

OFFICE INSURANCE PROPOSAL FORM

Non-Disclosure Warning: Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so may prejudice the settlement of any claim. Please mention such facts or if you are in any doubt refer to the Company.

Agents Name/Number

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

FULL NAME OF PROPOSER (S)	
ADDRESS OF PROPERTY TO WHICH INSURANCE APPLIES	COMMUNICATION ADDRESS OF DIFFERENT
POST CODE	POST CODE
TEL. NO.	TEL. NO.
FULL DESCRIPTION OF BUSINESS	
NUMBER OF YEARS ESTABLISHED?	

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.

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

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. FROM WHAT DATE DO YOU WISH THIS

INSURANCE TO COMMENCE?

**N.B. COVER IS NOT OPERATIVE UNTIL CONFIRMED BY THE COMPANY*

3. 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

4. ARE STOCK AND SALES BOOKS REGULARLY

ENTERED UP?

YES NO

5. ARE ALL PROTECTIONS MAINTAINED IN PROPER WORKING ORDER AND PUT INTO
OPERATION WHENEVER THE PREMISES ARE

CLOSED FOR BUSINESS

YES NO

6. HAS THERE BEEN A HISTORY OF FLOODING

AT THE PREMISES?

YES NO

7. 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

8. 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

9. 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 to the best of my/our knowledge and belief all the statements and particulars made with regard to this proposal are true and I/We apply for a contract of insurance with China Taiping Insurance (UK) Co Ltd. Expressed in the usual terms of the Company's policy.

DATE	SIGNATURE (S) OF PROPOSER (S)

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.

12/2009