



# **SME COMMERCIAL COMBINED PROPOSAL FORM**

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**DUTY OF FAIR PRESENTATION**

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
  - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
  - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
  
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
  - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

# SME COMMERCIAL COMBINED PROPOSAL FORM

## PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. NOTE only subsidiaries, as defined by the Companies Act, can be insured by a single Employers' Liability policy and take a share of that policy's cover. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)
  
  
  
  
  
  
  
  
  
  
2. Correspondence address - line 1
  
  
  
  
  
  
  
  
  
  
3. Correspondence address - line 2
  
  
  
  
  
  
  
  
  
  
4. Town
5. County
6. Postcode
  
  
  
  
  
  
  
  
  
  
7. Does the business have an ERN exemption?      Yes      No      8. If "No" provide ERN

**If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.**

**If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.**

9. Full business description (if you have a brochure or company literature, please attach them to this form)

## CURRENT INSURANCE ARRANGEMENTS

10. Insurer
  
  
  
  
  
  
  
  
  
  
11. Broker
  
  
  
  
  
  
  
  
  
  
12. Premium
13. Renewal date
  
  
  
  
  
  
  
  
  
  
14. Date commenced trading
15. Is the business VAT registered?      Yes      No
  
  
  
  
  
  
  
  
  
  
16. Please give details of any professional or trade associations you are affiliated to
  
  
  
  
  
  
  
  
  
  
17. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates

# SME COMMERCIAL COMBINED PROPOSAL FORM

## BUSINESS DETAILS

18. Has the business changed name in the last 5 years? If "Yes" provide FULL details of all previous names below Yes    No
19. Address of premises to be insured if different from correspondence address  
(PLEASE NOTE A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH RISK ADDRESS TO BE COVERED)
20. Risk address - line 1
21. Risk address - line 2
22. Town 22. County 23. Postcode
23. How long have you traded from this address? elsewhere?

## PROPERTY DESCRIPTION

24. What is the construction for the following aspects of the building?
- a. Walls
  - b. Floors
  - c. Roof(s)
  - d. Staircase(s)
25. What is the approximate age of the premises?
26. Is the building Grade 1 or Grade 2 Listed? Yes    No If "Yes" is it? Grade 1 Grade 2
27. Number of storeys? Is there a basement? Yes No
28. Is the heating solely by means of mains electricity or gas? Yes    No
29. Is the premises entirely self-contained with its own means of access? Yes    No  
If "No" please give details
30. Is the premises normally occupied by you at night? Yes    No
31. Do you run machinery unattended? Yes    No
32. What are the hours of operation at the risk? Weekdays Weekend
33. Are you the owner of the premises at the risk address? Yes    No  
If "No" state the landlord below
34. Are the premises in a good state of repair and is all plant and machinery in good order? Yes    No
35. Are the premises detached and separated from any adjoining premises? Yes    No
36. a. Do you occupy the whole of the premises? Yes    No

# SME COMMERCIAL COMBINED PROPOSAL FORM

If "No" what parts do you occupy and not occupy?

- b. Are you the sole occupier or tenant of the buildings at the premises? Yes No  
If "No" provide full details of other occupants below

Other occupant 1	Trade
Other occupant 2	Trade
Other occupant 3	Trade

37. If the premises is let to a tenant please confirm if a tenancy agreement is in force Yes No
38. Is there a recorded Portable Appliance Testing (PAT) protocol in force? Yes No
39. Is your plant and machinery maintained in accordance with manufacturer's guidelines? Yes No  
If "No" provide details below
40. Is your plant and machinery maintained under an annual maintenance contract and formal maintenance record? Yes No
41. Are formal maintenance records kept?

## FIRE AND FLOOD ASSESMENT

42. Are flammable liquids or hazardous chemicals used or stored? Yes No  
If "Yes" provide details below
43. Have you carried out a fire risk assessment within the last 12 months? Yes No  
If "No" please explain why not
44. Are the buildings fitted with fire detection or fire alarms systems? Yes No
45. a. Installer  
b. Trade Association/Membership (i.e. BAFE SP203 or LPS1014)
46. Confirm:  
a. the type of signalling of the fire detection & alarm system  
Audible only      Digital communicator (Digicom)      RedCare      Dualcom      Other – (e.g. Emizon)
- b. detail below the ARC response protocol (not applicable to audible only) i.e. key holder or Fire & Rescue Service (FRS) or other
47. Is the fire alarm maintained by an LPS 1014 or BAFE SP203 approved company or otherwise in accordance with BS5839 Part 1 2002? Yes No
48. a. Do you have a current Institute of Electrical Engineers Certificate? Yes No  
b. When were the electrics last checked?
49. How far is the premises from a full time fire station?
50. Is there a sprinkler system installed?      Yes      No      If "Yes" what edition?
51. Is the property and other property in the area free from flooding? Yes No  
If "No" provide full details below
52. What is the distance of the nearest river, stream, reservoir or lake to the property to be insured?

