



Client

Proposer's status or title			
Proposer's Name			
Address			
Town		County	
Postcode		Telephone no.	
Mobile no.		Fax no.	
Email address		Website	
Occupation			
VAT no.		Company no.	Existing Insurer
Employer no.		No. years Established	No. years Experience

	Yes	No
Has any insurer cancelled your insurance or refused to renew it?		
Have you or any of your directors, officers or business partners ever been convicted (or charged but not yet tried) of any criminal offence (other than motoring convictions)?		
Have you or any of your directors, officers or business partners ever been declared bankrupt or insolvent or has any business which you were director or involved in management gone insolvent or into liquidation, administration, receivership or entered into arrangement with creditors?		
Do you require Terrorism cover? (by answering "Yes" you are also confirming that ALL of your commercial property is eligible for Terrorism cover (whether insured by Chaucer Insurance or not) is also covered for Terrorism)		

Claims

Claim/Accident Date	Claim Amount	Settled/Outstanding	Postcode	Type of Loss

Previous insurance – Agent – Period

Previous Chaucer Policy no.			
Agent		Agent's Reference	
Period of Cover	From	To	

Property – Premises 1

Address			
Town		County	
Postcode			

Property Details – Premises 1

Occupation

Nature of Occupation		
	Yes	No
Are the premises fully occupied solely by the business? (You may answer "Yes" if the other tenants or occupants are just offices, shops or private residential tenants)		
Are the premises vacant for more than 14 consecutive days at a time?		
Are the premises a Private Dwelling or is the policy in the name of a private individual and the commercially occupied proportion of the property less than 20% of the total premises?		

Property Age and Condition

Year built (approx. if not sure)		
	Yes	No
Are the premises in a good state of repair?		

Property Damage

Cover Required (please tick)

Material Damage (other than those listed below)	<input type="checkbox"/>				
Storm and Flood	<input type="checkbox"/>	Subsidence	<input type="checkbox"/>	Accidental Damage	<input type="checkbox"/>
Terrorism	<input type="checkbox"/>	Theft	<input type="checkbox"/>	Specified Equipment at Other Locations	<input type="checkbox"/>

Sums Insured – Buildings and Contents

Buildings	£	Tenants Improvements	£
Glass including Fixed Signs etc	£	General Contents (including M&P)	£
Own computer equipment/Office machines other than stock	£	Stock (Other than special stock)	£

Sums Insured – Special Stock

Non ferrous metals, jewellery, watches, precious metals and stones	£	Wine, spirits and tobacco goods	£
Laptops, mobile phones, personal electronics, computer games and software	£		

Sums Insured – Specified Equipment (only insured at other locations if so requested under optional covers above)

Own laptop computers, mobile phones and personal electronic devices	£	Own audio-visual and photographic equipment	£
Portable equipment other than construction plant, tools and equipment	£	Own scientific and survey instruments	£

Indexation and Uplift

	Yes	No
Do you require the sums insured to be index linked?		
Day one reinstatement required for buildings and contents?		
Buildings and contents uplift amount (%)		

Other Covers Relating to this Premises

Business Interruption

	Yes	No	
Business Interruption Cover required?			
Indemnity period required	months		
Basis of cover			
Estimated annual gross profit/revenue	£	Increased cost of working sum insured	£
	Yes	No	
Loss of rent cover required?			
Rent payable annually	£		
Rent receivable annually	£		

Money

	Yes	No	
Money Cover required?			
Limit on premises during business hours or in transit	£		
Money in a specified safe or strong room	£	Money in any other locked safe or strong room	£
Type of safe on premises (make / model)			
Estimated Annual Carrying	£		

Loss of Licence

	Yes	No	
Loss of Licence Cover required?			
Loss of licence sum insured	£	Type of licence held	
	Yes	No	
Has there been any opposition to grant, renew or transfer a licence?			
Has there been any notice, caution or other complaint given or made against the premises or tenant?			
Have there been any charges brought against the licence holder?			

