

# BUSINESS PROPOSAL FORM



**Ansvar Insurance Company Limited**  
Ansvar House, St Leonards Road,  
Eastbourne, East Sussex, BN21 3UR  
Telephone: 01323 737541  
Fax: 01323 644082

Agent   
Agent No.  Agency Ref.   
Quote Ref./Policy no.

Please use BLOCK CAPITALS and, where applicable, answer the questions by putting a [✓] in the square adjoining the correct answer. If you [✓] any of the shaded boxes please provide details.

## PROPOSER'S DETAILS (Please state full legal entity)

**Full name(s) of all proposer(s) (also indentifying any holding/subsidiary company relationships to be insured)**

**Trading name**

**Type of organisation**      Sole Trader       Partnership       Limited Company

**Business or trade description (all activities)**

**Main risk address**

Postcode

**Name and address for correspondence**

Postcode

**Telephone numbers**

Office

Daytime (if different)

**Other contact numbers**

Fax

E-mail address

**Period of Insurance**

From

To

**How long have you occupied these premises?**  Years/Months      Elsewhere?  Years/Months

**Do you have any other policies with Ansvar?**

Yes  No

If YES, provide details

**Please indicate if you would like details of the following:**

Office Package       Retail Shop       Home Connect

## GENERAL DETAILS

If you [✓] any of the shaded boxes please provide details

1. Has the business achieved accreditation for any recognised quality standards e.g. BS5750, ISO 9000, IIP? Yes  No
2. Is there a deep fat frying range in the premises? Yes  No
3. Do you provide any special facilities such as sauna, gymnasium or swimming pool? Yes  No

4. State the number of staff employed: (a) in the premises full time  part time   
(b) elsewhere full time  part time

5. If you are just setting up business, give details of your previous experience in the trade and/or business

6. Are you now or have you previously been insured against any of the risks proposed? Yes  No

If YES, state the:

- (a) name of insurer
- (b) policy number
- (c) expiry date of policy

7. Has any insurer:

- (a) declined a proposal, cancelled or refused to renew a policy? Yes  No
- (b) increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)? Yes  No

8. To your knowledge, have you or any director or partner in the business been:

- (a) convicted or charged with, or received a caution for any criminal offence other than motoring offences? Yes  No
- (b) declared bankrupt or had any unsatisfied County Court Judgement? Yes  No

9. Have you sustained loss or damage or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes  No

If YES, provide details including details, circumstances and costs etc.

10. Do you know of any other facts or circumstances which might reasonably influence our decision whether or not to accept the risk proposed or our rating or terms of acceptance? Yes  No

11. Are the buildings (including any outbuildings or additional locations):

- (a) built with walls of brick/stone/concrete and roofed with slate/tiles/concrete? Yes  No
- (b) in an area free from flooding or where no flooding has occurred? Yes  No
- (c) in a good state of repair and will be so maintained? Yes  No
- (d) currently undergoing alterations, renovations or repair beyond that of normal upkeep and maintenance work? Yes  No

**GENERAL DETAILS (continued)**

If you [✓] any of the shaded boxes please provide details

**12. Are the premises or any part of them:**

- (a) used solely for your activities and not for any other business or commercial purposes? Yes  No
- (b) unoccupied and not in use? Yes  No
- (c) occupied for carrying out any process of manufacture or repair or where any power driven machinery is used? Yes  No
- (d) used to store contents in any basement area which is not kept on shelves or racking? Yes  No

**13. Has the fire authority:**

- (a) inspected the premises? Yes  No
- (b) made any requirements? Yes  No
- If YES, have the requirements been completed? Yes  No

**14. Are any additional interests such as Bank, Mortgagee to be noted on the policy?**

Yes  No

If YES, state name, address and reference number

**15. Are your books regularly audited?**

Yes  No

**16. What precautions do you take to safeguard your computer system records:**

- (a) back-up copy kept in a safe on the premises  (b) back-up copy kept offsite  (c) other (please describe below)  (d) none

**17. Are all access doors to your premises fitted with 5 lever mortise deadlocks to BS 3621 standard?**

Yes  No

If NO, give full details of the type of locks fitted

**18. Are all ground floor windows and other windows accessible from the outside fitted with:**

- (a) key operated locks on opening windows? Yes  No
- (b) internal or external grilles/metal bars/roller shutters? Yes  No

**19. Do you have a burglar alarm system protecting the premises? (a copy of the alarm specification will be required)**

Yes  No

If YES, (a) is it maintained and serviced under contract by a NACOSS approved installer?

