

SHEARWATER

INSURANCE

SERVICES LTD

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COMMERCIAL / PROPERTY INSURANCE
PROPOSAL FORM

Before completing the proposal please refer to the Summary of Cover as this will assist you to select the sections and amounts insured which you require.

Please answer the questions fully and do not withhold or misrepresent any facts which are likely to influence the Underwriter's assessment and acceptance of this proposal.

You have a duty to disclose all material facts and failure to do so could invalidate the insurance. Copies of all information including letters supplied to us for the purpose of effecting this insurance should be retained.

A specimen policy is freely available on request.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate. If there is insufficient space to complete any answer please use additional pages

Insurance to commence ___/___/___ for 12 Months

Proposer's name(s) in full

Trading title

Telephone Number
VAT Number

Address of business premises

Postal address if different

Please provide a full description of trade or business (including goods produced/nature of work undertaken/services provided)

Full name and address of any other party with a financial interest in the property to be insured

General Questions

1 How long have you been in business at this address? _____years Elsewhere? _____ years

2 Have you had continuous insurance since your business has been established?

If YES please state name and address of current and previous insurer(s) and policy number(s) covering a period of five years. If NO please give reason

3 Has any insurer ever

- | | | |
|----|--|----------|
| a) | declined your proposal? | YES / NO |
| b) | refused to renew or cancelled your policy? | YES / NO |
| c) | imposed special terms or conditions for any of the risks proposed? | YES / NO |

If YES to any of the above give full details

4 Have you, the proposer or any principal, director or partner under a current or any previous trading title

a) been declared bankrupt or insolvent or been subject to a County Court Judgement or are any proceedings pending? YES / NO

b) been convicted of arson or other criminal offence (other than motoring offences) or is any prosecution pending? YES / NO

c) been prosecuted under the Factories Acts 1961, the Health and Safety at Work etc Act 1974, the Consumer Protection Act 1987 or the Food Safety Act 1990? YES / NO

d) been served with a Prohibition Notice under the Health and Safety at Work etc Act 1974 or the Food Safety Act 1990? YES / NO

If YES to any of the above please give full details

5 Do you obtain satisfactory and confirmed references in writing of prospective employees' integrity before engaging them to be involved in the handling or transit of money or vehicle loads? YES / NO

6 Are records of purchases, sales, stock, money in transit and on the premises kept and regularly audited? YES / NO

7 a) Are your accounting records kept in cabinets or safes which are fire resistant? YES / NO

b) are duplicate records kept in a separate building? YES / NO

8 Name and address of your professional accountants and financial year end date

9 Name of current Insurers, renewal date and expiring premium

10 Renewal date of current Policy

11 Expiring premium of current Policy

- 4 a) Are the premises protected by an intruder alarm which is in working order and subject to a maintenance contract? YES / NO

If YES, please give installer's name and address and attach a copy of the specification to this proposal

- b) Are all final exit doors to your premises secured by 5 lever mortice deadlocks or 5 lever close shackle padlocks? YES / NO

- c) Are all opening windows to your premises secured by key operated locks or protected by bars or grilles? YES / NO

If NO then please give details of other security fittings

- 5 Are the premises solely occupied by the insured? YES / NO
If not then please give details of other occupants

COVER - Please see Summary of Cover for more specific details

Please complete fully each section below for which cover is required

Section 1 - Property Damage

Do you require cover for

Standard perils?	YES / NO
Additional perils (excluding theft)?	YES / NO
Theft?	YES / NO
Accidental damage?	YES / NO

The sums insured by each item must represent the full value of the property to be insured.

Do not include any property under items 3 or 4 if it is to be insured under Section 7 - All Risks.

Please remember to allow for architects' and surveyors' fees, public authorities and debris removal costs

A separate sum insured must be entered for each item to be insured. Bracketed items or aggregated figures are not acceptable

Buildings £

Specified stock:

Tobacco, cigarettes, cigars, wines and spirits £

Jewellery, watches, precious metals and stones, non-ferrous metals £

Computer games and discs, compact discs, cassettes, audio, television,
video and photographic equipment £

Computer hardware, software and ancillary equipment £

Clothing Total Sum insured £

Average any one item of clothing £

2). Stock (other than specified stock) and materials in trade and work in progress
for which you are responsible (including Refrigerated Stock, if any) £

3). Computing, fax, audio, television, video and photographic equipment
used in connection with the business £

4). Machinery, plant, trade and office furniture fixtures and fittings,
fixed glass, frames, blinds and signs and all other contents £
(Please specify Age, Value, and Serial Numbers of items in excess of £ 10,000)

