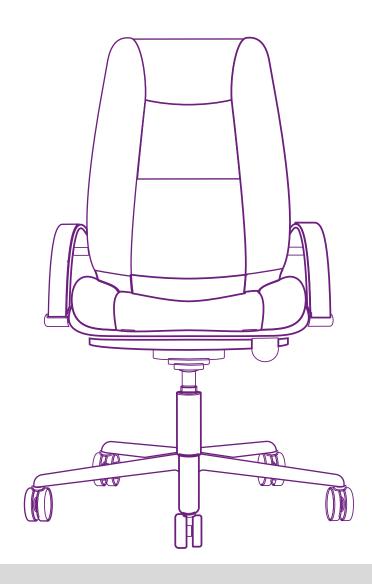
OFFICE PROPOSAL FORM





FOR INTERNAL USE ONLY			
Agent Name			
Agency Code			

	n completing this form, please tic						
ı	MPORTANT NOTE						
a	nd assessment of this insurance.	eting the form on your behalf) must provide all material information likely to influence the acceptance f you have any doubts as to whether a fact is material you should disclose it. Failure to disclose any policy or may result in your policy not operating fully.					
		act or the proposal form, policy booklet, schedule and any additional information on the insurance agent acting on your behalf) will be the basis of the contract between us.					
١	OUR DETAILS						
I	Full Name of Proposer						
7	Trading Name						
(Company Registration Number						
I	Postal Address						
(Postcode must be shown)	Post Code					
(Company Website Address	www.					
I	Business or Profession	Tel. No					
S	Situation of Property to be Insured	(if different from Postal Address, Postcode must be shown)					
		Situation of Froperty to be insured (if different from Fostal Francess, Fosteode intest be shown)					
Post Codo							
		Post Code					
[How many years have you been in						
	How many years have you been in	business?					
	How many years have you been in	business?					
I	ist any subsidiary companies to	business?					
I	List any subsidiary companies to learned of Insurance Incompanies	business? De insured? Option Date / / Renewal Date / /					
I	ist any subsidiary companies to	business? De insured? Option Date / / Renewal Date / /					
I	Period of Insurance Inco	business? De insured? Option Date / / Renewal Date / /					
II H	Period of Insurance Inco	business? pe insured? ption Date / / Renewal Date / / sed, have you or any director or partner, either in the name of the business					
II H	Deriod of Insurance Incompanies to Incompanies to Incompanies Inco	business? pe insured? ption Date / / Renewal Date / / sed, have you or any director or partner, either in the name of the business by other business in which any of you have had an interest:					
II H	Deriod of Insurance Incompanies to Incompanies to Incompanies Inco	business? pe insured? ption Date / / Renewal Date / / sed, have you or any director or partner, either in the name of the business by other business in which any of you have had an interest: YES NO nsurance declined, renewal refused, cover terminated, increased					
II H	Deriod of Insurance Incompanies to Deriod of Insurance Incompanies Incompanies to Deriod of Insurance Incompanies In respect of the covers proposed or in the name of an a ever been insured? b ever had a proposal for insured premium required or spectors of the covers of the covers proposed or in the name of an area of the covers of the	sed, have you or any director or partner, either in the name of the business by other business in which any of you have had an interest: YES NO Insurance declined, renewal refused, cover terminated, increased cial conditions imposed by any insurer? Any claim made against you, whether insured or not, during the					
1 1	Deriod of Insurance Incompanies to Incompanies to Incompanies Inco	sed, have you or any director or partner, either in the name of the business by other business in which any of you have had an interest: YES NO Survance declined, renewal refused, cover terminated, increased cial conditions imposed by any insurer? Any claim made against you, whether insured or not, during the YES NO Siness capacity, have you or any director or partner in the business					
1	In respect of the covers proportion of interest of the covers proportion of an ever been insured? b ever had a proposal for interest premium required or spector of the covers proposed or in the name of an ever been insured? c sustained any loss or had last 5 years? Either personally or in any burproposed ever been a convicted of or charged or the proposed of the convicted of or charged or the proposed ever been a convicted ever been a co	sed, have you or any director or partner, either in the name of the business by other business in which any of you have had an interest: YES NO Survance declined, renewal refused, cover terminated, increased cial conditions imposed by any insurer? Any claim made against you, whether insured or not, during the YES NO Siness capacity, have you or any director or partner in the business					
1 1 1	In respect of the covers proportion of interest and a ever been insured? b ever had a proposal for interest premium required or spectors and last 5 years? Either personally or in any but proposed ever been a convicted of or charged if a breach of any heal in any other criminal or incompanion.	business? The insured? The insured? The insured? The insured is a purious particle of the properties of the properti					