# SME COMMERCIAL COMBINED PROPOSAL FORM

## SECURITY ARRANGEMENTS

53. a. Is an approved intruder alarm fitted at the premises?      Yes      No
- b. Confirm name of installer      Registered      NSI      SSAIB
54. a. Confirm the type of signalling on the intruder alarm and attach a copy of the installers specification      Attached
- Audible only      Digital communicator (Digicom)      RedCare      Dualcom      Other – (e.g. Emizon)
- b. What is the police level response?      Level 1      Level 2 (Scotland only)      Level 3
- c. Have there been any false alarms in the last twelve months?      Yes      No
- If "Yes" provide details below
55. Is the intruder alarm maintained under a contract with the installer and will the contract remain in force during the term of this insurance?      Yes      No
56. How far is the premises from a full time police station?
57. Are all doors fitted with 5 lever mortice dead locks?      Yes      No
58. Are shutters or grilles fitted?      Yes      No
- Detail below
59. Are the premises fitted with Closed Circuit Television?      Yes      No      Monitored      Recorded      Loudspeakers
60. Is the premises occupied overnight?      Yes      No
- If "Yes" provide details below by whom
61. Are all keys to final exit door(s), safes and alarms removed from the premises when closed for business?      Yes      No

## LIABILITY INSURANCE

62. Do you require cover for Employers' Liability?      Yes      No
63. Confirm the Public & Products Liability limit of indemnity you would like quoted
- £1 million      £2 million      £5 million      £10 million
64. Does your business involve any of the following:
- a. manual work away from your own premises      Yes      No
- b. the application of heat away from your own premises      Yes      No
- c. work at hazardous locations      Yes      No
- d. work at height      Yes      No
- e. work at depth      Yes      No

# SME COMMERCIAL COMBINED PROPOSAL FORM

- |   |     |    |
|---|-----|----|
| f. the use, handling, storage or transportation of hazardous substances | Yes | No |
| g. noise levels above 85 decibels                                       | Yes | No |

If you have answered "Yes" to any of the above please provide details below.

65. Please detail any products that you manufacture, sell, supply, repair, test, process or treat.

- |  |     |    |
|--|-----|----|
| 66. Do you always retain rights of recourse against your suppliers?  | Yes | No |
| 67. In respect of your products do you get involved in any of the following:   |     |    |
| a. alter any products (including packaging) which you do not manufacture   | Yes | No |
| b. import products from outside the EU   | Yes | No |
| c. export products to the USA or Canada (or have done in the last 10 years)  | Yes | No |
| d. supply products or services to the aerospace, aviation, marine, medical, motor, nuclear, offshore, petrochemical or rail industries | Yes | No |
| 68. Do you undertake product testing before sale or maintain product control systems?  | Yes | No |
| 69. Do your products conform to the British Standard or other independent product standard?  | Yes | No |
| 70. Do you undertake design work separately for a fee?<br>If "Yes" please provide details below.                                       | Yes | No |

- |  |     |    |
|--|-----|----|
| 71. In respect of any subcontractors that you use, do you always ensure that they have adequate insurance in place for the work they are undertaking for you?        | Yes | No |
| 72. Have you notified the local authority or the health and safety executive of your business at the premises?   | Yes | No |
| 73. Do you comply with Health and Safety legislation and any other relevant Acts or regulations?   | Yes | No |
| 74. Is all machinery properly fenced, guarded and maintained?  | Yes | No |
| 75. Are you accredited with any quality standard i.e. ISO9000, BS5750?   | Yes | No |
| 76. Do you have any parent company, subsidiaries, offices, agents or representation outside Great Britain, Northern Ireland, the Channel Islands or the Isle of Man? | Yes | No |

# SME COMMERCIAL COMBINED PROPOSAL FORM

## SUMS INSURED / ESTIMATES

IT IS IMPORTANT THAT YOU SHOULD ENSURE THAT THE VALUES GIVEN BELOW ARE ADEQUATE AS UNDER INSURANCE MAY REDUCE THE AMOUNT OF RECOVERY IN THE EVENT OF A CLAIM.

