

COMMERCIAL COMBINED QUOTE PROFORMA

This form is designed and intended for use by general insurance brokers only. Please read the following questions carefully and answer them all. If more space is needed, please provide the information separately. If you have any questions, please contact us on 01622 681 243.

Proposer Details

Proposer's Name(s)

Trading Name (if any)

Website

Risk Address

Risk Postcode

Correspondence Address (if different to risk address)

Correspondence Postcode

Full description of the business

How many years has the business been trading?

Details of the proposer's relevant experience and any qualifications held

How long has the brokerage held the business?

Who is the existing insurer?

What is the target premium?

General Information

Has the proposer or any partner, director, principal shareholder or family member involved with the business either in a domestic or business capacity ever:

Been declared bankrupt or insolvent either as private individuals or in connection with any business? Yes No

Been the subject of a county court judgement in England, Northern Ireland or Wales or a decree in Scotland in respect of debt either as private individuals or in connection with any business? Yes No

Been officers of a company that has been declared insolvent, or had a receiver or liquidator appointed, or entered into arrangements with creditors in accordance with the 'Insolvency Act 1986' or any subsequent legislation? Yes No

Been disqualified under the 'Company Directors Disqualification Act 1986 or any subsequent legislation? Yes No

Been convicted of or charged with but not yet tried for a criminal offence other than a motoring offence, or those considered spent under the Rehabilitation of Offenders Act 1974? Yes No

Been prosecuted or received notice of intended prosecution under 'The Health and Safety Act' or any welfare or environmental prosecution legislation? Yes No

Been prosecuted or received notice of intended prosecution under 'The Food Safety Act'? Yes No

Had an insurance contract cancelled or declared void, or a claim repudiated, or renewal refused due to a breach of a policy condition or due to non-disclosure or misdescription or misrepresentation of a material fact? Yes No

Had insurance cover restricted or cancelled or renewal refused due to non-compliance with risk improvement requirements? Yes No

Entered into any agreement assuming liability for injury, illness and/or loss or damage for which the insurer would not have been liable in the absence of such agreement? Yes No

Suffered any claim, loss or incident whether insured or not, within the last five (5) years? Yes No

Is there any additional information or detail which may assist us in assessing the nature of the risk being proposed, and which may influence our decision to accept this risk, or in setting the terms and premium? Yes No

Examples of such information are:

- i. any special or unusual facts relating to the risk
- ii. any particular concerns which led to the proposer seeking cover
- iii. anything that would generally be understood to provide a fair description of the risk, taking account of the nature of the proposer's business and the activity undertaken at the premises or elsewhere

If yes has been answered to any of the questions above, please provide full details

Premises Details

Type of premises

What type of area are the premises located in, e.g., commercial, industrial, residential, etc.?

Are the premises self-contained? Yes No

Are the premises shared with any other businesses Yes No

Are the premises in a good state of repair? Yes No

When was the property built? How many storeys?

Are the premises constructed of materials other than brick, stone or concrete and roofed other than with slate, tiles, asphalt, concrete or metal? Yes No

If no, please provide details

Does any part of the building have a flat roof? Yes No

If yes, what is the approximate percentage of roof area that is flat, what is it constructed of and when was it last inspected?

Are the premises subject to any preservation order or listing? Yes No

If yes, please state the relevant listing

Are there any composite panels on the property? Yes No

If yes, please provide details

What type of business activities are carried out by adjoining premises, if applicable?

Do the premises have a current IEE electrical certificate? Yes No

What year were the electrics in the building last inspected by a qualified NICEIC electrician?

How are the premises heated, e.g., fixed heating, oil, etc.?

Are portable heaters used? Yes No

Is any heat work carried out at the premises? Yes No

Is any work carried out using fixed woodworking machinery? Yes No

Is work carried out away from the premises other than collection and delivery? Yes No

Is there a formal health and safety policy in place? Yes No

Is a 3D printer used? Yes No

Are Fire Extinguishers serviced annually, sited in a conspicuous position on each floor of the building(s) and within any garage / workshop? Yes No

Are the buildings protected by a fire alarm? Yes No

Are sprinklers fitted at the premises? Yes No

How many miles are the premises from the nearest full-time fire brigade?