Yes  No

(b) does the system have a Redcare central station connection?

Yes  No

**20. Please advise what additional security precautions are used in relation to computers and ancillary equipment:**

**21. Is all machinery and plant in a good state of repair and properly guarded and will it be so maintained?**

Yes  No

## COVER REQUIRED

If you [] any of the shaded boxes please provide details

**BUILDINGS** Do you require cover? Yes  No

*Buildings include landlord fixtures and fittings, walls, gates and fences, outbuildings, paths, drives, car parks and other paved or hardstanding areas. Excluding external signs, fitments, blinds, lighting, floodlighting and fixed security equipment (covered under Contents section).*

**The sum insured should be based on the cost of rebuilding as new including an amount to cover debris removal, architects' and surveyors' fees and an allowance for VAT if applicable.**

If YES, type of cover required: Standard  Standard plus accidental damage

Do you require any cover for external glass in shop and office fronts, windows and doors? Yes  No

Do you require sprinkler leakage cover? Yes  No

Subject to a supplementary proposal form do you require subsidence cover? Yes  No

1) Sum insured for the main location (*the risk address on page 1*) £

For all other locations state address and postcode:

2)  £

**CONTENTS** Do you require cover? Yes  No

*Contents include business furniture, fixtures, fittings, documents\* all belonging to you or for which you are legally responsible.*

**The sum insured should represent the full cost of replacement as new. Do not include items specified on the All Risks section.**

*\*For documents the sum insured should represent the cost of replacement only as stationery or other materials.*

If YES, type of cover required: Standard  Standard plus accidental damage

	Stock	Computer & electronic equipment	Tenants improvements	All other contents including machinery and plant
1) Sums insured for the main location ( <i>the risk address on page 1</i> )	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

For all other locations state address and postcode:

2)	<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
----	----------------------	------------------------	------------------------	------------------------	------------------------

**ALL RISKS** Do you require cover? Yes  No

If YES, [] and state sum insured as required (*use an additional sheet if needed*)

British Isles	World-wide	Premises	Description ( <i>make/model/serial numbers where applicable</i> )	£ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	£ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	£ <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	£ <input type="text"/>

**MONEY** Do you require cover? Yes  No

(a) in transit (to and from bank) or in a bank night safe £

(b) in a locked safe outside business hours (*state make and model of safe*) £

(c) on the premises during business hours £

Estimated amount in transit (to and from bank) annually £

**BUSINESS INTERRUPTION** Do you require cover? Yes  No

If YES, state the: (a) option of cover: Loss of Income  Extra Expenses only  Gross Profit

(b) indemnity period: 12 months  24 months  36 months

(c) sum insured required (*multiply annual sum insured by 2 or 3 for 24 or 36 months indemnity periods*): £

**BOOK DEBTS** Do you require cover? Yes  No

If YES, state the sum insured required £

**COVER REQUIRED (continued)**

If you [✓] any of the shaded boxes please provide details

**LIABILITIES** Do you require cover? Yes  No  If YES [✓] Sections required

**(a) Employers Liability** Yes  No  Indemnity limit £10 million

(separate policies may be necessary for associated or subsidiary companies)

**(b) Public Liability** Yes  No

**(c) Products Liability** Yes  No  Indemnity limit required £1 million  £2 million  £3 million  £5 million

**(d) Property Owners Liability** Yes  No

(do not answer questions 1 to 8 if you only require Property Owners Liability)

1. Audited  Estimated  figures for the financial year ending  /  /

a) gross annual income/turnover UK £  USA/Canada £  Elsewhere £

b) total annual payroll £

2. Breakdown of total annual payroll or an approximate % split in work for employees

Number of employees:	Full-Time	Part-Time	Premises	Work Away
a) Clerical/administration	<input type="text"/>	<input type="text"/>	£ <input type="text"/> or % <input type="text"/>	£ <input type="text"/> or % <input type="text"/>
b)	<input type="text"/>	<input type="text"/>	£ <input type="text"/> or % <input type="text"/>	£ <input type="text"/> or % <input type="text"/>
c)	<input type="text"/>	<input type="text"/>	£ <input type="text"/> or % <input type="text"/>	£ <input type="text"/> or % <input type="text"/>
d) Woodworkers (using powered machinery)	<input type="text"/>	<input type="text"/>	£ <input type="text"/> or % <input type="text"/>	£ <input type="text"/> or % <input type="text"/>