G	ENERAL QUESTIONS - continued		
	c the subject of a County Court Judgement (or Scottish equivalent)?	YES	NO
	d a director or partner in any business which has been the subject of an individual voluntary		
	arrangement with creditors, voluntary liquidation, a winding up or administrative order, or administrative receivership proceedings?	YES	NO
3	Have you been in business in the name(s) shown under "Your Details" above for less than 3 years?	YES YES	NO NO
3	If 'yes', please provide previous business history.	TLS	NO
4	Are the buildings:		
7	a built solely of brick, stone or concrete and roofed solely of slates, tiles, asphalt, concrete,		
	metal or other incombustible materials?	YES	NO
	b heated only by low pressure hot water apparatus, or fixed gas or electric appliances?	YES	NO
	c fitted with an electric wiring system which has been checked by a qualified electrician	MEG	NO.
	within the last 5 years?	YES	NO NO
	d in a good state of repair?	YES	NO NO
	e especially exposed to storm or flood?f in your sole occupation?	YES VEC	NO NO
5	f in your sole occupation? In the event of a claim under this Policy do you, for a reduction in premium, wish to bear	YES	NO
3	(in addition to any imposed excess) a further £300?	YES	NO
6	Does the level of security at your Premises meet our minimum security requirements?	YES	NO
7	Are there any additional interests to be noted?	YES	NO
Т	HE STRUCTURE (OPTIONAL)		
	,		
	ur property will be insured (unless specified otherwise) against Damage caused by:	English CWA	. Tours of
	re, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Persons, Storm, Flood eft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of fuel, Accidental Damag		
Is	cover required?	YES	NO
Sta	ate REBUILDING COSTS of the following		
1	Buildings (including office fronts and outbuildings) where your responsibility is as owner		
2	Office fronts (including shop blinds & fitments) where your responsibility is as occupier/tenant		
3	Internal decorations & tenants improvements effected by you as occupier/tenant		
4	Does any felt on timber flat roof area exceed 50 square feet?	YES	NO
IF	YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONA	L INFORMATIO	N PAGE
11	100 11.1. 2 HOLD THAT OF THE SHADED DOTTED, THE ISE OF E DETAILS ON ADDITIONA		

CONTENTS (STANDARD)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Persons, Storm, Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of fuel, Leakage of beverages, Accidental Damage and **Engineering Damage**

Please note that if the amount applicable to Item **a** includes the following the standard limits apply. If the standard limits shown are not sufficient please indicate the amount required:

	Standard Limits	Amount Required (if applicable)
Personal Effects of Employees and Visitors	£500 any one person	£
Wines, Spirits and Tobacco for entertainment purposes	£500	£
Works of Art	£500	£
Computer system records replacement costs (but not the cost of producing information to be recorded)	£5,000	£

N.B. The amount applicable to Item a can also include the cost of materials and clerical labour incurred in reproducing Documents (but not the cost of producing information to be recorded)

Items to be insured:		Full Replacement Cost
a Office or surgery contents excluding Items b to d below		£
b Trade samples & stock in trade		£
c Goods in trust for which you are responsible		£
d Computers and ancillary equipment		£
e Perishable goods (surgeries only)		£
If Items c , d and/or e are to be insured, please give full description:		
Does any of your equipment have an individual reinstatement value greater	r than £10,000?	YES NO
If 'yes' please provide full details of such equipment		
		£
		£
		£
The standard additional covers included in the policy are noted below, if the amount required:	ne standard limits shown a	re not sufficient please indicate
	Standard Limit	Amount Required (if applicable)
Breakdown of computer equipment	Standard Limit £50,000	
Breakdown of computer equipment Goods in Transit – single load limit		(if applicable)
	£50,000	(if applicable)
Goods in Transit – single load limit	£50,000 £5,000	(if applicable) £ £
Goods in Transit – single load limit Exhibition equipment	£50,000 £5,000 £5,000	(if applicable) £ £
Goods in Transit – single load limit Exhibition equipment Perishable goods (surgeries only) - following breakdown	£50,000 £5,000 £5,000 £15,000	(if applicable) £ £ £

