



COMMERCIAL RISKS (UK) LTD

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PROPERTY OWNERS 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)

Proposer's Full Name

.....

Legal Trading Name (Company name to appear on policy documentation)

.....

Date Business established: ____/____/____ (dd/mm/yyyy)

Occupation / Business / Trade Description: **Commercial Property Owners for purposes of this insurance**

Proposer's Postal Address:.....

.....

.....

.....Postcode.....

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

1. GENERAL QUESTIONS

Are you at present insured or have you ever proposed for insurance in respect of any of the covers to which this application applies? YES/NO

Who are the present insurers?

What is the renewal date of the policy?

 (dd/mm/yyyy)

Do the sums insured represent full replacement values and will they be maintained as such? YES/NO

Have you or any Director, Partner or Principle in the company/business:

Had any insurance policy declined, cancelled or refused or had any special terms applied by an insurer for the risk proposed? YES/NO

Sustained any incident, loss or damage which did result, or could have resulted in a claim, or had any claim made against you, whether insured or not, in the last 5 years? YES/NO

Ever been convicted of arson or any offense involving dishonesty of any kind (e.g. fraud, robbery, theft, or the handling of stolen goods) or is any prosecution pending? YES/NO

Been prosecuted in the last five years under any health, safety, or hygiene legislation? YES/NO

Been declared bankrupt, been the subject to bankruptcy proceedings or made any arrangements with creditors, or has any company or business in which you or any Director, Partner or Principle had an interest gone into liquidation or receivership or made any arrangements with creditors? YES/NO

Been involved in any other business not the subject to this proposal in the last 5 years? YES/NO

2. THE PROPERTY

Please give full details of each property to be insured. Continue on a separate sheet if necessary.

Address 1:			
		Postcode:	
Occupation/business of tenants of the building:			
Is any part of the building unoccupied?	YES/NO		
If 'Yes' please give details:			
Sums to be Insured:			
Buildings, including outbuildings, representing full cost of reconstruction in their present form and debris removal and professional fees.	£		
Landlords Contents	£		
Annual Rental Income	£		
Indemnity Period (12, 18, 24, 36, 48 months)	Months		
Age of building	Years		

Address 2:			
		Postcode:	
Occupation/business of tenants of the building:			
Is any part of the building unoccupied?	YES/NO		
If 'Yes' please give details:			
Sums to be Insured:			
Buildings, including outbuildings, representing full cost of reconstruction in their present form and debris removal and professional fees.	£		
Landlords Contents	£		
Annual Rental Income	£		
Indemnity Period (12, 18, 24, 36, 48 months)	Months		
Age of building	Years		
Is cover required to include Accidental Damage?	YES/NO		

3. CONSTRUCTION AND SECURITY

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) Heated solely by electricity or mains gas | YES/NO |
| d) In a position or area likely to be subject to flooding or where flooding has occurred | YES/NO |
| e) In an area free from evidence of subsidence, heave or landslip (including neighbouring properties?) | YES/NO |
| f) Entirely self-contained with their own means of access | YES/NO |
| g) In your sole occupation | YES/NO |
| h) Normally occupied by you overnight | YES/NO |
| i) Constructed with a flat roof and covered with felt | YES/NO |
| j) If yes, please state total percentage of roof area that is flat | <input style="width: 50px;" type="text"/> % |
| k) 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

Are the Premises protected by automated sprinklers? YES/NO

Are the 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

Does it have a NACOSS maintenance contract in force? YES/NO

4. SUBSIDENCE HEAVE AND LANDSLIP

Is cover required for Subsidence, Heave and Landslip? YES/NO

If 'Yes' please complete the following:

Has the property been extended? If 'Yes' give details: YES/NO

Have the buildings been erected on made-up ground (e.g. infilled land or rubbish tips) or cleared woodland? YES/NO

Has any Insurer declined a proposal, cancelled or refused to renew a policy or increased the premium or required special terms or conditions in respect of the subsidence, heave or landslip risks? YES/NO

If 'Yes' give details:

Are you aware of the existence of any professionally prepared report which comments on the soil conditions upon which the structure has been built or makes recommendations concerning the foundations of the building? YES/NO

If 'Yes' please attach a copy of the report

5. SPECIAL GLASS

Do you require cover for special glass (such as stained, etched, amoured etc)? YES/NO

Please state the nature/type of glass to be insured:

Sum Insured £

6. BANK / BUILDING SOCIETY INTEREST

Please give the full name and address of any bank or building society whose interest should be noted on the policy

Postcode:	<input type="text"/>

7. LIABILITY

Is Property Owners Liability required? YES/NO

If 'Yes' please indicate the indemnity limit required: (please tick)

£1,000,000 (standard limit)

£2,000,000

£5,000,000

Is Employers Liability required? YES/NO

How many employees do you have?

What is the nature of their work?:

What is the annual wage roll?

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?