3. Do you undertake work away from your premises? Yes  No

If YES, do you undertake any:

a) collection or delivery work? Yes  No

b) manual type work within the British Isles? Yes  No

c) use oxy-acetylene or similar welding or flame cutting equipment, blow lamps or torches, flame guns or other heat producing equipment? (please detail) Yes  No

d) work undertaken in, on or in connection with railways, airports, aircraft, docks, ships, mines, quarries, tunnels, oil refineries, petrochemical works, gas works, chemical works, bulk oil, petrol, gas or chemical storage tanks or chambers, electricity undertakings, dams, rivers, canals or the sea, offshore installations, nuclear installations, amusement parks? (please detail) Yes  No

e) work abroad? (cover for work abroad will only be considered for employees who are normally resident in the British Isles) Yes  No

If YES, give full details including the type of work, activities, events or countries involved, etc.

4. Do you enter into any contractual agreements under which liability is assumed for injury or damage for which you would not normally be liable? (Note: if you are in any doubt as to whether the signing of an agreement will affect your insurance cover, you should contact your professional adviser or Ansvær) Yes  No

If YES, please enclose copies of all such agreements to which you are currently subject. Enclosed

5. Have you undertaken an assessment survey of hazards relating to all features of the Organisation in accordance with the Control of Substances Hazardous to Health Regulations 1988 (COSHH) or as required by the Management of Health and Safety at Work Regulations 1992? Yes  No

If YES, have you implemented the survey findings? (give details if not implemented) Yes  No

**COVER REQUIRED (continued)**

**6. Do you handle, use, store or transport any of the following:**

- (a) asbestos or silica or materials containing these substances? Yes  No
- (b) isocyanates or dioxins? Yes  No
- (c) radioactive substances or other sources of ionising radiations? Yes  No
- (d) acids, gases, chemicals, explosives or other toxic, dangerous or waste substances? Yes  No
- (e) materials that give rise to dust, fumes or vapours? Yes  No

If YES, give details

**7. Do you discharge (or have you in the past discharged) trade wastes into the atmosphere, ground, sewers or waterways?** Yes  No

If YES, (a) give details

(b) is this with the agreement of the Local or River Authorities are are all wastes treated and rendered safe before discharge? Yes  No

**8. Do you offer professional advice or services or undertake any form of treatment?** Yes  No

If YES, give details

*(only answer the following questions if Employers Liability cover required)*

**9. Do you required cover for working partners?** Yes  No

If YES, estimated annual wages/salaries £  and duties undertaken

**10. Does any part of your activities produce noise levels above 90dB(A) or involve any process which may to your knowledge contribute towards any form of occupational disease and/or industrial deafness?** Yes  No

If YES, give details

*(only answer the following question if Property Owners Liability cover required and property not occupied by you)*

**PLEASE ENCLOSE AN ORDNANCE SURVEY MAP OR PLAN SHOWING THE PROPERTY TO BE COVERED** Enclosed

**11. How long have you owned the property?**

State the use of the land and/or buildings and whether occupied or not:

Who is responsible for maintenance of the property and how regularly is it inspected?

**Are there any of the following on or bordering the property:**

- (a) buildings, bridges, railway lines or other structures? Yes  No
- (b) river, stream, watercourse or any other body of water? Yes  No
- (c) mining, quarrying, gravel pits or wells or any cliffs, hills or similar features? Yes  No
- (d) public right of way? Yes  No

If YES, give details

*(only answer the following questions if Products Liability cover required)*

**12. Do you import or export any goods or products?** Yes  No

If YES, state the: (a) countries you import goods or products from

(b) countries you export goods or products to

**13. Are any of your goods known to be for aviation, marine, nuclear or offshore use?** Yes  No

**COVER REQUIRED (continued)***If you [✓] any of the shaded boxes please provide details*

- 14. Which of the following do you carry out:** (a) manufacture of complete articles or components? Yes  No   
 (b) wholesale distribution? Yes  No   
 (c) retail or mail order sales? Yes  No   
 (d) repair, servicing, testing or processing? Yes  No   
 (e) hiring out? Yes  No

If YES, give details and enclose brochures, catalogues, sales material etc.