5). Personal effects, tools and pedal cycles of directors, partners, employees
and visitors (limit £250 per person) £

6). The buildings including foundations and outbuildings, landlord's fixtures and fittings £
together with boundary walls, fences and gates for a full definition of what constitutes
'buildings' please see Summary of Cover

COVER - Continued

- 7). Tenant's improvements, alterations and decorations £
- 8). _____ months rent payable for the buildings £
- 9). _____ months rent receivable for the buildings £

10). Property in the open - give full details

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11). Any other property - give full details

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12). If you require a higher deductible than the normal £250 please state the amount £

13). Have you suffered any losses caused by any of the perils to be insured by this section in the last five years? YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			£
20			£

Section 2 - Glass

Do you require cover for Glass?

YES / NO

A separate sum insured must be entered for each item to be insured. Bracketed items or aggregated figures are not acceptable

1 Please state the full replacement value of all glass including the cost of fixing and boarding up

all fixed external glass £

all fixed internal glass including partitions, counters and the like £

fixed external signs £

2 Describe and give value of any special glass where cover is required i.e. armoured, bent or other special glass or glass with lettering or designs superimposed

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3 Please describe the type and position of any fixed external signs where cover is required

--

4 Is all glass and signs which are to be insured, free from cracks or defects?
If NO then please give details

YES / NO

--

5 Have you suffered any losses caused by any of the perils to be insured by this section in the last five years?

YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			£
20			£

Section 3 - Business Interruption

This cover is available only if Property Damage insurance is in force and will be provided in respect of the same perils selected under Section 1 unless otherwise agreed

On which basis do you require cover? Gross Profit? / Gross Revenue? / Additional Expenditure?

- 1 Sum insured required £
- 2 Maximum indemnity period required _____ Months

The sum insured selected should allow for future growth and inflation
Separate sums insured are required for each premises for Additional Expenditure cover

Where the selected maximum indemnity period exceeds 12 months the sum insured should be proportionally increased. if less than 12 months the sum insured must not be less than the estimated full annual Gross Profit or Gross Revenue

The maximum indemnity period selected should be sufficient to allow a complete return to normal trading

- 3 Is cover for Gross Profit or Gross Revenue required on a declaration linked basis? YES / NO
- 4 Is cover required to include interruption following damage
- a) at suppliers' and/or customers' premises? YES / NO

If YES please give details below

Customer(s) or supplier(s) (state which)	% of gross profit/ Gross revenue required	Name and address

- b) to property stored elsewhere than the risk address? YES / NO
- If YES give details below

Addresses	Gross revenue required

- 5 Have you suffered any Business Interruption losses caused by any of the perils to be
insured by this section in the last five years? YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			

Section 4- Book Debts

This cover is only available if Property Damage insurance is in force and will be provided in respect of the same perils selected under Section 1 unless otherwise agreed

Do you require cover for Book Debts? YES / NO

If YES then please answer the below

- 1 Maximum outstanding debit balances due to you at any one time
- 2 What percentage of accounts are paid to you by bankers order or direct debit?
- 3 How frequently are accounts rendered?
Monthly? YES / NO
Quarterly? YES / NO
- 4 Have you suffered any losses caused by any of the perils to be insured by this section in the last five years? YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			£
20			£

Section 5 - Goods in Transit

The purpose is to cover stock items - not equipment or tools belonging to or for which the business is responsible

Do you require cover for Goods in Transit?

YES / NO

1 Please describe fully the type of goods to be carried - highlighting hazardous/ high value goods

The policy will exclude certain hazardous / high value goods unless specified and accepted by the Company - see Summary of Cover

2 Geographical area of operations

3 Are vehicles left loaded and unattended overnight or after the completion of any working day of the driver? YES / NO

If YES give details of overnight security arrangements

4 Please give details of security alarms/immobilisers or other devices fitted to vehicles

Special conditions apply to theft cover for unattended vehicles - see Summary of Cover

5 Own vehicles - how many vehicles operated by you carry your own goods? _____

6 Maximum sum to be insured in any one vehicle at any one time £

You may sub-divide categories of carrying vehicles and sums insured e.g. between cars, vans, lorries

7 Are any of your own vehicles used in connection with

- | | | |
|----|---|----------|
| a) | market trading? | YES / NO |
| b) | direct selling from vehicles? | YES / NO |
| c) | conveying goods in refrigerated conditions? | YES / NO |

8 Other carriers

	Road hauliers	Rail	Post
Maximum value any one consignment	£	£	£
Estimated annual carryings	£	£	£

