

OFFICE INSURANCE PROPOSAL FORM

Ref.No./Policy No.		Agency No.	
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Please take care to complete this form fully and correctly and to disclose all material facts which are likely to influence our acceptance and assessment of your proposal. If you are in any doubt about whether or not a fact is material, you should disclose it. Omission or mis-statement may affect the settlement of claims under the Policy or make the Policy invalid.

Please complete the form in BLOCK Capitals. Please tick boxes where applicable.

Full Name of Proposer(s)	
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Company Name	
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Address of Property to be Insured	
Post Code	
Telephone No.	

Communication of Address if different from above	
Post Code	
Telephone No.	

PERIOD OF INSURANCE from Day Month Year to Day Month Year at noon

Employer Reference Number (PAYE Code)	
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Full Description of Business	
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Number of Years Established?	
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DO YOU SELL OR SUPPLY GOODS? YES NO

IF 'YES 'GIVE DETAILS

ARE THE BUILDINGS IN WHICH YOUR BUSINESS IS SITUATED IN YOUR SOLE OCCUPATION? YES NO

IF 'NO 'GIVE DETAILS OF OTHER OCCUPANTS AND SPECIFY IF ANY PART IS OCCUPIED?

ASSESSING YOUR SUMS INSURED

Contents - (Section 2 only)

Claims for office furniture equipment fixtures and fittings damaged beyond repair will be settled on the basis of reinstatement as new with no deduction for wear and tear. Be sure to select Sums Insured which represent the full cost of replacement at today's prices.

Average

If the Sums Insured by Sections 1, 2, 4 and 8 do not represent the full cost of replacement of property/gross fees, any claims settlement will be proportionally reduced.

Excess

You are asked to bear the first **£250** of each claim under Section 1, 2, 3 and 6

DO YOU WISH TO INCREASE THIS FIGURE?

YES NO

IF 'YES' INDICATE THE EXCESS REQUIRED

£

*Discounts are normally available for higher excess.

£500

WOULD YOU LIKE DETAILS OF THE PREMIUM INSTALMENT SCHEME?

YES NO

SECTION 1 - BUILDINGS (Optional Section If Required)

DO YOU REQUIRE COVER FOR BUILDINGS?

YES NO

IF 'YES' PLEASE COMPLETE THE FOLLOWING:

PLEASE STATE SUM INSURED BEING THE ESTIMATED COST OF REBUILDING TOGETHER WITH AN ALLOWANCE FOR REMOVAL OF DEBRIS ARCHITECTS' AND SURVEYORS' FEES AND THE EXTRA COST OF COMPLYING WITH BUILDING REGULATIONS FOLLOWING LOSS DESTRUCTION OR DAMAGE (USUALLY 10% FOR EACH)

SUM INSURED: £

YEAR THE PROPERTY WAS BUILT?

IS ANY PART OF THE PREMISES ROOF FLAT AND COVERED IN ASPHALT?

YES NO

IF 'YES', PLEASE GIVE DETAILS OF SIZE AND AGE OF THE FLAT ROOF

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SECTION 2 - CONTENTS

Please state your Sums Insured for the following:

DESCRIPTION	SUM INSURED
(A) COMPUTER EQUIPMENT	£
	£
	£
(B) DATA CARRYING MATERIALS	£
(C) ESTIMATED COSTS OF REINSTATING COMPUTER DATA AFTER A LOSS	£
(D) ESTIMATED COST OF REPLACING DOCUMENTS AFTER A LOSS (MINIMUM £2,500 , REMEMBER TO ACCOUNT FOR MACHINE, CLERICAL AND RESEARCH TIME)	£
(E) LANDLORD'S FIXTURES AND FITTINGS AND INTERIOR DECORATIONS FOR WHICH YOUR ARE RESPONSIBLE	£
(F) TENANT'S IMPROVEMENTS	£
(G) ALL OTHER BUSINESS CONTENTS (INCLUDING EMPLOYEES' PERSONAL EFFECTS)	£
TOTAL SUMS INSURED (SECTION 2)	£

SECTION 3 - GLASS

IS THE STANDARD MAXIMUM INDEMNITY PERIOD OF 12 MONTHS SUFFICIENT FOR

DO YOU REQUIRE COVER FOR NEON SIGNS?

YES NO

IF 'YES' PLEASE COMPLETE THE FOLLOWING:

(i) NUMBER OF SIGNS: AND SUM INSURED £

(ii) APPROXIMATE DIMENSIONS

(iii) POSITION OF SIGN IN RELATION TO ROADWAY

SECTION 4 - LOSS OF INCOME

IS THE STANDARD MAXIMUM INDEMNITY PERIOD OF 12 MONTHS SUFFICIENT FOR YOUR REQUIREMENTS?

YES NO

IF 'NO' PLEASE TICK THE BOX TO INDICATE MAXIMUM INDEMNITY PERIOD YOU REQUIRE

18 mths £	24 mths £	36 mths £
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PLEASE STATE SUM INSURED ON GROSS FEES

SECTION 5 - LIABILITY TO OTHERS

DO YOU, OR ANY PARTNER, DIRECTOR OR EMPLOYEE CARRY OUT MANUAL WORK AWAY FROM THE PREMISES?