LIABILITIES (STANDARD)						
1 Does your business involve visits to offshore rigs or platfor	rms?	YES NO				
(If 'yes' separate insurance may be necessary).						
2 Do you require an increase in the standard Public/Products If 'yes', please state which limit is required: £3,000,00	00? YES NO NO S5,000,000					
	Estimated					
	£					
a Clerical/Managerial (not engaged in manual work)	<u>*</u>					
b Others (please specify)		£				
The wages/salaries should include overtime, housing, bonus connection with their employment without any deduction	ses and other pre-requisites in kind or n	noney received by the employee's in				
		£				
4 Please provide details of your estimated annual turnover		dw .				
NOTE: Cover for Surgeries is extended to include as standard:						
Liability for locums						
BUSINESS INTERRUPTION (STANDARD)						
	If this is insufficient please state your	requirements.				
1 The standard cover provided by this Section is noted below. If this is insufficient please state your requirements.						
1 The standard cover provided by this Section is noted below		Amount Dogwind (if applicable)				
The standard cover provided by this Section is noted below. Gross Income Sum Insured	Standard Cover	Amount Required (if applicable)				
	Standard Cover					
Gross Income Sum Insured	Standard Cover £250,000	£				
Gross Income Sum Insured Maximum Indemnity Period	Standard Cover £250,000 12 months	£ months				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
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Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				
Gross Income Sum Insured Maximum Indemnity Period Book Debts sum insured Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months 2 Do you require cover for Additional Increased Cost of World	\$\frac{\partial \text{Standard Cover}}{\partial 250,000}\$ 12 months \partial 5,000 \partial 30,000 king in addition to the	£ months £				

LO	SS OF MONEY (STANDARD)		
1	The standard limits which apply are noted below. *The limits in the safe and security arrangements. If the standard limits are noted below.		
		Standard Limit	Amount Required
	Non – negotiable money	£250,000	
	Negotiable Money:		
	In transit	£5,000*	£
	In a bank night safe	£5,000*	£
	In the premises during business hours	£5,000*	£
	In the premises out of business hours:		
	In locked safe	£1,500*	£
	Not in locked safe	£250	
	In private dwellings	£500	
	Note: It is a policy condition that negotiable money in transit 18 and 65	be accompanied by the following num	bers of persons aged between
	Amount of Money in transit at any one time	Accompaniment	Requirement
	Up to £3,000	1 pers	on
	Over £3,000 up to £6,000	2 pers	ons
	Over £6,000 up to £12,000	3 pers	ons
	Over £12,000	Approved secur	ity company
2	Please give the following information about safes:	'	
	Make and Model		
	Age (yrs)		
			VEG NO
	Whether anchored to the floor?		YES NO
3	Do you handle money not belonging to you e.g. in connection v	with a building society agency?	YES NO
	If 'yes' please give details		
PE	RSONAL ACCIDENT ASSAULT (STANDAR	(ט)	
The	standard benefits per person are noted below:		
D	eath, loss of sight, loss of limbs or permanent total disablement		£10,000
	emporary total disablement from attending to usual business		£100 per week
	emporary partial disablement from attending to usual business		£30 per week
	curred Medical Expenses		£250
	amage to Personal Effects		£500
	you wish to increase the standard benefits per person to £25,000	Death Benefit/£250 per week	
Tem	nporary total disablement benefit?	•	YES NO NO NECES
IF Y	YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEAS	SE GIVE DETAILS ON ADDITIONAL	INFURINATION PAGE

