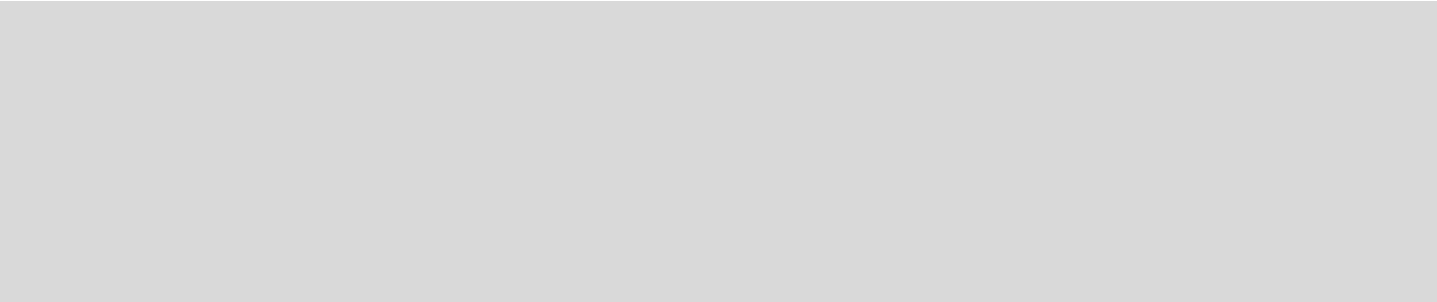
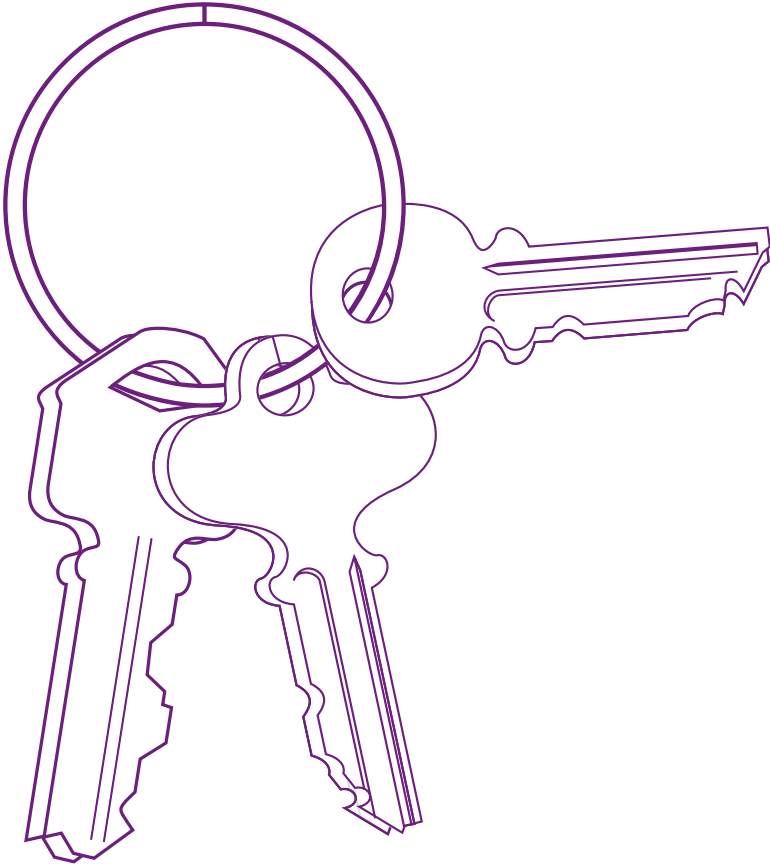


# PROPERTY OWNERS PROPOSAL FORM



**FOR INTERNAL USE ONLY**

Agent Name

Agency Code

In completing this form, please tick the appropriate boxes and answer all questions in **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.

**YOUR DETAILS**

Full Name of Proposer

Trading Name

Company Registration Number

Postal Address

(Postcode must be shown)

Post Code

Company Website Address

WWW.

Business - if required as other than 'Property Owner for the purpose of this insurance' please specify below:

Tel. No

How many years have you been in business?

Period of Insurance

Inception Date

Renewal Date

**GENERAL QUESTIONS**

**1** Have you or any director or partner, 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, whether insured or otherwise in respect of any of the insurances required at this or any previously occupied premises during the last 3 years?

YES  NO 

**c** ever been convicted of or is any prosecution pending for any offence involving arson, violence or dishonesty of any kind (e.g. involving fire, fraud, theft or handling stolen goods)?

YES  NO 

**2** Have you or any other director or partner, 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 been the subject of a County Court Judgement (or the Scottish equivalent) or been declared bankrupt or insolvent?

YES  NO 

**3** Have you or any director or partner, 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 been cited in any unsatisfied court judgements?

YES  NO 

**4** Have you been in business for less than 3 years?

YES  NO 

If 'yes' please provide previous business history below.

**5** Have you or any director or partner, 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 been prosecuted under the Health and Safety at Work Act 1974 or have such a prosecution outstanding?

