

COMMERCIAL COMBINED PROPOSAL FORM



OUR SPECIALIST MARKETS INCLUDE:

MANUFACTURING • WHOLESALE • RETAIL • HOTEL AND LEISURE



ALL YOU NEED
UNDER ONE
ROOF

Commercial Combined Insurance

Proposal Form

- When completing this Form, please tick the appropriate boxes and answer all questions using 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)

A Period of Insurance

Inception Date	Renewal Date
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B 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

Company Registration Number

Trading Name

Postal Address

Postcode

Situation of property to be insured if different from above

Postcode

Web Site Address

Business Description

Business Phone Number

Survey Contact Name

C Premises Details

Please list all premises to be insured. (A series of buildings at one site under one post code will be deemed to be one premise).

Address	Postcode	Telephone Number	Occupied as (e.g. Bodyshop)

If you have any further locations to be insured, please give details on the Additional Information page

D General Questions

If you answer **yes** to any of the following general questions, please give details on the Additional Information page.

- 1 Have you or:
 - i any director or partner in any business,
 - ii any partner in any partnership, or
 - iii 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:
 - a ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?

Yes No
 - b 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
 - c 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
 - d 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
 - e 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
- 2 Have you been in business for less than 3 years?

Yes No

If **yes**, please provide previous business history on the Additional Information page
- 3 Do you or any directors or partners engage in any other business or occupation?

Yes No
- 4 Are you presently insured (or have you been insured in the past) for the risks you are now proposing?

Yes No

If **yes**, please confirm Insurer and Policy number on the Additional Information page.
- 5 Have you traded without insurance within the last 5 years?

Yes No
- 6 Is the business proposed a member of any trade association?

Yes No
- 7 Do you have any offices, assets, representation or agents in overseas countries?

Yes No

E Premises Details

If any of your answers in this section are in a shaded box, please give details on the Additional Information page.

- 1 Are all of the buildings at the premises to be insured:
- a built of brick, stone or concrete or roofed other than with slates, tiles, asphalt, metal, or slabs composed entirely of incombustible mineral ingredients? Yes No
 - b solely occupied by the proposed business? Yes No
 - c fully occupied (i.e. Not vacant, either in whole or in part)? Yes No
 - d heated by all or any of the following:
 - i low pressure hot water or steam?
 - ii fixed electric appliances?
 - iii fixed oil or gas fired space heaters with fuel supply via fixed metal pipes, and an external flue? Yes No
 - e in a good state of repair with all machinery properly fenced or guarded and in good order? Yes No

- 2 Has the electrical installation at the premises to be insured been inspected in accordance with both the requirements and time scales of British Standard BS7671? Yes No
- 3 Is an intruder alarm system installed at the premises? Yes No

If yes, please state:

- a Name of alarm company
- b Is it maintained under contract by the alarm company stated in a above? Yes No
- c Method of signalling (e.g. Redcare, Redcare GSM)?
- d Has police response been withdrawn or the level of response reduced or delayed? Yes No

If an intruder alarm system is installed but the answers to the questions under 3 above do not apply to all of the premises to be insured than please give details on the Additional Information page.

- 4 Do you require cover for "subsidence, ground heave and landslip" for any part of the site on which the premise(s) stand? Yes No

If yes, then in respect of subsidence or ground heave or landslip, please confirm if:

- a the premises have suffered damage or are showing signs of damage? Yes No
- b to your knowledge the properties either side of your own have suffered damage or are showing signs of damage? Yes No
- c to your knowledge the vicinity is susceptible to such damage? Yes No
- d the premises are in the immediate vicinity of any river bank, railway embankment or cutting, cliff, quarry, mine or other underground working or made up ground? Yes No
- e there are any trees or shrubs over 7m (20ft) in height within 10m (30ft) of the premises? Yes No

If you have answered yes, to any of the questions 4 a to e above please provide full details on the Additional Information page, Please note that we may also require you to complete an additional Subsidence Questionnaire if you have answered yes to any part of question 4.

F Business Details

If any of your answers in this section are in a shaded box, please give details on the Additional Information page.

- 1 Do you undertake work in or on any nuclear plant or power station, gas or chemical works or stores, oil refineries or bulk oil storage facilities, offshore installations/structures, airports/airfields/aircraft, railway property, ships/marine craft, docks and/or mines? Yes No
- 2 Do you process, use, handle or store any of the following in connection with your business:
- a Silica, asbestos or any substance containing asbestos? Yes No
- b Radioactive substance(s) / devices? Yes No
- c Any chemicals, gases or other industrial materials/devices that are toxic, explosive, flammable, corrosive or an irritant? Yes No
- d Any other dangerous materials giving rise to dust, fumes or vapours? Yes No
- e Any other material involving a health or safety hazard? Yes No
- 3 Do you store liquids or gases in bulk? Yes No
- 4 Do you discharge toxic or dangerous substances into the atmosphere, sewers, waterways or elsewhere? Yes No

If you have answered **yes**, to any of the questions 1 to 4 above, please provide full details, including method of treatment and disposal.