e standard limit is £ $100,000$ covering: Employment disputes and compensation awards, Legal defence any and Tax Protection	, Property protection	and bodily
Do you require this cover to be extended to include Statutory Licence, Contract Disputes and Debt Recovery?	YES	NO
If 'yes':		
Has your business, you, your partners, directors or your employees been involved in a legal dispute regarding a contract, debt or an appeal relating to statutory licence during the last 5 years?	YES	NO
If 'yes', please provide full details below – including the date, outcome and the amount of legal cos	ts incurred	
ERSONAL ACCIDENT (OPTIONAL)		
cover required?	YES	NO
me of person to be insured:		
ties Da	ate of Birth	
1		
2		
3		
mber of cover units (maximum 5) 1 2	3	
3. One unit is made up as follows:		
Death, loss of sight, loss of limbs or permanent total disablement £10,000		
Temporary total disablement from attending to usual business £50 per week		
each person in good health and not physically or mentally disabled to the best of your knowledge and	VEC	NO.
ief	YES	NO
no' please attach full details		

ALI	ALL RISKS ON MACHINERY AND/OR APPARATUS (OPTIONAL)								
Is co	over required?			YES	NO NO				
	•	tails of machinery to be insured an	d the Geographical Limit(s) to app	oly.					
The	Geographical Limits are:								
		m, Republic of Ireland, the Channe	l Islands or the Isle of Man.						
	Europe, which means anywhere in the United Kingdom, the Channel Islands, the Isle of Man and the countries of the European Union.								
	Worldwide, which means anywhere in the world including the United Kingdom and Europe.								
		_		Cum Ingurad	1(6)				
	Description of Machinery	Serial/Identification No.	Geographical Limit	Sum Insured	(£)				
FX.	TENSION TO BASIC C	OVER							
	TENOION TO BASIS S	<u> </u>							
Do y	ou wish to extend the basic police	cy to include:							
1	SUBSIDENCE, GROUND HEA	VE and LANDSLIP on the Buildin	ngs?	YES	NO				
	If 'yes' please state whether:								
	a the Premises have suffered	or are showing signs of damage fro	m these Perils	YES	NO				
	b the properties either side of	your own have suffered or are now	showing signs of this damage	YES	NO				
	c to your knowledge the vicin	ity is susceptible to this damage		YES	NO				
		ediate vicinity of any river bank, raworking or on made up ground?	nilway embankment, cliff, quarry,	YES	NO				
	e there are any trees or shrubs	over 20ft in height within 30ft of	the premises.	YES	NO				
	If 'yes' please provide full of	letails (i.e. type of trees number and	d distance from the premises)						
			• ′						
IFV	OU HAVE TICKED ANY OF T	HE SHADED ROXES PLEASE O	GIVE DETAILS ON ADDITIONA	L INFORMATION ?	PA GE.				

Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold?	YES	NO [
If 'no' please enter your Employer Reference Number		
An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.		
Do you have a Company's House Registered Office Address?	YES	NO
If 'yes' please provide details (Postcode must be shown)		
Post Code		
L		Г
Are there any subsidiary companies to be included in this insurance?	YES	NO
If 'yes' please provide full details		
Name of first subsidiary company to be included		
Registered Office Address of this subsidiary (Postcode must be shown)		
Post Code		
Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices)	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? If 'no' enter the Employers' Reference Number for this subsidiary	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? If 'no' enter the Employers' Reference Number for this subsidiary Name of second subsidiary company to be included	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? If 'no' enter the Employers' Reference Number for this subsidiary Name of second subsidiary company to be included	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? If 'no' enter the Employers' Reference Number for this subsidiary Name of second subsidiary company to be included Registered Office Address of this subsidiary (Postcode must be shown)	YES	NO [
Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? If 'no' enter the Employers' Reference Number for this subsidiary Name of second subsidiary company to be included Registered Office Address of this subsidiary (Postcode must be shown) Post Code Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub contractors, trainees and apprentices)		
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E۱	IPLOYERS' LIABILITY TRACING OFFICE (ELTO) - continued		
	Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? If 'no' enter the Employers' Reference Number for this subsidiary	YES	NO 🔲
4	Are there any subsidiary companies to be excluded from this insurance?	YES	NO
	If 'yes' please provide full details		
	Name of first subsidiary company to be excluded		
	Name of second subsidiary company to be excluded		
	Name of third subsidiary company to be excluded		

DATA PROTECTION AND DECLARATION

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

This notice describes who we are, why we need to collect your information and how we will use it.