9 Are goods carried under

- | | | |
|----|-----------------------|----------|
| a) | R.H.A. conditions? | YES / NO |
| b) | C.M.R. conditions? | YES / NO |
| c) | any other conditions? | YES / NO |

If YES to 9c) please give details

10 Have you suffered any losses caused by any of the peril to be insured by this section in the last five years? YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			£
20			£

Section 6- Money and Personal Assault

Do you require cover for Money and Personal Assault? Please See Summary of Cover for definition of non negotiable money YES / NO

- 1 State the estimated total amount of money (other than non negotiable money) carried annually to or from the bank or Post Office by you or your employees £
- 2 Maximum amounts of money (other than non negotiable money) normally at risk at any one time
- a) in transit by you or your employees or whilst in bank night safe £
 - b) on your premises during business hours £
 - c) on your premises when closed for business
 - (i) in locked safes £
 - (ii) not in locked safes £
 - d) in your private residence or that of an authorised employee £
- 3 In respect of carryings to or from the bank or Post Office
- a) how is the money conveyed? _____
 - b) what is the maximum distance involved? _____
 - c) what is the frequency of the transits? _____
 - d) how many employees accompany each transit? _____
- 4 Is money collected from customers by collectors, roundsmen or similar persons? YES / NO
If YES please state
- a) maximum number of such persons _____
 - b) maximum amount in the custody of any such person £ _____
 - c) estimated total annual carryings by such persons £ _____
- 5 Do you pay your employees in cash? YES / NO
- 6 If money is carried by a security company, is cover required for such money whilst in their custody? YES / NO
If YES enclose a copy of your agreement with the security company and provide the following details
Estimated annual amount in transit £ _____ Maximum amount any one time £ _____

7 Details of all safes or strongrooms in which money is left out of business hours

Make and model and weight	External dimensions	How fixed?	Maximum amount in safe or strongroom £

8 Is cover required for money in coin-operated vending, gaming or amusement machines or payphones? YES / NO

If YES state limit required

Number of machines/payphones

9 Have you suffered any losses caused by any of the perils to be insured by this section in the last five years? YES / NO

Years	Cause	Details	Cost
19			£
19			£
19			£
20			

Section 7 - All Risks

Do you require cover for All Risks?

YES / NO

Property to be insured by this section should not be included in the property insured under Section 1 - Property Damage items 3 or 4

1 Please Specify items to be insured

Description of property (including make and model and serial number if applicable)	Sum Insured
	£
	£
	£
	£
	£
	£

2 Cover extends to anywhere in Great Britain, Northern Ireland, the Isle of Man or the Channel Islands. If wider cover is required please specify which items and countries are involved

3 Have you suffered any losses caused by any of the peril to be insured by this section in the last five years?

YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			£
20			£

Supplementary covers

Do you require cover for

- a) Loss of Licence? (to sell excisable liquors) YES / NO
- b) Refrigerated Stock? YES / NO

If YES to a) then

Please state sum insured and give full details if within the last five years there has been opposition to the granting, renewal or transfer of the licence or circumstances or incidents which might prejudice such granting, renewal or transfer or if you or the licence holder have had an application refused

Sum insured	Details
£	

If YES to b) then

Please state sum insured (maximum £5,000 overall, £1,000 any one unit)

This amount must also be included within the sum insured for stock under Section 1 item 2

Cover is only available for units up to ten years old. A manufacturer's guarantee or a maintenance contract must be in force for any unit which does not have hermetically sealed motors and compressors

Have you suffered any losses caused by any of the risks to be insured by these supplementary covers in the last five years? YES / NO

If YES please give details below

Years	Cause	Details	Cost
19			£
19			£
19			£
20			£
20			£

Supplementary information

Please indicate for which questions you are supplying extra information

Please read the declaration carefully and check the answers you have given before signing the proposal form

Declaration

I / We (or, in the case of a partnership or a limited company, any one of the partners or directors)

a) declare that to the best of my/our knowledge and belief the answers given are true and complete in every respect and all material particulars which may affect the assessment of the risk have been disclosed.

If any written answer has been made by another person, such person shall for that purpose be deemed to be my/our agent and not the agent of the underwriters

b) understand that the Company reserves the right to contact previous insurers to verify the information contained in this form

c) agree that this proposal and declaration shall be the basis of the contract between me/us and underwriters and shall be deemed incorporated into such contract

Signed

Position

Date

(both signatures required if proposal is in joint names)

Cover does not commence until the proposal has been accepted by the Company unless otherwise agreed.