### 77. Property Damage

a. Buildings (including outbuildings)	£	
b. Machinery, plant & contents including tenants improvements	£	
c. Stock	£	
d. Other items (as detailed below)		
i.	£	
ii.	£	
iii.	£	
e. Loss of rent payable	£	
Indemnity period		months

#### Notes

- a. The figures for buildings and machinery etc. should be for the current rebuilding or new replacement costs. Policy provides Day One 15% inflation uplift.
- b. Computer equipment can be insured under the machinery item but if full cover including breakdown cover is required please exclude from this item and provide a separate sum insured under the Computer section.

### 78. Business Interruption

a. Estimated gross profit	£	
Requested indemnity period		months
b. Estimated gross revenue	£	
Requested indemnity period		months
c. Increased cost of working only	£	
d. Additional Increased cost of working	£	
e. Loss of rent receivable	£	
Requested indemnity period		months
f. Specified Suppliers		
Name / Address		Estimated gross profit/gross revenue
i.		%
ii.		%
iii.		%
g. Specified Customers		
Name / Address		Estimated gross profit/gross revenue
i.		%
ii.		%
iii.		%

### 79. Is terrorism cover required?

Yes      No

### 80. Goods in transit

a. Any one load by own vehicle?	£	
b. Any one consignment by carrier	£ 10,000	(default limit)
c. Any one location?	£	



# SME COMMERCIAL COMBINED PROPOSAL FORM

## 81. Money

- a. What are your estimated annual carryings by a security company? £  
Security company used
- b. What are the estimated annual carryings by any principal or authorised employee of the insured? £
- c. How much money is kept within the premises during business hours? £
- d. Cash limit in transit to or from the bank or post office and/or in bank night safes £
- e. Money kept in the premises when closed for business and not in a locked safe £ 500 (default limit)
- f. Money kept in the private residence of the Insured £ 500 (default limit)
- g. Money kept in a locked safe within the premises outside of business hours £  
Provide details of the make and model of the safe
- h. Non-negotiable securities (crossed cheques etc.) £ 250,000 (default limit)

**Where a sum insured has “(default limit)” next to it, the policy provides a standard limit in respect of that item, i.e. items 81.e. 81.f. 81h.**

**There is also a default limit of £1,000 for money left in safe where the make and model number is unknown.**

**If you have any exceptional requirements in respect of these limits please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.**

## 82. All Risks Section - Computers

£

## 83. Wages Estimates

Description	Number	At your premises	Work away
Clerical / Managerial (i.e. no manual work)		£	£
Direct Manual Employees		£	£
Labour Only Subcontractors		£	£
Payments to Bona Fide Subcontractors		£	£
Proposers own remuneration if working manually		£	£

## 84. Turnover Estimates

UK	£
EU	£
USA/Canada	£
Rest of the world	£

## SUBSIDENCE QUESTIONNAIRE

Only complete this section if the buildings are insured under this policy and subsidence cover is required.

85. Is the premises (including outbuildings):

- a. Free from signs of damage, which may be attributable to subsidence ground heave or landslip? Yes No

If “No” state the width of the internal/external cracks below

- b. Being monitored for subsidence, landslip or heave or has it ever been monitored for subsidence, landslip or heave or been the subject of subsidence, landslip or heave? Yes No

86. Has the premises (including outbuildings):

- a. Ever been the subject of a survey, which mentioned settlement, or movement of buildings? Yes No

- b. Ever been flooded, as a result of broken or damaged underground drains, or are you aware of any extensive underground drainage problems during the last 5 years? Yes No

**SME COMMERCIAL  
COMBINED  
PROPOSAL FORM**

If "Yes" provide details below

- |  |     |    |
|--|-----|----|
| c. Are there any trees or shrubs within 20 feet of any building (whether inside or outside the grounds of the premises), which are more than 10 feet tall? | Yes | No |
| d. Has the structure of your premises been extended within the last 25 years?  | Yes | No |
| e. Has any neighbouring property, after enquiry been the subject of an occurrence or subsidence, landslip or heave?  | Yes | No |

**MATERIAL FACTS**

- |  |     |    |
|--|-----|----|
| 87. Are there any other facts not covered by this proposal form which you consider may be material to this proposal for insurance? | Yes | No |
|--|-----|----|

If "Yes" provide details below

# SME COMMERCIAL COMBINED PROPOSAL FORM

## GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- |   |     |    |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms?   | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

**Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.**

- |   |     |    |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending?   | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction?  | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution?   | Yes | No |

**If the answer to any question is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.**

## CLAIMS HISTORY

In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years?	Yes	No
--	-----	----

**If the answer is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.**

## DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

**SME COMMERCIAL  
COMBINED  
PROPOSAL FORM**

ADDITIONAL INFORMATION

