

# COMMERCIAL COMBINED PROPOSAL FORM



OUR SPECIALIST MARKETS INCLUDE:

MANUFACTURING • WHOLESALE • RETAIL • OFFICE • HOTEL AND LEISURE



ALL YOU NEED  
UNDER ONE  
ROOF

# Commercial Combined Insurance

## Proposal Form

- When completing this Form, please tick the appropriate boxes and answer all questions using BLOCK CAPITALS.

### Important Note

You (or the broker or agent completing the form on your behalf) must provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material you should disclose it. Failure to disclose any material fact may invalidate your policy or may result in your policy not operating fully.

Please note that the statement of fact or the proposal form, policy booklet, schedule and any additional information on the insurance provided by you (or the broker or agent acting on your behalf) will be the basis of the contract between us.

### A Period of Insurance

Inception Date	Renewal Date
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### B Proposers Details

Full Name of Proposer

Please show names of all companies to be insured including all subsidiaries; if not a limited company, full names of all partners

Company Registration Number

Trading Name

Postal Address

Postcode

Situation of property to be insured if different from above

Postcode

Web Site Address

Business Description

Business Phone No

Survey Contact Name

## C Premises Details

Please list all premises to be insured. (A series of buildings at one site under one post code will be deemed to be one premise).

Address	Postcode	Telephone Number	Occupied as (e.g. Bodyshop)

If you have any further locations to be insured, please give details on the Additional Information page

## D General Questions

If you answer **yes** to any of the following general questions, please give details on the Additional Information page.

- 1 Have you or:
  - i any director or partner in any business,
  - ii any partner in any partnership, or
  - iii any director of any company
 either in the name of the business proposed or in the name of any other business in which any of you have had an interest:
  - a ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?
 

Yes  No
  - b sustained any loss or had any claim made against you / them, whether insured or otherwise in respect of any of the insurances required at the above or any previously occupied premises during the last 5 years?
 

Yes  No
  - c ever been convicted of or is any prosecution pending for any offence (excluding any motoring convictions and any offences which are spent under the Rehabilitation of Offenders Act 1974)?
 

Yes  No
  - d ever been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements (or the Scottish equivalent) within the last 10 years?
 

Yes  No
  - e ever been declared bankrupt or insolvent, subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administration order, or administrative receivership proceedings within the last 10 years?
 

Yes  No
- 2 Have you been in business for less than 3 years?
 

Yes  No

If **yes**, please provide previous business history on the Additional Information page
- 3 Do you or any directors or partners engage in any other business or occupation?
 

Yes  No
- 4 Are you presently insured (or have you been insured in the past) for the risks you are now proposing?
 

Yes  No

If **yes**, please confirm Insurer and Policy number on the Additional Information page.
- 5 Have you traded without insurance within the last 5 years?
 

Yes  No
- 6 Is the business proposed a member of any trade association?
 

Yes  No
- 7 Do you have any offices, assets, representation or agents in overseas countries?
 

Yes  No

## E Premises Details

If any of your answers in this section are in a shaded box, please give details on the Additional Information page.

1 Are all of the buildings at the premises to be insured:

a built of brick, stone or concrete or roofed other than with slates, tiles, asphalt, metal, or slabs composed entirely of incombustible mineral ingredients? Yes  No

b solely occupied by the proposed business? Yes  No

c fully occupied (i.e. Not vacant, either in whole or in part)? Yes  No

d heated by all or any of the following:

i low pressure hot water or steam?

ii fixed electric appliances?

iii fixed oil or gas fired space heaters with fuel supply via fixed metal pipes, and an external flue? Yes  No

e in a good state of repair with all machinery properly fenced or guarded and in good order? Yes  No

2 Has the electrical installation at the premises to be insured been inspected in accordance with both the requirements and time scales of British Standard BS7671?

Yes  No

3 Is an intruder alarm system installed at the premises?

Yes  No

If yes, please state:

a Name of alarm company

b Is it maintained under contract by the alarm company stated in a above? Yes  No

c Method of signalling (e.g. Redcare, Redcare GSM)?

d Has police response been withdrawn or the level of response reduced or delayed? Yes  No

If an intruder alarm system is installed but the answers to the questions under 3 above do not apply to all of the premises to be insured than please give details on the Additional Information page.

4 Do you require cover for "subsidence, ground heave and landslip" for any part of the site on which the premise(s) stand?

