

COMMERCIAL COMBINED INSURANCE PROPOSAL FORM

PLEASE COMPLETE IN **BLOCK CAPITALS** AND TICK APPROPRIATE BOXES WHERE RELEVANT

If supplementary information is required please use extra notepaper

THE ASSURED(S)

ASSURED'S NAME

TRADING TITLE

POSTAL ADDRESS

DAYTIME TELEPHONE NO.

2. Category of Assured's Business

- LIMITED COMPANY OR PLC
- PARTNERSHIP
- SOLE TRADER

3. Date commenced trading: at these premises Elsewhere

4. Details of all Directors, Partners, Financially Associated Persons:

	<u>NAME</u>	<u>POSITION</u>
(a)
(b)
(c)
(d)

5. (i) Have you and/or any Director/Partner/financially associated person(s) been involved in any company that has become Insolvent and/or gone into liquidation YES NO

(ii) Have you and/or any Director/Partner/financially associated person(s) been subject to a County Court Judgement YES NO

(iii) Have you and/or any Director/Partner/ financially associated person(s) been convicted of any crime YES NO

(iv) Has the Business changed name YES NO

If YES to any of the above please give FULL details

6. Please provide the name of your previous Insurers:

7. Has any previous Insurer : YES NO

(a) declined your proposal YES NO

(b) cancelled or refused to renew your insurance..... YES NO

(c) required an increased premium or imposed special terms..... YES NO

If YES to any of the above please give FULL details

8. Has the business had a change of Director/Partner/financially associated person(s) YES NO

9. Is the Business VAT Registered. YES NO

10. If property is let to tenants, can you confirm if a tenancy agreement is in force YES NO

ASSURED'S TRADE/BUSINESS

ADDRESS OF PROPERTY TO BE INSURED (A)
.....
.....

(B)
.....
.....

(C)
.....
.....

(D)
.....
.....

DESCRIPTION OF PROPERTY AND SECURITY ARRANGEMENTS

THIS PAGE OF THE PROPOSAL FORM IS TO BE COMPLETED FOR EACH PROPERTY TO BE INSURED

PREMISES

A	B	C	D
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Please indicate which premises apply

11. Are you the Owner of the Buildings at the Premises YES NO
12. Are you the Sole Occupier of the Buildings at the Premises YES NO
if NO, please provide FULL details of other occupants and their Trades/Business
13. a) Approximate age of construction b) Number of storeys
- c) Are the premises detached / semi-detached / terraced / other
if other please give details
- d) Are the premises constructed of brick, stone or concrete and does the external surface of the roof consist of slates, tiles, metal, concrete, asphalt and/or sheets or slabs composed entirely of incombustible mineral ingredients (i.e. standard construction). YES NO
if NO, please give details
- e) Is any part of roof area flat / felted / bitumen / asphalt YES NO
if YES, please note General Condition 6 of the Certificate.
- f) Are the premises in a good state of repair YES NO
if NO, please give details
- g) Are the premises listed YES NO
if YES, please give details
14. a) Is the Property in an area which is free from Flooding YES NO
if NO, please describe
- b) Is the property situated near a River, Stream, Reservoir, Lake YES NO
15. Are any portable heaters used (except for Electric Heaters) YES NO
if YES, please give details
16. Is there a Fire Alarm or Automatic Fire Detection System at the Premises. YES NO
17. Is there an Intruder Alarm at the Premises. YES NO
- a) **If YES, advise name of Installer**
- b) Is the Intruder Alarm Installer NSAI registered YES NO
- c) Please advise the type of signalling on the Intruder Alarm, and attach a copy of the installers specification.
 Audible only Digital Communicator To Central Station Eircom Monitored
18. Is the Intruder Alarm maintained by the Installer and will it continue to be so YES NO
19. Are the premises fitted with an Automatic Sprinkler System. YES NO
if YES, is the system under a maintenance contract YES NO
20. Is there a current Institute of Electrical Engineers Certificate in force. YES NO

SUMS TO BE INSURED
(please complete)

SECTION A - MATERIAL DAMAGE

21.	PREMISES (A)	PREMISES (B)	PREMISES (C)	PREMISES (D)
Buildings	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Outbuildings	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Loss of Rent Payable Indemnity Period 12 / 24 / 36 Months	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Internal Decorations & Tenants Improvements	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Machinery, Plant, Contents	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Computer & Electrical Office Equipment	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Stock in Trade	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Stock of Tobacco, Cigars & Cigarettes	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Stock of Wines & Spirits	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Customers Goods	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Any Property in the Open (please specify)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
	<input type="text"/>			
Any Other Item (please define)	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
	<input type="text"/>			

SECTION B – BUSINESS INTERRUPTION

22.	Gross Profit:	Sum Insured Required Indemnity Period: 12 / 24 / 36 months	€ <input type="text"/>
	Increase in Cost of Working:	Sum Insured Required Indemnity Period: 12 / 24 / 36 months	€ <input type="text"/>
	Loss of Rent Receivable:	Sum Insured Required Indemnity Period: 12 / 24 / 36 months	€ <input type="text"/>