- 15. Do you retain records of products which you have supplied?**
- Yes
- 
- No
- 

If NO, what is the reason for this?

- 16. Do you have a system of quality control in force?**
- Yes
- 
- No
- 

If NO, what steps do you take to control quality?

- 17. Are your products supplied with appropriate instructions and warnings?**
- Yes
- 
- No
- 

If NO, what is the reason for this?

- 18. Do you produce the designs or formulae for the products you supply?**
- Yes
- 
- No
- 

If YES, give details

- 19. Do your products conform to an independent product standard?**
- Yes
- 
- No
- 

If YES, please advise authority and number of standard

- 20. Have you ever been prosecuted or served with a notice under the Consumer Protection Act 1987 or any other legislation connected with the safety or quality of goods?**
- Yes
- 
- No
- 

If YES, give details

- PERSONAL ACCIDENT**
- (
- Occupational cover for employees while working for you*
- ) Do you require cover? Yes
- 
- No
- 

If YES, state the amount of cover required for:

(a) death, loss of limbs/eyes etc. £  (*maximum £10,000*) (b) temporary total disablement £  per week

- LOSS OF RENT**
- Do you require cover? Yes
- 
- No
- 

If YES, state the: (a) indemnity period: 12 months  24 months  36 months (b) sum insured required (*multiply annual rent by 2 or 3 for 24 or 36 months indemnity periods*): £ 

- FROZEN FOODS**
- Do you require cover? Yes
- 
- No
- 

If YES, state sum insured required: (*refrigeration units over 5 years old must be subject to a maintenance contract*) £ Number of refrigeration units  Maximum value in any one unit £ 

- GOODS IN TRANSIT**
- Do you require cover? Yes
- 
- No
- 

1) Goods you send by haulier, rail or post within the British Isles state:

(a) Limit any one package £  (b) Limit any one consignment £  (c) Estimated total value of annual sendings £ (d) describe goods to be sent 

2) Goods you send in vehicles owned, hired or leased by you state:

(a) maximum number of vehicles at any one time (b) maximum sum insured for any one vehicle (including trailer) £ (c) are your vehicles fitted with: Alarm system  Immobiliser  Locks in addition to manufacturer's Other additional security  (*describe*) 

- TERRORISM**
- Do you wish to purchase Terrorism damage cover? Yes
- 
- No
-

## IMPORTANT NOTES

- Our liability does not commence until this proposal has been accepted.
- We reserve the right to ask for special terms or decline this proposal.
- Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal, may render the policy voidable by us. If you are in any doubt whether certain facts are material, these should be disclosed.
- A copy of this proposal will be supplied by us on request within 3 months of its completion.
- You should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract of insurance.
- A copy of the usual policy form issued for this class of business is available on request.
- English Law will apply unless expressly agreed otherwise.
- We may write to you or your insurance agent with details of other products and services available from Ansvar that we think may be of interest to you. However, if you do not wish to receive any marketing from us please tick this box.
- Insurers pass the information to the Claims and Underwriting Exchange register, run by Insurance Database Services (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this. You should show this notice to anyone who has an interest in property insured under the policy.
- **Data Protection Act - Use of your information**  
For the purpose of the Data Protection Act 1998 the data controller in relation to the information you supply for this insurance is Ansvar, part of the Ecclesiastical Insurance Group. As a data subject you have the right under the Act to ask your Data Controller for a copy of personal data you have supplied and ask for inaccurate data to be corrected. Information you supply is used for purposes of administration by the insurer and its agents, by re-insurers and your intermediary. It may also be made available to regulators and ombudsmen as necessary. In deciding whether to offer insurance, its terms or assessing claims made, insurers may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

## DECLARATION

I/We declare that the above proposal together with this declaration shall be the basis of the contract between me/us and Ansvar and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

Signature

Name

Position in business

Date

## PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION