

## Bluefin Professions | Office insurance v3.0

	Office 1		Office 2		Office 3	
Are the premises built solely of brick, stone or concrete and roofed solely of slate, tile, concrete, metal or asbestos and in a good state of repair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If No, please provide full details.

What percentage of the roof (if any) is flat?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
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What percentage of the roof (if any) is of timber construction?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
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Is this felt on	Timber <input type="checkbox"/>	Timber <input type="checkbox"/>	Timber <input type="checkbox"/>
or	Concrete <input type="checkbox"/>	Concrete <input type="checkbox"/>	Concrete <input type="checkbox"/>
or	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>

What percentage of the building (if any) is of timber construction?	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
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How many storeys does the building have?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is subsidence cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If 'Yes', please confirm the sum insured.	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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Have the premises, or the properties on either side, suffered from or are they showing any signs of damage by subsidence, ground heave or landslip, or to the best of your knowledge in an area susceptible to this type of damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide full details.

Are the premises in an area with a history of flooding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide full details.

#### 4 Office contents

	Office 1	Office 2	Office 3
Personal computers and ancillary computer equipment at the office	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Laptops	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
All other contents / business equipment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Documents	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Work in progress & stock	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Portable equipment away from the premises anywhere in the UK	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Portable equipment away from the premises anywhere in the EU	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Portable equipment away from the premises anywhere in the world	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Money	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Is computer breakdown cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 5 Security

Can you confirm that the security measures at the insured location(s) comply with the following criteria:

### 1. Physical security

The devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

- i. The final exit door must be secured by means of either a mortise deadlock or rimlock conforming to, or superior to, BS3621 or a key operated multi-point locking system having at least 3 locking bolts.
- ii. All other external doors and internal doors giving access to any part of the building not occupied by you, are secured by means of either a locking device specified in (i) above, or by two key operated security bolts to engage the door frame.
- iii. Any external door, or internal door providing access to any part of the building not occupied by you, is secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame, or a mortise lock having specific application for emergency exit doors and which is operated by means of a conventional handle and/or thumb turn mechanism.
- iv. All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, downpipes and other features of the building are secured by means of a key operated locking device or are permanently screwed shut.

Provided:

- i. The local fire authority must be consulted before you replace or augment the existing locking device fitted to a designated emergency exit door.
- ii. The provisions of specification (iv) above do not apply to windows/skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles, or proprietary collapsible locking gate or grilles.

I confirm that my / our office security measures comply with the above requirements

Yes ☐ No ☐

If No, please provide full details.

### 2. Alarm security

Are the premises protected by an intruder alarm? Yes ☐ No ☐

Is the alarm under your sole control for setting whenever the premises are unoccupied or unattended? Yes ☐ No ☐

Bells only ☐ Alarm Receiving Centre (ARC) with red care signalling ☐ Other ☐

Have you completed a Fire Risk Assessment? Yes ☐ No ☐

If Yes, is this regularly reviewed and updated? Yes ☐ No ☐

## 6 General Liability and Employers Liability

### Total wage roll

Clerical	Current full year	£
	Number of employees	
Manual (please specify) _____	Current full year	£
	Number of employees	

### Turnover (current year)

UK	£
EU	£
USA / Canada	£
Other (please specify) _____	£

What limits of indemnity do you require?

Liabilities	
General Liability	£
Employers Liability	£

Do you have a written health and safety policy? Yes ☐ No ☐

Is an accident register maintained? Yes ☐ No ☐

Are you involved in the manufacture, assembly, alteration, modification, repair or labelling of products? Yes ☐ No ☐

If Yes, please provide details.

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Do you require cover for any manual work away from the premises? Yes ☐ No ☐

If Yes, please provide details.

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#### 7 Loss of income, additional expenditure and book debts

	Office 1	Office 2	Office 3
Loss of income - total loss of revenue (provide last 12 months income) £	£	£	£
Additional expenditure – increased costs of working (additional expenses incurred to maintain gross income)	£	£	£
Book debts – accounts receivable	£	£	£

What indemnity period is required?

12 months ☐ 24 months ☐ 36 months ☐

#### 8 Terrorism

Is Terrorism cover required? Yes ☐ No ☐

#### 9 Previous insurance

Has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes ☐ No ☐

If Yes, please give details.

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## 10 Claims, losses and convictions

Has any claim or loss, whether successful or not, ever occurred or been made against you or you predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)?

Yes ☐ No ☐

If Yes, please provide details below.

Date	Details	Amount (£)	Remedial action
		£	
		£	
		£	
		£	

After enquiry, are you or any of your business partners, principals or directors aware of any potential disease or injury to an employee that may give rise to a claim?

Yes ☐ No ☐

Have you or any of your business partners, principal or directors:

- i. been convicted of or charged with a criminal offence, apart from motoring offences and spent convictions (as defined under the Rehabilitation of Offenders Act 1974)? Yes ☐ No ☐
- ii. been prosecuted or served with a prohibition or improvement order under health and safety legislation within the last five years? Yes ☐ No ☐
- iii. had a County Court Judgement (or the equivalent in Scotland) entered against you? Yes ☐ No ☐
- iv. been declared bankrupt or been subject to any bankruptcy proceedings or any form of insolvency or winding up procedures (including administrative receivership) within the last five years? Yes ☐ No ☐
- v. been disqualified from any directorship of any company? Yes ☐ No ☐
- vi. been the subject of a recovery action by HM Revenue & Customs or their predecessors? Yes ☐ No ☐

If Yes to any of the above, please provide details.

## 11 Material information

If there is any other material information that you think may be relevant to your proposal, please provide details below.

## Confirmation

### Disclosure of material facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information provided will be used by the insurers and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Please return this application form along with any other supplementary information sheets to the address detailed below:-

**Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG**  
**t: 0117 929 3344 | f: 0845 521 5576 | e: [enquiry.professions@bluefingroup.co.uk](mailto:enquiry.professions@bluefingroup.co.uk) | [www.bluefinprofessions.co.uk](http://www.bluefinprofessions.co.uk)**



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