Yes  No

If yes, then in respect of subsidence or ground heave or landslip, please confirm if:

a the premises have suffered damage or are showing signs of damage? Yes  No

b to your knowledge the properties either side of your own have suffered damage or are showing signs of damage? Yes  No

c to your knowledge the vicinity is susceptible to such damage? Yes  No

d the premises are in the immediate vicinity of any river bank, railway embankment or cutting, cliff, quarry, mine or other underground working or made up ground? Yes  No

e there are any trees or shrubs over 7m (20ft) in height within 10m (30ft) of the premises? Yes  No

If you have answered yes, to any of the questions 4 a to e above please provide full details on the Additional Information page, Please note that we may also require you to complete an additional Subsidence Questionnaire if you have answered yes to any part of question 4.

## F Business Details

If any of your answers in this section are in a shaded box, please give details on the Additional Information page.

- 1 Do you undertake work in or on any nuclear plant or power station, gas or chemical works or stores, oil refineries or bulk oil storage facilities, offshore installations/structures, airports/airfields/aircraft, railway property, ships/marine craft, docks and/or mines? Yes  No
- 2 Do you process, use, handle or store any of the following in connection with your business:
- a Silica, asbestos or any substance containing asbestos? Yes  No
- b Radioactive substance(s) / devices? Yes  No
- c Any chemicals, gases or other industrial materials/devices that are toxic, explosive, flammable, corrosive or an irritant? Yes  No
- d Any other dangerous materials giving rise to dust, fumes or vapours? Yes  No
- e Any other material involving a health or safety hazard? Yes  No
- 3 Do you store liquids or gases in bulk? Yes  No
- 4 Do you discharge toxic or dangerous substances into the atmosphere, sewers, waterways or elsewhere? Yes  No

If you have answered **yes**, to any of the questions 1 to 4 above, please provide full details, including method of treatment and disposal.

Please note that cover for the activities described within questions 1 to 4 cannot be granted until confirmed by NIG.

- 5 Is all relevant plant (i.e. your lifting plant, pressure vessels/boilers):
- a regularly maintained and inspected by qualified engineers as required by legislation? Yes  No
- b maintained in accordance with the manufacturers recommendations? Yes  No
- 6 a Do you comply with the requirements of the Factories Act, the Health and Safety at Work Act, and the Control of Substances Hazardous to Health Regulations (and any special regulations there under) or any similar legislation? Yes  No
- b Have you or any of your directors, partners or employees ever been:-
- i prosecuted under any of these Acts or Regulations, or have such a prosecuting pending? Yes  No
- ii served with a Prohibition Notice under the Health and Safety at Work Act? Yes  No
- 7 Do you have a written safety policy which is brought to the attention of your employees? Yes  No
- 8 Have you or any of your directors, partners or employees in the business ever been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act or similar legislation? Yes  No
- 9 Have you or, to your knowledge, any former owner or occupier of any of the premises to be insured, or have you in connection with sites at which you have worked on:
- a ever been prosecuted or sued for any pollution problems? Yes  No
- b ever had any incidents of pollution or incidents likely to cause pollution? Yes  No
- c ever carried out any industrial activity which was the subject of an environmental permit or licence? Yes  No

## F Business Details *continued*

10 a Do you carry out any work away from the business premises? Yes  No

If you have answered **No**, to Question 10a, there is no need to answer 10b, 10c or 10d

b Does any of your work away relate to work outside of the United Kingdom? Yes  No

If **yes**, please state the Countries and what percentage of your total work this represents

c Does any of your work away relate or involve work in connection with:

i quarrying, tunnelling, mining, piling, ground stabilisation, underpinning or dewatering? Yes  No

ii towers, steeples, chimney shafts, bridges, viaducts, flyovers or underpasses? Yes  No

iii docks, harbours, piers, wharfs, dams, reservoirs, lakes, rivers, water diversion, flood protection or sea defences? Yes  No

d Does any of your work away from the business premises involve the use of:

i welding or cutting equipment or other equipment or processes involving the application of heat\*? Yes  No

ii cradles and/or other lifting equipment? Yes  No

Heat\* - the use of blow lamps or blow torches, welding or flame cutting equipment

11 Do you work on or have under your control cranes, hoists, passenger lifts or escalators? Yes  No

12 Do any of the processes you carry out produce noise level above 85dB? Yes  No

If **yes**, please give details and state what precautions are taken

13 Do you enter into any agreements assuming liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement, or waive your legal rights against others?