We will tell you who we share your information with and how we use it to improve the service we provide to our customers.

Privacy Statement

Why we need your information

We will use your information to give you quotations, and manage your insurance policy, including underwriting and claims handling.

Your information comprises of all the details we hold about you and your transactions and includes information we obtain about you from third parties.

We will only collect the information we need so that we can provide you with the service you expect from us.

From time to time we may need to change the way we use your information. Where we believe you may not reasonably expect such a change we will write to you. When we do so, you will have 60 days to object to the change but if we do not hear from you within that time you consent to that change.

Who we will share your information with

NIG insurance policies are underwritten by U K Insurance Limited (UKI).

During the course of our dealings with you we may need to disclose some of your information to other insurers, third party underwriters, reinsurers, credit reference and fraud prevention and law prevention agencies and other companies that provide service to us or you, to:

- assess financial and insurance risks
- recover debt
- prevent and detect crime
- develop our products, services, systems and relationships with you
- understand our customers' requirements
- rating and pricing.

We do not disclose your information to anyone outside UKI except:

- where we have your permission; or
- where we are required or permitted to do so by law; or
- to other companies who provide a service to us or you; or
- where we may transfer rights and obligations under this agreement.

DATA PROTECTION AND DECLARATION - continued

Where we transfer your information

From time to time we may require services from suppliers that are based worldwide and your information will be shared with them for the purposes of providing that service. Where we engage these suppliers we make sure that they apply the same levels of protection, security and confidentiality we apply. However, such information may be accessed by law enforcement agencies and other authorities to prevent and detect crime and comply with legal obligations.

Employers' Liability Tracing Office (ELTO)

We are also required to supply employers' liability insurance policy details to the Employers' Liability Tracing Office (ELTO). These details will be added onto the Employers' Liability Database (ELD), which will be managed by ELTO. This database will be accessible by any claimants and will assist claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK, to find the insurer that was providing employers' liability cover during their relevant period of employment and also to find the relevant employers' liability insurance policies.

Brokers or Agencies

We will discuss your information with your broker or agency and provide them with information about your policy and dealings with us to enable them to manage your relationship.

Sensitive Information

Some of the personal information we ask you for may be sensitive personal information, as defined by the Data Protection Act 1998 (such as information about health or criminal convictions). We may also ask you to provide sensitive information about other people, please ensure that you have their agreement before providing information to us. We will not use such sensitive personal data about you or others except for the specific purpose for which you provide it and to provide the services described in your policy documents.

Dealing with other people

It is our policy to deal with your spouse or partner who calls us on your behalf, provided they are named on the policy. If you would like someone else to deal with your policy on your behalf on a regular basis please let us know. In some exceptional cases we may also deal with other people who call on your behalf, with your consent. If at any time you would prefer us to deal only with you, please let us know.

Credit Reference Agencies

UKI carries out a consumer search when any application for insurance is submitted. This is done using public data to evaluate insurance risks and no financial information is reviewed as part of this process. There is no visible credit footprint and after 12 months is automatically deleted.

Access to your information

You have the right to see the information we hold about you. If you would like a copy of your information, please telephone 0870 609 9920, or write to The Data Protection Officer, Churchill Court, Westmoreland Road, Bromley BR1 1DP quoting your reference and ask for a Subject Access Request Form. A fee may be payable

Fraud prevention and detection

Please take time to read the following as it contains important information relating to the details you have given or should give to us. You should show this notice to anyone whose data has been supplied to us in connection with your policy.

To prevent and detect fraud we may at any time:

Share information with other organisations and public bodies including the police although we only do so in compliance with the Data Protection Act 1998

Check and/or file details with fraud prevention agencies and databases and if we are given false or inaccurate information and we identify fraud, we will record this. We and other organisations may also use and search these agencies and databases from the UK and other

- help make decisions about the provision and administration of insurance, credit and related services for you and members of your household:
- trace debtors or beneficiaries, recover debt, prevent fraud, and to manage your accounts or insurance policies; or
- check your identity to prevent money laundering, unless you provide us with other satisfactory proof of identity

Law enforcement agencies may access and use this information.