SECTION D – MONEY AND PERSONAL INJURY

28. Please advise the amount of money handled annually by the Proposer and Employees

29. Money limits required:

- | | | |
|--|---|----------------------|
| a) money at the Premises during business hours or in transit by the Proposer's Employees | € | <input type="text"/> |
| b) money in transit by security companies | € | <input type="text"/> |
| c) money in locked safe outside of business hours | € | <input type="text"/> |

If an amount is shown in (c) please describe the safe make and model

- | | | |
|---|-------------|------------------------|
| d) money in Gaming/Vending machines | € | <input type="text"/> |
| e) money within the Assured's private Residence or principal employee of the Assured: | | |
| | Out of Safe | € <input type="text"/> |
| | In Safe | € <input type="text"/> |

PERSONAL ASSAULT EXTENSION

- a) Personal Injury benefits are €10,000 Permanent Disablement and €100 per week Temporary Disablement.

SECTION E – GOODS IN TRANSIT (GEOGRAPHICAL LIMITS:Ireland)

- | | | |
|--|-----------------------------------|------------------------|
| 30. Total annual amount of sendings by carrier | € | <input type="text"/> |
| 31. Carriers : Maximum values any one load | € | <input type="text"/> |
| 32. Own Vehicles : Maximum values any one own vehicle | € | <input type="text"/> |
| NUMBER OF VEHICLES <input type="text"/> | Total Annual Own Carryings | € <input type="text"/> |
| | Total Carriers Sendings | € <input type="text"/> |

SECTION F – ALL RISKS ON SPECIFIED ITEMS AWAY FROM THE PREMISES

33. Specified all risks

<u>Description of item(s) to be covered</u>	<u>*Geographical Limits</u>	<u>Sum Insured required</u>
1.	IRE / EU / Worldwide	€ <input type="text"/>
2.	IRE / EU / Worldwide	€ <input type="text"/>
3.	IRE / EU / Worldwide	€ <input type="text"/>

* Please specify whether United Kingdom / Europe / Worldwide

SECTION G – BOOK DEBTS

(The perils covered will be the same as for Buildings and Contents Section)

- | | | |
|---|--|----------------------|
| 34. Sum Insured required | € | <input type="text"/> |
| 35. Are duplicate records kept away from the Premises | <input type="button" value="YES"/> <input type="button" value="NO"/> | |

SECTION H – DETERIORATION OF STOCK

36. Cover is excluded for units over the age of 10 years unless the unit is subject to a valid manufacturers guarantee or warranty or maintenance contract with a competent refrigeration engineer or company.

Description of Unit(s) including make, model and serial number Sum Insured Per Unit

a)		€	
b)		€	
c)		€	
TOTAL SUM INSURED			€

SECTION I – LOSS OF LICENCE

37. State limit of liability required €

a) Has there been any opposition to the grant, renewal or transfer of the licence within the last 5 years YES NO

If YES, please give details

.....

.....

.....

b) Please state the name in which the Licence is held

c) Have you or the licence holder ever had an application for the grant, renewal or transfer of the licence refused YES NO

If YES, please give details

.....

.....

d) Date Licence Issued

SECTION J – GLASS

38. Please advise the Sums Insured required for

a)	External Glass / Shop Front	€	
b)	Internal Glass and Sanitary Ware	€	
c)	External Signs, Light Boxes and Canopies.	€	

SUBSIDENCE, LANDSLIP AND HEAVE QUESTIONNAIRE

Complete this questionnaire ONLY if this cover is provided.

1. Have the Premises ever shown signs of damage which may be attributable to Subsidence, Landslip or Heave. YES NO
2. Are the Premises being monitored for Subsidence, Landslip or Heave or have they ever been Monitored for Subsidence, Landslip or Heave, or been the subject of an occurrence for Subsidence, Landslip or Heave. YES NO
3. Are there any trees or shrubs within 7 metres of your home (whether inside or outside your Garden), which are more than 3 metres tall. If so please identify the species, height and Distance from the Premises in the space provided below. YES NO

4. Has the structure of the Premises been extended within the last 25 years. (If YES please provide full details) YES NO

5. Have the Premises ever been the subject of a survey which mentions Settlement or Movement of Buildings (If YES, please enclose a copy with this questionnaire). YES NO

6. Has any neighbouring property, after enquiry, been the subject of an occurrence of Subsidence, Landslip or Heave YES NO

7. Have the Premises ever been flooded as a result of broken or damaged underground drains or are you aware of any extensive underground drainage problems within the last 5 years. YES NO

PLEASE ANSWER ALL QUESTIONS BY TICKING A BOX

CLAIMS DECLARATION

Give details of all claims you and/or any Director/Partner/financially associated person(s) have made during the last 5 years:

<u>Date of Loss</u>	<u>Settled</u>	<u>Outstanding</u>	<u>Details</u>

Give details of any previous claims you and/or any Director/Partner/financially associated person(s) made over an amount of £10,000:

<u>Date of Loss</u>	<u>Settled</u>	<u>Outstanding</u>	<u>Details</u>

Please provide details of measures taken to prevent further losses:

<u>Date of Loss</u>	<u>Details</u>

DECLARATION

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to void the insurance.

(NB A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor).

I understand that signing this proposal form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this form and the statements made therein shall form the basis of the contract.

Signature of Proposer(s) **Date**