

COMMERCIAL INSURANCE PROPOSAL FORM



COVER DESIGNED
FOR YOUR BUSINESS

This Proposal is for use by special agreement with NIG in connection with their range of Commercial Non-motor Policies other than Motor Trade.

In completing this form, please tick the appropriate boxes and answer all questions in BLOCK CAPITALS

IMPORTANT NOTE

You are under a duty to make a fair presentation of the risk to us before the inception, renewal and alteration of your policy.

This means that you must tell us about and/or provide to us all material information or tell us and/or provide to us sufficient information to alert us of the need to make further enquiries to reveal such material information. This information needs to be provided in a clear and accessible manner.

Material facts are those which are likely to influence us in the acceptance of the terms or pricing of your policy. If you have any doubts as to whether any information is material you should provide it to us.

Failure to disclose any material fact may invalidate your policy in its entirety or may result in your policy not responding to all or part of an individual claim or class of claims.

In order to comply with your duty to make a fair presentation you must also have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided by this insurance)

PROPOSERS DETAILS

Full Name of Proposer (Please show names of all companies to be insured including all subsidiaries; if not a limited company, full names of all partners)

Trading Name

Company Registration No

Postal Address

Company Website Address

Business Phone No.

Full description of trade or business to which the proposed insurance will apply

Period of Insurance Inception Date Renewal Date

QUESTIONS

1 Have you or:

- any director or partner in any business,
- any partner in any partnership, or
- any director of any company

either in the name of the business proposed or in the name of any other business in which any of you have had an interest:

- ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer? Yes No
- sustained any loss or had any claim made against you / them, whether insured or otherwise in respect of any of the insurances required at the above or any previously occupied premises during the last 5 years? Yes No
- ever been convicted of or is any prosecution pending for any offence (excluding any motoring convictions and any offences which are spent under the Rehabilitation of Offenders Act 1974)? Yes No
- ever been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements (or the Scottish equivalent) within the last 10 years? Yes No
- ever been declared bankrupt or insolvent, subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administration order, or administrative receivership proceedings within the last 10 years? Yes No

QUESTIONS – continued

- 2 Do you or any directors or partners engage in any other business or occupation? Yes No
- 3 Do you
- a undertake work away from your own premises involving the use of heat, work on offshore structures or anywhere else other than on land, or manual work in countries outside Great Britain, Northern Ireland, the Isle of Man or the Channel Islands? YES NO
- b supply or distribute goods from premises outside Great Britain, Northern Ireland, the Isle of Man or the Channel Islands? YES NO
- c handle or use any radioactive or explosive substances, toxic chemicals, asbestos, silica or material containing silica? YES NO
- d supply goods for use in the nuclear, aviation, marine or offshore industries? YES NO
- e discharge toxic or dangerous substances into the atmosphere, sewers, waterways or elsewhere? YES NO
- 4 Have you been in business in the names(s) shown above for less than 3 years? YES NO

If 'yes', please provide previous business history.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS BELOW

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO)

- 1 Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold? YES NO

If 'no' please enter your Employer Reference Number

An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.

- 2 Do you have a Companies House Registered Office Address? YES NO

If 'yes' please provide details (Postcode must be shown)

Post Code

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) – continued

3 Are there any subsidiary companies to be included in this insurance? YES NO

If 'yes' please provide full details

Name of first subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

<input type="text"/>
<input type="text"/>
Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES NO

If 'no' enter the Employers' Reference Number for this subsidiary

Name of second subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

<input type="text"/>
<input type="text"/>
Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES NO

If 'no' enter the Employers' Reference Number for this subsidiary

Name of third subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

<input type="text"/>
<input type="text"/>
Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES NO

If 'no' enter the Employers' Reference Number for this subsidiary

4 Are there any subsidiary companies to be excluded from this insurance? YES NO

If 'yes' please provide full details

Name of first subsidiary company to be excluded

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

DATA PROTECTION AND DECLARATION

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

Choice of Law

Under European Law, you and we may choose which law will apply to this contract. English Law will apply unless both parties agree otherwise. We have supplied this Agreement and other information to you in English and we will continue to communicate with you in English.

Declaration

I/We declare that:

- a** if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
- b** to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail
- c** I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- d** I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Proposer's Signature

Status

Date

ADDITIONAL INFORMATION

Blank area for additional information.