Other Covers Relating to all Premises – Please complete if required

Book Debts – Outstanding Debit Balances

Indemnity period required	months	
O/S Debit Balances Sum Insured	£	

Stock in Transit

Estimated Annual Carrying for all locations including third party carriers	£	
Limit any one vehicle	£	

Contractors All Risks

Contract Works

Nature of Occupation			
Annual Contract Value	£	Maximum Contract Value	£
Contract Works Sum Insured	£		

Own Construction Plant, Tools and Temporary Buildings

Sum Insured	£	
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Hired-In Property

Sum Insured	£	
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Employees Personal Tools and Effects

Sum Insured Total All Employees	£	
Any One Employee Limit	£	

Public Authorities Extension

Sum Insured	£	
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Employee Theft

	Yes	No
Do you obtain satisfactory and confirmed references of prospective employees' integrity?		
Employee Theft Sum Insured	£	

Deterioration of Stock

Deterioration of Stock Overall Limit for all Premises	£	Deterioration of Stock per Unit Limit Required	£
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Employers' Liability

Cover Required

Employers' Liability Limit	£10,000,000	
		Yes No
Partners and Proprietors Cover required (non-limited companies)?		

Business Questions

	Yes	No
Are any/have any of your employees been exposed to asbestos?		
Do you have a written health and safety policy?		
Have you conducted a health and safety assessment?		
Do you always complete written method statements and risk assessments specific to the task before commencing work and before any amendments to the work?		
Do you ensure that the use or wearing of personal protective equipment by any employee (as required by the Personal Protective Equipment at Work Regulations 1992) is enforced and that a formal record is maintained of personal protective equipment supplied to and received by employees?		
Do you or any of your employees use industrial machinery?		

Trade/Work type

	Annual wage roll	Maximum No. of Employees	Employment Status
Clerical / Non Manual	£		
Directors / Non Manual	£		
Directors / Manual	£		
Manual (describe)	£		
	£		
	£		
	£		

Third Party Liability

General/Legal

	Yes	No
Have you or any of your directors, officers or business partners ever been prosecuted under the Health and Safety at Work Act or other legislation relating to health and safety at work or corporate manslaughter?		

Locations

	Yes	No
Do you or any of your employees work overseas?		
Do you or will you work at the following locations?		
Power stations or nuclear installations		
Refineries, bulk storage or production premises in the oil, gas or chemical industries		
Offshore, underwater or underground		
On aircraft, hovercraft, aerospace systems or watercraft (other than on watercraft in docks, harbours, boatyards or inland waterways where the work does not involve the use of heat)		
Airside at airports		
Railway red zones		

Work methods

	Yes	No
Do you or will you engage sub-contractors who are not employees to do work on your behalf?		
Do you or will you or your employees ever work at a height of more than 5 metres above floor level?		
Do you or will you or your employees use heat away from your premises (including welding or cutting equipment, blow lamps, blow torches, hot air guns and asphalt, bitumen, tar or pitch heaters)?		
Do you or will you or your employees make excavations?		

Cover

Trade Details

Limit of Indemnity	£		
		Yes	No
Products Cover required?			
If yes – Are any of your products, to your knowledge, intended to be used in the structure, machinery or controls of any aircraft, other aerial device, hovercraft, offshore installation, offshore rig, or offshore platform?			
Do your products include any industrial or agricultural chemicals?			
Do your products include any pharmaceuticals, alternative medicines, health products, dietary supplements, medical products, blood products, cosmetics or beauty aids?			
Do your products include any firearms, munitions, explosives, fireworks or other pyrotechnics?			
Financial Loss Cover required?			

Areas

If you undertake work outside of, or export products beyond, the UK please indicate the split of your turnover between the following territories:							
UK (%)		Other EU (%)		USA/Canada (%)		Rest of World (%)	
						Yes	No
Have you exported goods to the USA or Canada in the past, but have since ceased?							
Include USA/Canadian Court Awards?							