YES  NO 

**6** 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 below.

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE**

## RISK INFORMATION

- 1** Are the buildings of each of the premises to be insured:
- a** built other than 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** heated other than by:
- 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
- c** in a good state of repair and will they be so maintained (including boilers, escalators, lifts and similar equipment), complying with statutory requirements where applicable? YES  NO
- d** fully occupied (i.e. not vacant, either in whole or in part)? YES  NO
- e** in an area especially exposed to storm or flood? YES  NO
- f** used for the purpose for which they were intended, built or designed? YES  NO
- g** subject to any preservation order or listing? YES  NO
- 2** Are any of the buildings which are occupied in whole or part for residential purposes:
- a** occupied by tenants on referral from any Local Authority or the DSS? YES  NO
- b** let for short term periods of less than 6 months? YES  NO
- 3** Do any premises:
- a** require a Fire Certificate in accordance with the Fire Regulations?  
If 'yes' has a fire certificate been issued? YES  NO   
YES  NO
- b** require Registration under any local authority requirements?  
If 'yes' have all the necessary requirements been carried out? YES  NO   
YES  NO
- c** have any felt on timber flat roof area in excess of 50 square feet? YES  NO
- 4** Are there any passenger or goods lifts, escalators, steam boilers, pressure plant or similar machinery on the premises? YES  NO   
If 'yes' are these regularly inspected to comply with statutory regulations? YES  NO
- 5** What steps do you take to keep yourself acquainted with the general condition and maintenance of each premises to be insured?

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

## THE STRUCTURE (STANDARD)

The Structure will be insured (unless specified otherwise) against loss or damage caused by:

Fire and Specified Contingencies: Fire, Lightning, Earthquake, Explosion, Aircraft, Riot, Civil Commotion, Malicious Damage, Storm or Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV/Radio Aerials, Leakage of Fuel, Leakage of Beverages

or

All Risks: All the Specified Contingencies mentioned above plus Accidental Damage cover (subject to standard All Risks Exclusions)

Fire & Specified Contingencies?  All Risks?

Please give full details of all property to be insured

Risk No.	Address, including postcode	How is the property occupied (state trade)	Number of residences (if applicable)	Buildings Sum Insured*
1				
2				
3				
4				
5				

Risk No.	No of storeys	Is each storey separated by a concrete floor?	Approximate year of construction	Type of property e.g. house, maisonette, flat, bedsitter, shop, office, factory, workshop, warehouse	Construction of walls and roof
1					
2					
3					
4					
5					

\*where because of VAT status, you are unable to recover your VAT costs fully, your Sums Insured on commercial and industrial Buildings should be increased to include the non-recoverable VAT element.

## PUBLIC LIABILITY (STANDARD)

Public Liability cover is provided automatically with a Limit of Indemnity of £2,000,000 – if you require a different limit please state:

£

Do you require liability cover for buildings not mentioned above.

YES  NO

If 'yes' please give details below:

If you require cover for Land without buildings, please confirm its use, size, location and details of any known hazards (such as lakes, ponds, caves, mines potholes, quarries etc.) below:

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

## LANDLORDS CONTENTS (OPTIONAL)

## RENT RECEIVABLE (OPTIONAL)

Is cover required? YES  NO

Risk No.	Landlords Contents		Contents of Common Parts
	Sum Insured	Sum Insured	
1	£		
2	£		
3	£		
4	£		
5	£		

Is cover required? YES  NO

Risk No.	Rent Sum Insured	
	£	mths
1	£	
	over	
2	£	
	over	
3	£	
	over	
4	£	
	over	
5	£	
	over	

Do you require cover for outstanding debit balances.

If 'yes' Sum Insured

## EMPLOYERS LIABILITY (OPTIONAL)

### Employers Liability (Indemnity Limit £10,000,000)

Is cover required? YES  NO

If 'yes' please provide details of all your employees Gross Wages/Salaries:

- a** Clerical/Managerial (not engaged in manual work)
- b** Cleaners/Maintenance Staff
- c** Gardeners
- d** Security Staff
- e** Others (please specify)

Estimated

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

The wages/salaries should include overtime, housing, bonuses and other perquisites in kind or money received by the employees in connection with their employment without any deduction.

'Employee' means direct employee (including working directors) labour masters, persons supplied by them, labour only sub-contractors and persons hired or borrowed by the Insured.

## PERSONAL ACCIDENT (OPTIONAL)

Is cover required?

YES  NO

Name of person to be insured:

1
2
3

Duties of person to be insured

Date of Birth

1	1
2	2
3	3

Number of cover units (maximum 5)

1  2  3

N.B. 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

Is each person in good health and not physically or mentally disabled to the best of your knowledge and belief YES  NO

If 'no' please attach full details

## OPTIONAL EXTENSIONS TO BASIC COVER

Do you wish to extend the basic policy to include:

**1** 'DAY ONE' inflation provision YES  NO

If 'yes' please state the percentage uplift required on the declared value (standard 50%)

%

**2** SUBSIDENCE, GROUND HEAVE and LANDSLIP on The Structure? YES  NO

If 'yes' please state whether:

- a** the premises have suffered or are showing signs of damage from 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 vicinity is susceptible to this damage YES  NO
- d** the premises are in the immediate vicinity of any river bank, railway embankment, cliff, quarry, mine or other underground working or on made up ground 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 details (ie type of trees number and distance from the premises)

**3** Accidental damage to landlords contents YES  NO

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE**

## 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)

<b>Post Code</b>

- 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)

<b>Post Code</b>

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 second subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

<b>Post Code</b>

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)

<b>Post Code</b>

## EMPLOYERS' 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?

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

## 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.

#### 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.



## DATA PROTECTION AND DECLARATION - continued

### 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 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.

## DATA PROTECTION AND DECLARATION - continued

### 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.

Proposer's Signature

Status

Date

### ADDITIONAL INFORMATION

**ADDITIONAL INFORMATION**

Large empty rectangular area for providing additional information.

**FOR INTERNAL USE ONLY**

Proposal Checked by

Date

