



SHOPS, RESTAURANTS and PUBLIC HOUSES PROPOSAL FORM

IMPORTANT

You should keep a record (including copies of letters) of all information provided to B & L Underwriting Agencies Limited relating to this proposal, a copy of which will be provided on request within a period of three months after its completion. A full specimen wording is available on request.

If there is insufficient space on the proposal form to fully answer the questions posed, please use the supplementary space provided at the end of the proposal form.

COMMENCEMENT DATE OF INSURANCE

Date insurance to start Cover cannot apply until this proposal is accepted.
The insurance will be renewable annually on this date.

PROPOSER'S DETAILS (complete in all cases)



1. Trading Name of Proposer

2. Proposer's Postal address

<input type="text"/>	
<input type="text"/>	
Postcode:	Telephone number and code:

3. Address of Property to be insured if different from that in 2 above

<input type="text"/>	
<input type="text"/>	
Postcode:	Telephone number and code:



4. Name of Directors or Partners and Registered Number if a Limited Company

<input type="text"/>	
<input type="text"/>	
	Registered Number

5. Business Description or Trade (please describe all your activities to be insured)

<input type="text"/>
<input type="text"/>

GENERAL QUESTIONS (complete in all cases)

YES NO

1. Please confirm that the buildings you occupy:-
 - a) have walls of brick, stone or concrete and roofs of slate, tile, concrete, metal or asbestos?
 - b) Is in an area which is not subject to flooding or in an exposed position or close to any river, stream or other water course?
 - c) Is in a good state of repair and free from damage or any defect of any kind?
 - d) Is heated only by fixed oil, electricity or gas installation (but not LPG)?
2. Are you the only business that occupies or operates from these buildings?
3. Are the premises occupied overnight/outside business hours?

YES	NO

● you have answered "NO" to questions 1,2 or 3, please give reasons and a full explanation for doing so.

4. In respect of the Buildings please state:
 - a) Number of storeys [.....] whether floors are concrete or timber [.....]
 - b) Whether there is a basement used by you YES/NO
 - c) Whether there are any flat roofs YES/NO

If you have answered "YES" to questions b) or c), please state use of basement and construction, age and condition of flat roof

Note: Insurers require stock in basement areas to be stored at least 15 centimetres above floor level

5. How many years have you been in business at this or any previous address(es)?years

6. Have you or any Director or Partner ever been declared bankrupt or insolvent? YES NO

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7. In respect of any of the risks against which you now wish to insure:

i)	Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years?		
ii)	Has any previous Insurer declined a proposal, refused to renew a policy or imposed special terms or conditions?		
iii)	Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last 3 years?		
iv)	Have you or has any Director or Partner been convicted of, or is any prosecution pending for arson or any offence involving dishonesty of any kind e.g. fraud, robbery, theft or handling stolen goods?		

If you have answered "YES" to either questions 6 or 7, please give details below including name(s) and address(es) of previous Insurers/trading interests and dates and amounts paid or outstanding in respect of any claims and date of bankruptcy.

8. Are you an outlet for the National Lottery? YES NO

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 (If "YES" please state your estimated weekly sales) £.....

9. Have you any ATM's (automatic teller machines)? YES NO

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 If "YES" please provide full details of location within shop/premises and who is responsible for the money contained therein?

10. Do you sell or supply goods or products to the USA or Canada or incorporate them in other products for sale or supply to the USA or Canada? YES NO

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(If "YES", please give details below including type of products and your annual turnover relative to your USA and/or Canada business)

YES NO

11. Do you undertake work away from your premises:

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(If "YES", please give details below of the type and quantity of work undertaken)

12. If your business is a Public House, do you provide:

i) live music, dancing or discotheque or other entertainment facilities for customers such as karaoke and quiz nights?

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(If "YES", please give details below including opening/licensing hours, and whether an admission charge is made and doorman employed?)

ii) letting accommodation for guests?

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(If "YES", please state number of bedrooms)

CONTENTS (complete in all cases)

1. State Sums to be Insured for: (These should represent full replacement cost as new of your Stock and Equipment)

i) Specified Goods

- a) Tobacco, cigarettes, cigars
- b) Wines and spirits
- c) Video equipment, cassettes and discs, computer or video games
- d) Jewellery, precious metal or stones

£
£
£
£
£
£
£
£
£
£

TOTAL OF SPECIFIED GOODS (A)

ii) Stock (other than Specified Goods above) (B)

iii) Business Equipment, fixtures, fittings, and all other contents for which you are legally responsible

Other than: Fixed glass in shop fronts (automatically covered up to £2000 unless a higher amount is shown in box) (C)

Electronic Business Machines

TOTAL CONTENTS (A + B + C)

YES NO

2. Do you wish to reduce your premium by increasing the standard Excess of £350?

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If YES" please tick increased amount:

£500

£750

Other £

3. Note: The standard cover is fire, special perils and theft.
Do you require Accidental Damage cover in addition to this?

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4. Cover is provided for loss of trading profit and additional expenditure automatically up to a Sum Insured of £400,000 and for an indemnity period of 24 months, do you require an increase in the Sum Insured or an amendment to the indemnity period?

If so please specify the Sum Insured required

£.....

Maximum indemnity period if different from 24 months months

Do you wish to increase the Limit of Liability in respect of Third Party injury or damage from £1m to £2m?

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IMPORTANT NOTE - Cover does not include theft from outbuildings unless agreed by Insurers

6. Damage to Property in transit is automatically provided up to a Sum Insured of £1,000, do you require a increase in the Sum Insured?

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If so please specify the Maximum Sum Insured required

£.....