YES NO

IF 'YES' PLEASE COMPLETE THE FOLLOWING:

(i) PLEASE INDICATE THE TYPE OF WORK

(ii) ESTIMATE THE ANNUAL WAGES ASSOCIATED WITH SUCH WORK

(iii) TOTAL NUMBER OF EMPLOYEES

(iv) TOTAL ANNUAL WAGES

(v) TURNOVER

SECTION 6 - MONEY

DO YOU WISH TO VARY EITHER OF THE UNDERMENTIONED LIMITS?

YES NO

IF 'YES' INDICATE YOUR REQUIREMENTS:

(A) LOSS OF MONEY FROM LOCKED SAFE(S) WHEN THE PREMISES ARE CLOSED FOR BUSINESS
 OR

DETAILS OF YOUR SAFE

MAKE	MODEL

(B) LOSS OF MONEY IN TRANSIT, ON THE PREMISES DURING BUSINESS HOURS OR IN A BANK NIGHT SAFE

OR

SECTION 7 - ASSAULT

Cover is automatically provided

SECTION 8 - BOOK DEBTS (Optional Section if Required)

DO YOU REQUIRE COVER FOR BOOK DEBTS? YES NO

IF 'YES' PLEASE INDICATE MAXIMUM AMOUNT OF GROSS FEES AND OUTLAY OUTSTANDING AT ONE TIME
SUM INSURED £

GENERAL

TO BE COMPLETED BY ALL PROPOSERS

1. ARE YOU CURRENTLY INSURED AGAINST ANY OF THE RISKS PROPOSED
YES NO

IF 'YES' PLEASE STATE NAME OF INSURER

2. ARE THE PREMISES AND OUTBUILDINGS
(A) CONSTRUCTED OF BRICK, STONE OR CONCRETE AND ROOFED WITH SLATES, TILES, ASBESTOS,
METAL, CONCRETE OR ASPHALT AND IN GOOD REPAIR?

YES NO

(B) OCCUPIED SOLELY BY YOU FOR THE PURPOSES OF THE BUSINESS DESCRIBED ON THE FRONT PAGE?
YES NO

3. ARE STOCK AND SALES BOOKS REGULARLY ENTERED UP?
YES NO

4. ARE ALL PROTECTIONS MAINTAINED IN PROPER WORKING ORDER AND PUT INTO OPERATION
WHENEVER THE PREMISES ARE CLOSED FOR BUSINESS
YES NO

5. HAS THERE BEEN A HISTORY OF FLOODING AT THE PREMISES?
YES NO

6. IN THE LAST 5 YEARS HAVE YOU OR ANY DIRECTOR OR PARTNER (IN THIS OR ANY OTHER NAME UNDER WHICH YOU MAY HAVE BEEN TRADING) SUFFERED ANY LOSS OR HAD CLAIMS MADE AGAINST YOU IN RESPECT OF ANY OF THE COVERS YOU ARE NOW APPLYING FOR?

YES NO

7. HAS ANY INSURER DECLINED OR REQUIRED SPECIAL TERMS TO INSURE YOU OR ANY DIRECTOR OR PARTNER (IN THIS OR ANY OTHER NAME UNDER WHICH YOU MAY HAVE BEEN TRADING) CANCELLED OR REFUSED TO RENEW ANY INSURANCE OF A TYPE YOU ARE NOW APPLYING FOR?

YES NO

8. HAVE YOU OR ANY DIRECTOR OR PARTNER BEEN DECLARED BANKRUPT, BEEN A DIRECTOR OF ANY COMPANY WHICH WENT INTO LIQUIDATION, OR BEEN CONVICTED OF ARSON, FRAUD, FORGERY, THEFT, ROBBERY OR HANDLING OR ANY CRIME OF VIOLENCE ASSOCIATED WITH THESE OR WITH ANY OTHER OFFENCE AGAINST PROPERTY?

YES NO

DECLARATION

I/We declare that the foregoing statements and particulars are true and complete and I/We have disclosed all material facts and that this proposal shall form the basis of the contract between me/us and the China Taiping Insurance (UK) Co Ltd (the Company).

I/We agree that if any information has been given by any person other than myself/ourselves or if any part of this proposal has been completed by any person other than myself/ourselves that person is my/our agent for that purpose.

I/We agree to accept a policy of insurance subject to the terms and conditions of the Company's Policy(ies) and that the insurance(s) will not be enforce until the proposal has been accepted by the Company except to the extent of any Cover Note which it may issue.

Signature	<input type="text"/>	Date	<input type="text"/>
Position	<input type="text"/>		

Address: The Communications Building, 48 Leicester Square, London WC2H 7LT

Tel: 020 78391888 FAX 020 78391188 Registered in England No. 1766035

Member of the Association of British Insurers.

Authorised and regulated By the Financial Services Authority.

09/2011