- 5 Is all relevant plant (i.e. your lifting plant, pressure vessels/boilers):
- a regularly maintained and inspected by qualified engineers as required by legislation? Yes No
- b maintained in accordance with the manufacturers recommendations? Yes No
- 6 a Do you comply with the requirements of the Factories Act, the Health and Safety at Work Act, and the Control of Substances Hazardous to Health Regulations (and any special regulations there under) or any similar legislation? Yes No
- b Have you or any of your directors, partners or employees ever been:
- i prosecuted under any of these Acts or Regulations, or have such a prosecuting pending? Yes No
- ii served with a Prohibition Notice under the Health and Safety at Work Act? Yes No
- 7 Do you have a written safety policy which is brought to the attention of your employees? Yes No
- 8 Have you or any of your directors, partners or employees in the business ever been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act or similar legislation? Yes No
- 9 Have you or, to your knowledge, any former owner or occupier of any of the premises to be insured, or have you in connection with sites at which you have worked on:
- a ever been prosecuted or sued for any pollution problems? Yes No
- b ever had any incidents of pollution or incidents likely to cause pollution? Yes No
- c ever carried out any industrial activity which was the subject of an environmental permit or licence? Yes No

F Business Details *continued*

10 a Do you carry out any work away from the business premises? Yes No

If you have answered **No**, to Question **10a**, there is no need to answer **10b**, **10c** or **10d**

b Does any of your work away relate to work outside of the United Kingdom? Yes No

If **yes**, please state the Countries and what percentage of your total work this represents

c Does any of your work away relate or involve work in connection with:

i quarrying, tunnelling, mining, piling, ground stabilisation, underpinning or dewatering? Yes No

ii towers, steeples, chimney shafts, bridges, viaducts, flyovers or underpasses? Yes No

iii docks, harbours, piers, wharfs, dams, reservoirs, lakes, rivers, water diversion, flood protection or sea defences? Yes No

d Does any of your work away from the business premises involve the use of:

i welding or cutting equipment or other equipment or processes involving the application of heat*? Yes No

ii cradles and/or other lifting equipment? Yes No

Heat* – the use of blow lamps or blow torches, welding or flame cutting equipment

11 Do you work on or have under your control cranes, hoists, passenger lifts or escalators? Yes No

12 Do any of the processes you carry out produce noise level above 85dB? Yes No

If **yes**, please give details and state what precautions are taken

13 Do you enter into any agreements assuming liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement, or waive your legal rights against others?

Yes No

If **yes**, please supply a copy of the agreement

14 Where labour and materials Sub-Contractors (Bona-Fide Sub Contractors) are used, do you check that they are insured for Public/Products Liability insurance in respect of all work they undertake on your behalf for the duration of the time that they work for you and that the cover provided is to at least the limit of indemnity as will be provided by this policy?

Yes No

G Cover Details

If any of your answers in this section are in a shaded box, please give details on the Additional Information page.

1 If you require Products Liability cover to be provided please answer the following questions:

a i To your knowledge have your products ever been exported, or will they in future be exported, to the U.S.A. or Canada or their dependencies or trust territories? Yes No

ii Do you have any "hold harmless" or other agreements with customers, suppliers or sellers in these countries? Yes No

This includes any indirect exports i.e. goods that you know will ultimately be exported to USA/Canada even though they may not be exported directly by you.

If you have answered **yes**, to any part of this question you will be required to complete a North American Exposures Questionnaire

G Cover Details *continued*

b Do you import raw material, components or finished products from outside the European Union? Yes No

c Do you supply any goods intended for installation in or to form part of aircraft, watercraft, drilling rigs, atomic or nuclear plant or motor vehicles? Yes No

If **yes**, please give details including annual turnover of such goods

d Do you supply or distribute goods from premises outside Great Britain, the Isle of Man or the Channel Islands? Yes No

e Do you maintain an adequate system of records which would enable identification of:

i the source of product/raw materials/component parts purchased? Yes No

ii the source of design of products manufactured by you? Yes No

f Is it possible to trace the ultimate customers of individual products or batches in order to recall the products? Yes No

g Has recall ever been necessary or been considered? Yes No

h Are all goods labelled and supplied with clear instructions in the language of the country to which they are supplied? Yes No

i Are product-hazard warnings clearly shown on products, packaging and/or instruction manuals? Yes No

2 If you require Goods in Transit cover to be provided please answer the following questions:

a Do you engage in transit of goods outside the United Kingdom? Yes No

If **yes**, give details and countries visited

b Are vehicles fitted with special locking devices, immobilisers and/or alarms? Yes No

If **yes**, please give details

c Are any of the vehicles open* or soft topped*, or curtain sided*? Yes No

If **yes**, give details of vehicles

H Loss or Claim Details

If you answered yes to **D** General Question **1b**, that you have sustained a loss or had any claim made against you during the last 5 years, please provide full details of each loss/claim and provide details of any post loss action taken:

Date & Year	Type of Claim	Brief Circumstances	Amount Paid/ Outstanding	Post Loss Action Taken

I 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

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)

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

I Employers' Liability Tracing Office (ELTO) *continued*

Name of second subsidiary company to be included

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

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)

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

J 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

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

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.

Signature of Proposer(s)

Date

Position Held

K Additional Information

Blank area for Additional Information.