Yes  No

If **yes**, please supply a copy of the agreement

14 Where labour and materials Sub-Contractors (Bona-Fide Sub Contractors) are used, do you check that they are insured for Public/Products Liability insurance in respect of all work they undertake on your behalf for the duration of the time that they work for you and that the cover provided is to at least the limit of indemnity as will be provided by this policy?

Yes  No

## G Cover Details

If any of your answers in this section are in a shaded box, please give details on the Additional Information page.

1 If you require Products Liability cover to be provided please answer the following questions:-

a i To your knowledge have your products ever been exported, or will they in future be exported, to the U.S.A. or Canada or their dependencies or trust territories? Yes  No

ii Do you have any "hold harmless" or other agreements with customers, suppliers or sellers in these countries? Yes  No

This includes any indirect exports i.e. goods that you know will ultimately be exported to USA/Canada even though they may not be exported directly by you.

If you have answered **yes**, to any part of this question you will be required to complete a North American Exposures Questionnaire

**G** Cover Details *continued*

**b** Do you import raw material, components or finished products from outside the European Union? Yes  No

**c** Do you supply any goods intended for installation in or to form part of aircraft, watercraft, drilling rigs, atomic or nuclear plant or motor vehicles? Yes  No

If **yes**, please give details including annual turnover of such goods

**d** Do you supply or distribute goods from premises outside Great Britain, the Isle of Man or the Channel Islands? Yes  No

**e** Do you maintain an adequate system of records which would enable identification of:

**i** the source of product/raw materials/component parts purchased? Yes  No

**ii** the source of design of products manufactured by you? Yes  No

**f** Is it possible to trace the ultimate customers of individual products or batches in order to recall the products? Yes  No

**g** Has recall ever been necessary or been considered? Yes  No

**h** Are all goods labelled and supplied with clear instructions in the language of the country to which they are supplied? Yes  No

**i** Are product-hazard warnings clearly shown on products, packaging and/or instruction manuals? Yes  No

**2** If you require Goods in Transit cover to be provided please answer the following questions:-

**a** Do you engage in transit of goods outside the United Kingdom? Yes  No

If **yes**, give details and countries visited

Please note that cover for Transit outside the UK cannot be granted until confirmed by NIG.

**b** Are vehicles fitted with special locking devices, immobilisers and/or alarms? Yes  No

If **yes**, please give details

**c** Are any of the vehicles open\* or soft topped\*, or curtain sided\*? Yes  No

If **yes**, give details of vehicles

\*NB Standard Cover for goods in such vehicles will exclude Storm Damage. Theft or attempted theft from these types of vehicles will be excluded unless the vehicle is stolen at the same time.

## H Loss or Claim Details

If you answered yes to **D** General Question **1b**, that you have sustained a loss or had any claim made against you during the last 5 years, please provide full details of each loss/claim and provide details of any post loss action taken:

Date & Year	Type of Claim	Brief Circumstances	Amount Paid/ Outstanding	Post Loss Action Taken

## I Employers' Liability Tracing Office (ELTO)

1 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.

2 Do you have a Company's House Registered Office Address? Yes  No

If 'yes' please provide details (Postcode must be shown)

Post Code

3 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

If 'no' enter the Employers' Reference Number for this subsidiary



**I Employers' Liability Tracing Office (ELTO) *continued***

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) are paid below the PAYE threshold, or because the subsidiary is not UK based?

Yes  No

If 'no' enter the Employers' Reference Number for this subsidiary

Name of third 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

If 'no' enter the Employers' Reference Number for this subsidiary

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

## **J** Data Protection and Declaration

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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.

#### **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.

## J Data Protection and Declaration *continued*

### 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 countries to:

- 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.

### Choice 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.

### Declaration

I/We declare that:

- 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 given in this form is correct and complete in every detail
- c** I/we agree that this Proposal and Declaration, and any additional information on the insurance provided by my/our insurance intermediary on my/our behalf to U K Insurance trading as NIG ("the Company"), shall be the basis of the contract between me/us and the Company
- d** I/we accept and conform to the terms, conditions and exceptions of the policy (a specimen of which is available on request) in the standard form issued by the Company for the Insurance now proposed and I will pay the premiums thereon.
- e** I/we consent to the information given in this form, any information the Company may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement above.
- f** I/we consent for my appointed broker or agency to discuss my personal information with NIG on my/our behalf.

Signature of Proposer(s)

Date

Position Held

**K** Additional Information

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Blank area for Additional Information.

**K** Additional Information

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