



# COMMERCIAL RISKS (UK) LTD

Copenhagen House, 5-10 Bury Street, London, EC3A 5AT  
Tel: 020 7702 2103 Email: info@commercialrisks.co.uk

## OFFICE PACKAGE FACT FIND

Please complete all details in BLOCK LETTERS. Where applicable indicate YES or NO. Insurance will not be in force until a proposal form is completed and accepted by Underwriters. It is essential you provide us with all material facts. Failure to disclose all material facts may invalidate your insurance or may result in the insurance not operating fully. We reserve the right to decline any proposal. No cover is in force until acceptance of cover is confirmed by us.

DATE COMPLETED:     /\_\_\_\_\_/\_\_\_\_\_(dd/mm/yyyy)

Full name including any trading name and subsidiary companies you are proposing for insurance

.....  
.....

Full names of all directors and Company Registration Number (if a Limited company) or partners (if a partnership)

.....  
.....Co. Reg. No:.....

Date Business established:     /\_\_\_\_\_/\_\_\_\_\_(dd/mm/yyyy)

Business Description of trade (please describe all your activities to be insured)

.....  
.....  
.....

If you are just setting up business please provide details of your experience:

.....  
.....  
.....

Proposer's Postal Address:.....

.....

.....Postcode.....

Risk Address:.....

.....

.....Postcode.....

Date from which insurance is required:     /\_\_\_\_\_/\_\_\_\_\_(dd/mm/yyyy)

**1. MATERIAL DAMAGE**

Is Accidental Damage cover Required?

YES/NO

Sums to be Insured:

Buildings, including outbuildings, representing full cost of reconstruction in their present form and debris removal and professional fees. £

Office Contents (excluding computers and associated electrical equipment) £

Computers and Electronic Equipment £

Tenants Improvements £

Goods in Trust, samples etc, please describe:

1.	<input type="text"/>	£ <input type="text"/>
2.	<input type="text"/>	£ <input type="text"/>
3.	<input type="text"/>	£ <input type="text"/>
4.	<input type="text"/>	£ <input type="text"/>

Specified Items such as antiques, works of art, gold and silver items etc.

1.	<input type="text"/>	£ <input type="text"/>
2.	<input type="text"/>	£ <input type="text"/>
3.	<input type="text"/>	£ <input type="text"/>
4.	<input type="text"/>	£ <input type="text"/>

**2. BUSINESS INTERRUPTION**

**Business Interruption**

Indemnity Period (12 / 18 / 24 / 36 or 48 months)

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

Sum Insured on Gross Profit / Revenue

Extensions Required :

- Suppliers YES/NO
- Failure of Public Utilities YES/NO
- Denial of Access YES/NO
- Any Other (Please specify): YES/NO

**3. LIABILITY**

Do you require Employers Liability (£10,000,000 limit )

YES/NO

Do you require Public and Products Liability?

YES/NO

Please state limits required for Public and Products Liability: (please tick)

- £1,000,000
- £2,000,000
- £5,000,000
- £10,000,000

#### 4. MONEY

Limit required whilst at the premises outside business hours not contained in locked safes or Strongrooms

£ \_\_\_\_\_

Limit required whilst in the private residence of You or an Employee

£ \_\_\_\_\_

Limit required whilst in the premises outside business hours in locked safe or strongrooms

£ \_\_\_\_\_

Limit required whilst on the premises during business hours

£ \_\_\_\_\_

Limit required whilst in transit or bank night safe

£ \_\_\_\_\_

Limit required whilst in a gaming, amusement or vending machine

Do you have a safe or safes at the Premises?

YES/NO

If 'Yes' please provide the following details for each safe:

Cash Limit	Make and Model	Is is bolted to the floor, wall or fabric of the building?
£		YES / NO
£		YES / NO
£		YES / NO

#### 5. BOOK DEBTS

Please advise the maximum amount of debt balances in your accounts at any time

£ \_\_\_\_\_

Are your records kept in fire-proof cabinets?

YES/NO

Are duplicates made at least weekly and kept elsewhere than at the premises?

YES/NO

*(Please bear in mind possible expansion of your business, seasonal variations, inflation and VAT but deducting an allowance for bad debts)*

#### 6. THE PREMISES

Are your premises:

Protected by an intruder alarm?

YES/NO

If YES, please advise type of alarm: (please tick)

Bells Only

Digital Communicator

Central Station

RedCare / Dualcom

How are the premises heated?: \_\_\_\_\_

Are all water pipes protected against freezing by lagging or insulation?

YES/NO

Please provide details of all precautions taken against pipes freezing:

\_\_\_\_\_

Are the premises solely occupied by you?

YES/NO

If 'No' please give details:

\_\_\_\_\_

Do you or your staff reside at the premises?

YES/NO

Are the premises liable to flooding or have they ever been flooded?

YES/NO

If 'Yes' please give details:

\_\_\_\_\_

Are your premises fully or partially closed for business for part of the year?

YES/NO

If 'Yes' please give details:

\_\_\_\_\_

Do you keep any property to be insured in a basement? YES/NO

If 'Yes' please provide details, including stillages:

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**Are the Premises:**

a) Built of brick, stone or concrete and roofed with slates, tiles, concrete , metal or asbestos YES/NO

b) In a good state of repair and will be so maintained YES/NO

c) In a position or area likely to be subject to flooding or where flooding has occurred YES/NO

d) In an area free from evidence of subsidence, heave or landslip (including neighbouring properties?) YES/NO

e) Entirely self-contained with their own means of access YES/NO

f) Constructed with a flat roof and covered with felt YES/NO

f.i) If yes, please state total percentage of roof area that is flat 

%
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g) Exposed to any existing or proposed mine (or underground) workings, cliffs, embankments or large trees? YES/NO

**Please make any additional notes in Section 9**

**7. GENERAL**

*The following questions are to be answered in respect of you and all directors or partners in the business proposed.*

In respect of the covers proposed, 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:

b) Ever been insured in the last 5 years? YES/NO

If 'Yes' please provide details:

Name of Business	Name of Insurer(s)	Policy Number(s)

c) Ever had a proposal of insurance declined, cancelled or refunded? YES/NO

d) Ever had renewal refused? YES/NO

e) Ever had special terms or conditions imposed? YES/NO

If 'Yes' to c), d) or e) above, please provide details:

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f) Ever been convicted or charged (but not yet tried) with a criminal offense other than motoring? YES/NO

g) Ever been declared bankrupt or the subject of bankruptcy proceedings? YES/NO

h) a director, or partner, in any business 6 months prior to , or at any time of and/or after the appointment of a Receiver or Liquidator or dissolution through insolvency? YES/NO

If 'Yes' to f), g) or h) please give details:

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**8. CLAIMS (IN THE PAST 5 YEARS)**

DATE	CIRCUMSTANCES	PAID (£)	OUTSTANDING (£)

**9. ADDITIONAL INFORMATION**

Please feel free to submit any further information here, outlining any other points that you feel may affect the risk included but not limited to; had any previous insurance for the cover you now required / target premium / existing insurer / ever been convicted of any offence, other than motoring? / been prosecuted under the Health and Safety at Work Act? / is there a mortgage or other charge on your business which should be noted on the policy? / do you have a deep fat frying range? / are your business books regularly examined by a professional accountant? / are all goods kept at least 6 inches off the floor level? / do you keep any property in a basement or cellar? / do you keep any property in an outbuilding or garage not attached to the main premises? / does your trade involve the sale or use of antiques, furs, suede or leather clothing (other than footwear), jewellery gold or silver articles, guns or ammunition / work on any hazardous locations i.e. bridges, docks, wharves etc?