Is combustible waste secured and stored at least five (5) metres from the buildings? Yes No

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|---|-----|----|
| Do any processes run unattended? | Yes | No |
| Are all external doors fitted with a minimum of five (5) lever mortice deadlocks that comply with BS3621? | Yes | No |
| Are all opening ground flood and accessible opening windows fitted with key operated window locks? | Yes | No |
| Are the premises protected by an intruder alarm system? | Yes | No |

Please provide details of any other security arrangements in place, e.g., roller shutters, window grilles, CCTV, security guarding, premises occupied overnight, etc.:

Subsidence Details

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|--|-----|----|
| a) Have the premises previously suffered any occurrence of subsidence, landslip or heave? | Yes | No |
| b) Do the premises show any signs of cracks or other signs of damage attributable to subsidence, landslip or heave? | Yes | No |
| c) Have the premises ever been subject to a survey due to subsidence, landslip or heave? | Yes | No |
| d) Have the premises ever been (including at the current time) monitored for subsidence, landslip or heave? | Yes | No |
| e) Do the premises have any trees or shrubs within five (5) metres of any buildings (whether inside or outside the boundaries) which are within seven (7) metres of the buildings and/or are taller than three (3) metres? | Yes | No |
| f) Have any special terms and conditions been applied in respect of subsidence? | Yes | No |

If yes has been answered to a), b), c), d), e) or f) above please provide full details

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|---|-----|----|
| If there are trees or shrubs, are they annually lopped/pruned as part of the proposer's garden maintenance? | Yes | No |
|---|-----|----|

What is the current subsidence excess?

Flood Details

- | | | |
|---|-----|----|
| a) Are the premises free from flooding and in an area which is free from flooding? | Yes | No |
| b) Are the premises at least 400 metres away from a watercourse (river, stream or other water course or sea)? | Yes | No |

If no has been answered to a) or b), please provide details

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|--|-----|----|
| c) Have the premises received any flood warnings in the last five (5) years? | Yes | No |
| d) Are the premises within an area that is exposed or susceptible to storm damage? | Yes | No |
| e) Have any special terms and conditions been applied in respect of flood? | Yes | No |

If yes has been answered to c), d) or e), please provide details

What is the current flood excess?

Covers Required

Choose any of the following covers - please tick the applicable box for the covers required

- | | | |
|-----------------------|-----|----|
| Employers' Liability | Yes | No |
| Public Liability | Yes | No |
| Products Liability | Yes | No |
| Property | Yes | No |
| Business Interruption | Yes | No |
| Money | Yes | No |
| Glass | Yes | No |

Goods in Transit Yes No

Employers' Liability

Our standard limit of liability is £10,000,000, is a higher limit required? Yes No

If yes, what limit is required?

What is the Employer Reference Number (ERN)

Please provide the total number of:

Directors, principals and partners

Employees

Bona Fide Sub Contractors

Please provide the annual wage roll split by occupation category:

Clerical

Manual

Manual Work Away

Labour Only Sub Contractors

Directors / principals

Woodworking Machinists

Bona Fide Sub Contractors

Others (please describe)

Public and Products Liability

What limit is required? £1,000,000 £2,000,000 £5,000,000

Is a higher limit required? Yes No

If yes, what limit is required?

What is the total annual and overseas turnover?

United Kingdom USA / Canada

Property

If cover is not required for any of the items listed below, please put £0 in the box

Buildings

Tenants Improvements

Contents

Fixtures, fittings, plant & machinery

Computers / electrical equipment

Stock

Wines & spirits

Tobacco & cigarettes

Stock kept outside in the open

Deterioration of stock

Business Interruption

Gross Profit

Gross Revenue

Book Debts

Indemnity Period 12 months 24 months 36 months

Loss of Rent

Indemnity Period 12 months 24 months 36 months

Loss of Licence

Glass

External fixed glass

External signs & blinds

Goods in Transit

Limit per vehicle

Annual carryings

Number of vehicles

Money

Estimated annual carryings

On the premises during working hours

Whilst in transit

In a locked safe/strongroom outside working hours

At principal's private premises

All other money

Extensions

| | | | | | |
|-------------------------------|-----|----|-------------------------|----------------------|----|
| Subsidence cover | | | | Yes | No |
| Flood cover | | | | Yes | No |
| Accidental damage – buildings | | | | Yes | No |
| Accidental damage – contents | | | | Yes | No |
| Alternative accommodation | | | | Yes | No |
| Day one uplift | Yes | No | If yes, what percentage | <input type="text"/> | |