NO
 (b) Fire Alarm System? YES / NO
 (c) Fire Extinguishers YES / NO

PROTECTIONS

- 24.** Are all perimeter doors secured by 5 lever mortise deadlocks conforming to BS3621? YES / NO
25. Are all accessible windows secured internally and/or externally by grilles or shutters? YES / NO
26. Are all windows fitted by key operated window locks? YES / NO
27. Are the premises occupied outside business hours? YES / NO
28. Is there a burglar alarm under your sole control? YES / NO

If YES state:

- (a) Is the alarm company NACOSS approved YES / NO
YES / NO

- (b) Make and when installed
 (c) Whether

- | | |
|----------------------|--------------------------|
| Red Care | <input type="checkbox"/> |
| Paknet / ABC | <input type="checkbox"/> |
| Central Station | <input type="checkbox"/> |
| Digital Communicator | <input type="checkbox"/> |
| Bells Only | <input type="checkbox"/> |

- (d) Whether the system is maintained under contract YES / NO

- 29.** Are all keys removed from the premises when closed? YES / NO

NOTE:

The Certificate will contain a warranty that any alarm has a maintenance contract with an approved installer, and that all protections fitted may not be varied to the detriment of Insurers without their written consent, and that all protections are put into effect whenever the premises are closed or left unattended.



PROPERTY OWNER PROPOSAL FORM (continued)

SUMS TO BE INSURED

It is important that you ensure the Values given below are adequate as Under-Insurance may reduce the amount of recovery in the event of a claim.

MATERIAL DAMAGE COVER

30. **BUILDINGS** £

31. **LOSS OF RENT** £
Indemnity Period: 12/24/36 months

32. **OTHER COVERS - PLEASE STATE** £

33. **GLASS BREAKAGE** (including Signs) – Is cover for glass breakage required? YES / NO
 This covers the breakage of Glass (and cost of re-lettering if any) fixed in the windows and doors of the premises.

If YES please state :

Total replacement cost of all plain plate glass and any lettering £
 Total replacement cost of all special glass and any lettering £

LIABILITIES

34. Do you require:	Employers Liability	YES	NO
	Property Owners Liability only	YES	NO

The “standard limits” are £10,000,000 in respect of Employers Liability, together with £2,000,000 in respect of Property Owner’s Liability. If this is not sufficient please state indemnity limit required: £_____

35. GIVE DETAILS OF TOTAL WAGEROLL FOR EACH OF THE FOLLOWING –

	Wages	Number of Employees / Details of Employees (if required)
Clerical		
Caretaker/Gardener		
Other (specify)		



PROPERTY OWNER PROPOSAL FORM (continued)

SUBSIDENCE LANDSLIP AND HEAVE EXTENTION QUESTIONNAIRE

Cover in respect of this Extension is at the discretion of Underwriters. Complete this form ONLY if this cover is required.

1. ARE THE PREMISES FREE FROM SIGNS OF DAMAGE WHICH MAY BE ATTRIBUTABLE TO SUBSIDENCE, LANDSLIP OR HEAVE (PLEASE STATE WIDTH OF INTERNAL AND EXTERNAL CRACKS OVERLEAF IF PRESENT). YES NO
2. ARE THE PREMISES BEING MONITORED FOR SUBSIDENCE, LANDSLIP OR HEAVE OR HAVE THEY EVER BEEN MONITORED FOR SUBSIDENCE, LANDSLIP OR HEAVE, OR BEEN THE SUBJECT OF AN OCCURRENCE OF SUBSIDENCE, LANDSLIP OR HEAVE? YES NO
3. HAS THERE BEEN ANY MOVEMENT IN THE PROPERTY IN THE LAST 12 MONTHS? YES NO
4. ARE THERE ANY TREES OR SHRUBS WITHIN 20 FEET OF YOUR PREMISES, WHICH ARE MORE THAN 10 FEET TALL? IF SO PLEASE IDENTIFY IN THE SPACE PROVIDED OVERLEAF. YES NO
5. HAS THE STRUCTURE OF YOUR PREMISES BEEN EXTENDED WITHIN THE LAST 25 YEARS. PLEASE PROVIDE DETAILS IN THE SPACE OVERLEAF. YES NO
6. HAVE THE PREMISES EVER BEEN THE SUBJECT OF A SURVEY WHICH MENTIONS SETTLEMENT OR MOVEMENT OF BUILDINGS? (IF YES, PLEASE ENCLOSE A COPY WITH THIS QUESTIONNAIRE). YES NO
7. HAS ANY NEIGHBOURING PROPERTY, AFTER ENQUIRY, BEEN THE SUBJECT OF AN OCCURRENCE OF SUBSIDENCE, LANDSLIP OR HEAVE? YES NO
8. HAVE THE PREMISES EVER BEEN FLOODED AS A RESULT OF BROKEN OR DAMAGED UNDERGROUND DRAINS OR ARE YOU AWARE OF ANY EXTENSIVE UNDERGROUND DRAINAGE PROBLEMS WITHIN THE LAST 5 YEARS? YES NO

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN SPACE PROVIDED BELOW.

(CONTINUE ON SEPARATE SHEET IF NECESSARY)



PROPERTY OWNER PROPOSAL FORM (continued)

DATA PROTECTION

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 2018 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data provided to it.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer

The insurer acknowledges that the insured may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Conduct Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

IMPORTANT NOTICE – INFORMATION WE NEED TO KNOW ABOUT

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable.

If you are in any doubt at all regarding any of the answers you have given, you should ask your broker

You must tell us within 14 days of you becoming aware if any of the information provided by you changes after you purchase your policy and during the period of your policy.

DECLARATION To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true. I understand that non-disclosure or misrepresentation of any of the answers given may entitle Underwriters to:

- cancel my policy and refuse to pay any claim, or
- not pay any claim in full, or
- revise the premium and/or change any excess, or
- revise the extent of cover or terms of this insurance.

Signature

Proposer(s).....Position.....Date.....