We and other organisations may also access and use this information to prevent fraud and money laundering, for example when:

- Checking applications for, and managing credit and other facilities and recovering debt;
- Checking insurance proposals and claims;
- Checking details of job applicants and employees.

We, and other organisations that may access and use information recorded by fraud prevention agencies, may do so from other countries.

We can provide the names and addresses of the agencies we use if you would like a copy of your information held by them. Please contact us at, UKI, Churchill Court, Westmoreland Road, Bromley, BR1 1DP, quoting your reference. The agencies may charge a fee.

D	DATA PROTECTION AND DECLARATION - continued							
CI	hoice of Law							
	The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.							
D	Declaration							
I/V	I/We declare that:							
а	a if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation							
b	to the best of my/our	knowledge and belief the information g	given in t	his form is correct and com	plete in eve	ry detai	1	
С								d
d		orm to the terms, conditions and except by the Company for the Insurance now				able on	request) in the	
е		formation given in this form, any information given in this form, any information in the state of the state o						
f	I/we consent for my a	appointed broker or agency to discuss m	ny person	al information with NIG or	my/our bel	half.		
	Proposer's Signature		Status			Date		
Α	DDITIONAL INF	ORMATION						
FC	OR INTERNAL USE O	NLY						
Pı	oposal Checked by				Date			

Minimum Security

The following constitutes the minimum standard for fastenings and protections:

- on timber final exit doors (excluding sliding doors):
 - if single leaf, a mortice deadlock conforming to BS3621 with matching boxed steel striking plate
 - if double leaf
 - on the first closing leaf flush or barrel bolts, the latter at least 200mm (8") long, or key operated locks or bolts, fitted top and bottom in every case
 - on the second closing leaf a mortice deadlock conforming to BS3621 with matching boxed steel striking plate ,or a substantial padlocking bar and good quality close shackle padlock
 - if single or double leaf and also outward opening, hinge bolts fitted top and bottom.
- on all other external timber doors, and on internal timber doors giving access to any part of the premises not occupied solely by you or to any adjoining premises (excluding sliding and fire exit doors):
 - if single leaf, a mortice deadlock conforming to BS3621 with matching boxed steel striking plate or key-operated mortice rack bolts fitted top and bottom
 - if double leaf
 - on the first closing leaf flush or barrel bolts, the latter at least 200mm (8") long, or key operated locks or bolts, fitted top and bottom in every case
 - on the second closing closing leaf a mortice deadlock conforming to BS3621 with matching boxed steel striking plate, or a substantial padlocking bar and good quality close shackle padlock
 - if single or double leaf and also outward opening, hinge bolts fitted top and bottom.
- on external aluminium or UPVC doors (excluding sliding and fire exit doors): cylinder operated mortice deadlock and, if double leaf, flush bolts on the first closing leaf
- on steel final exit doors and all sliding final exit doors: substantial padlocking bar and good quality close shackle padlock
- on all other steel doors and all other sliding doors (excluding sliding patio doors): substantial padlocking bar and good quality close shackle padlock fitted externally, or substantial padlocking bar and good quality open shackle padlock fitted internally
- on sliding patio doors:
 - a manufacturer's patent key-operated locking system which engages boltwork into the door frame either at the top and bottom of the opening section of each door, or into the side frame in at least three points (in the latter case all hook or shoot bolts must be mushroom headed)

two key-operated patio door locks fitted internally, one at the top and one at the bottom of each opening section

- on all fire exit doors: panic bar, and hinge bolts fitted top and bottom
- on opening basement and ground floor windows and fanlights, and on other opening windows fanlights and skylights which are accessible from roofs balconies canopies fire escapes or downpipes:

key-operated window locks with the keys removed when in operation

or

solid steel bars not less than 16mm (5/8") diameter and not more than 125mm (5") apart, securely fixed to the brickwork or masonry surrounding the window

Any alternative fastenings or protections must be agreed by us.