7. Damage to Refrigerated Stock is automatically provided to a Sum Insured of £500, do you require an increase in the Sum Insured?

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If so please specify the Total Sum Insured required for all refrigeration units

£.....

IMPORTANT NOTES - If the Sum Insured exceeds £1,000 or the refrigeration unit is over 10 years old, cover is subject to a manufacturer's guarantee or warranty or maintenance contract with a competent engineer.

8. Money cover is automatically provided up to a limit of £2,500 during business hours or whilst in transit to and from a bank, do you require an increase to this limit?

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If so please specify the limit required

£.....

Please state the security precautions taken and number of persons who will accompany the Money in transit.

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OPTIONAL COVERS (complete only if required)

BUILDINGS

1. State Sum to be Insured (This should represent the full rebuilding cost of your premises including an allowance for Site Clearance Costs and Professional Fees)

£.....

YES NO

2. If you have selected Accidental Damage on Contents, do you also wish to include it on the Buildings Section?

3. Do you require Subsidence cover on the Buildings Section?

If so, please answer the following questions:

a) have any of the buildings (or part of the buildings) been subject to subsidence, landslip or heave damage?

b) have any of the buildings (or part of the buildings) been underpinned to prevent or repair subsidence, landslip or heave?

c) are the buildings built on reclaimed or made up land?

4. State the name(s) and address(es) of any other financial interest in the building(s) to be noted on the Insurance Contract

LOSS OF LICENCE

1. State limit of indemnity required (maximum limit £100,000) £.....



2. Has there been within the last 3 years any opposition to the granting, renewal or transfer of the licence, or any circumstances or any incidents which might prejudice the granting, renewal or transfer of the licence?

(If "YES" please give details below)

SECURITY (complete in all cases)

YES NO

1. Is an Intruder Alarm fitted?

If "YES" is it NACOSS or SSAIB Approved?

2. Is the alarm 'bells only'?

If "NO" please advise type of remote signalling used

Please state the manufacturer's name and address and also send us a copy of the alarm specification

3. Are all external doors fitted with mortice deadlocks conforming to BS3621?

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4. Are all accessible windows fitted with key operated window locks?

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If you have answered "NO" to either question 3 or 4, please give details of the existing security.

5. Do your premises have any other security features (e.g. steel roller shutters?) [If "YES" please give details below]

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6. Is a safe installed? (If YES, please give details below)

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Manufacturer	Model
Type	
(free standing ,wall, underfloor, etc) Please refer to manufacturer's guide.	

DATA PROTECTION

The defined terms used in this insurance contract shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to you the proposer, the Insurer may have access to Personal Data. You the proposer, warrants that you shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the Insurer (whether such disclosure is made directly by the proposer to the Insurer or indirectly by the proposer to any agent acting on behalf of the proposer or the Insurer). The Insurer shall be the Data Controller of any Personal Data provided to it.

The Insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the Insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The Insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The Insured hereby consents to the Insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the Insurer contracts in connection with the proposed contract/contract of insurance between the Insured and the Insurer

The Insured acknowledges that the Insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to Court of law or regulatory body such as the Financial Conduct Authority or any other public body or authority of competent jurisdiction and the Insured hereby consents to any such disclosure.

The Insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

EMPLOYERS' LIABILITY TRACING OFFICE ("ELTO")

It is a requirement for anybody incepting an Employers' Liability policy to supply the Insurer with a full list of their Subsidiary Companies together with the associated Employer Reference Number (ERN). In order to prepare and comply with these requirements, we are asking you to provide this information below.

What is the ERN?

ERNs are commonly referred to as the "Employer PAYE Reference" number and can be found on mandatory documents including P45, P60, P11/D and on most payslips. Including the ERN number will make the process of searching the database for Insurers of Employers far more efficient. ELTO will additionally work with Her Majesty's Revenue and Customs (HMRC) to centrally allocate the relevant Companies House Reference Number to each EL record. The only exception is where the Employer pays all their Employees below the PAYE threshold (currently GBP 503.00 monthly).

Please complete the table below. We will not be able to offer Employers Liability cover without the ERN

	Name	Employer Reference No. (ERN)
Holding Company		
Subsidiary 1		
Subsidiary 2		

If no ERN available, please state reason

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IMPORTANT NOTICE TO THE PROPOSER, THE FOLLOWING CLAUSE WILL BE APPLICABLE TO ANY INSURANCE CONTRACT ARRANGED FOLLOWING COMPLETION OF THIS PROPOSAL FORM AND ACCEPTANCE BY ANY INSURER

SANCTION LIMITATION AND EXCLUSION CLAUSE

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.



MATERIAL FACTS (Complete in all cases)

You are required to disclose all material facts which are likely to influence our acceptance or assessment of the risks for insurance. Should you have any doubts as to whether or not a fact is material you should disclose it. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. This is for your own protection as omission or mis-statement may mean that your insurance will not provide you with the cover you require or may affect the settlement of claims or make the insurance invalid. You are not required to disclose convictions regarded as "spent" by virtue of the Rehabilitation of Offenders Act 1974.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are there any other material facts you should disclose? (If "YES", please give details below)

Before signing the declaration, please check that you have completed this form in accordance with the cover you require and have answered all the questions. We would suggest that you retain a copy for your own records. – thank you.

DECLARATION

I declare that the above statements are true and complete to the best of my knowledge and belief and that no material facts have been withheld, suppressed or omitted.

If the above statements have been written by any other than the undersigned, such person shall be deemed to have been my/our agent for the purpose of filling in such statements.

PROPOSER(S) SIGNATUREDATE:.....