Imports

If you import products or materials from outside of the UK please indicate from where they are sourced:							
UK (%)		Other EU (%)		USA/Canada (%)		Rest of World (%)	
						Yes	No
Do you maintain your full rights of recourse against any supplier?							
Do all of your products comply with CE/BS Standards?							

Trade Detail

Business activity (describe)	Turnover (£)	Maximum number of people involved including directors and partners
Estimated payments to bona-fide subcontractors:		
Work type	Payments (£)	Maximum number of people involved

Legal Expenses

		Yes	No
Standard Legal Expenses Cover?			
Overall Annual Business Turnover	£		
Please provide details of any:			
HM Revenue/Customs Investigations in the last 3 years?			
VAT PAYE Employee Dispute in the last 3 years?			
Redundancy Plans in the next 12 months?			
Dispute/Claim/Proceedings in the last 3 years?			
		Yes	No
Have you had or are you aware of any current nuisance affecting the use of your properties?			

Important

Before signing this proposal form please read the questions and answers again particularly if someone else has completed the form for you. You are responsible for the information given.

Making a false statement or withholding a material fact could result in your insurance being void from inception leaving you without insurance cover. A material fact is one that is likely to influence the acceptance and/or assessment of your proposal for insurance. If you are in any doubt as to whether a particular item of information is material, you should disclose it.

You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this contract of insurance.

A copy of this completed proposal form will be supplied on request within a period of three months after its completion.

This insurance shall be governed in all respects by the law applying in the particular country in the United Kingdom in which you live. If there is any dispute over which law is to apply to this insurance it will be English law.

Declaration

I/We declare that

- to the best of my/our knowledge and belief all the particulars on this proposal form either completed by me/us or on my/our behalf are true and complete and I/We have taken all reasonable steps to ensure their accuracy
- I have not withheld or concealed anything that might influence the acceptance and/or assessment of this proposal for insurance
- I will accept the terms of your insurance policy applicable
- any estimated wages, salaries, turnover, payments to sub-contractors who are not employees or maximum number of employees for the proposed period of insurance are as accurate as is reasonably possible. I/We understand that at the end of each period of insurance I/We must provide declarations in the form you require and pay any additional premium due in excess of the amount estimated.

Signed

Dated

Name

Position

Certain information relating to Your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office, (the "ELTO") and added to an electronic database, (the "Database").

This information will be made available in a specified and readily accessible form as required by the [Employers' Liability Insurance: Disclosure By Insurers Instrument 2010]. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the "Claimants"):

- to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and
- to identify the relevant employers' liability insurance policies.

The Database will be managed by the ELTO.

The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK Commercial lines employers' liability insurance cover and any other persons or entities permitted by law.

By entering into this insurance policy You will be deemed to specifically consent to the use of Your insurance policy data in this way and for these purposes.

No insurance is in force until a notice of cover has been issued, the required premium having been paid. We reserve the right to decline any proposal or apply additional terms.

Any complaint concerning this insurance should in the first instance be addressed to your insurance adviser. If you are not satisfied with the manner in which your complaint has been dealt with you may contact Chaucer Insurance or the Complaints Department at Lloyd's, One Lime Street, London EC3M 7HA.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

Further details explaining how the information held by fraud prevention agencies may be used can be obtained by writing to the Data Protection Officer at Chaucer Syndicates Limited at the address below or telephone 0207 397 9700.

Chaucer Insurance, Prospect House, Chaucer Business Park, Thanet Way, Whitstable, Kent CT5 3FD

Chaucer Insurance is a trading name of an authorised Lloyd's syndicate managed by Chaucer Syndicates Limited, which is registered in England (No.184915).

Registered office: Plantation Place, 30 Fenchurch Street, London EC3M 3AD

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