

Property Owners Insurance Proposal Form

Ref. No./Policy No. <input style="width:95%;" type="text"/>	Agency No. <input style="width:95%;" type="text"/>
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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	
Full Name of Proposer(s)	<input style="width:95%;" type="text" value="Mr/Mrs/Miss/Ms"/>
Company Name	<input style="width:95%;" type="text"/>
Address of Property to be Insured	<input style="width:95%;" type="text"/>
<input style="width:30%;" type="text"/>	Postcode <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> Telephone <input style="width:10%;" type="text"/> – <input style="width:10%;" type="text"/>
Communication Address if different from above	<input style="width:95%;" type="text"/>
<input style="width:30%;" type="text"/>	Postcode <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> Telephone <input style="width:10%;" type="text"/> – <input style="width:10%;" type="text"/>
Period of Insurance	From <input style="width:10%;" type="text"/> Day <input style="width:10%;" type="text"/> Month <input style="width:10%;" type="text"/> Year to <input style="width:10%;" type="text"/> Day <input style="width:10%;" type="text"/> Month <input style="width:10%;" type="text"/> Year at noon
Name & Address of Interested Party (if any)	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
<input style="width:30%;" type="text"/>	Postcode <input style="width:10%;" type="text"/> <input style="width:10%;" type="text"/> Telephone <input style="width:10%;" type="text"/> – <input style="width:10%;" type="text"/>
Employer Reference Number (PAYE Code)	<input style="width:95%;" type="text"/>

Use of Premises to be Insured	Commercial/Business <input type="checkbox"/>	Residential <input type="checkbox"/>
If for commercial use please state type of business <input style="width:45%;" type="text"/>		

COVER REQUIRED		
Package Cover includes Section 1 Buildings, Section 2 Loss of Rent and Section 3 Property Owners Liability. Please indicate below optional covers required, if 'YES' to any of the following optional covers please enquire for separate quotation		
Accidental Damage Yes <input type="checkbox"/> No <input type="checkbox"/>	Terrorism Cover Yes <input type="checkbox"/> No <input type="checkbox"/>	Subsidence Yes <input type="checkbox"/> No <input type="checkbox"/>
Employers Liability Yes <input type="checkbox"/> No <input type="checkbox"/>	Landlords Contents Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION 1 - THE BUILDINGS	
Please state	
1. Reinstatement Sum Insured Note: The Sum Insured should represent the full cost of rebuilding (as new) including Fixtures & Fittings other than Landlords Contents and an allowance for architects and surveyors fees, debris removal costs and any other costs which may be incurred in complying with local authority requirements	£ <input style="width:20%;" type="text"/>
2. Do you wish to amend the standard Policy Excess of £250? If 'Yes' please indicate the amount of excess required	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input style="width:20%;" type="text"/>
3. Year the Property was built	<input style="width:20%;" type="text"/>
4. Is any part of the Premises roof flat and covered in asphalt? If 'Yes', please give details of size and age of the flat roof	Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width:100%;" type="text"/>

SECTION 2 - LOSS OF RENT

Please state

Annual Rent £

Period of Rent to be Insured

months

Sum Insured £

Note: The Sum Insured should be the annual rent expected during the insurance year multiplied by the Period to be Insured (in years or fraction of years). Your Property Owners Policy automatically includes any increase in Rent as a result of Rent Review during the Period to be indemnified up to maximum of 100% of the Sum Insured

SECTION 3 - PROPERTY OWNERS LIABILITY

Your liability as Property Owner is automatically insured up to a Limit of Indemnity of £2,000,000

Do you wish to increase the Limit of Indemnity to £5,000,000? (additional Premium will apply)

Yes

No

OPTIONAL COVER

SUBSIDENCE COVER

Yes

No

If 'Yes' to subsidence cover, please complete the following subsidence questionnaire:-

- A. Are the Premises free from any signs of damage by Subsidence, Landslip or Heave free from any cracks to external walls and without any history of damage? Yes No
- B. Are neighbouring properties or immediate area in which your Premises are sited free from any sign of damage by Subsidence, Landslip or Heave and without any history of damage? Yes No
- C. On what type of soil is the property built?
- D. Have you known any details about the foundations? e.g. Depth, Type (whether piled or on concrete raft), any other special features.
- E. Has the property been Extended? Yes No
- F. Are there any cliffs, quarries, hills or similar features nearby? Yes No
- G. Are there or have there been any local mining operations, underground railways, wells, streams, sewers or other underground activity such as salt extraction nearby? Yes No
- H. Are there any trees growing in the vicinity of the property which could affect the foundations? Yes No
- I. Has any underwriter or insurance company ever declined or imposed any special terms on any similar insurance proposed by you? Yes No

If the answer to any of the subsidence questions is YES, please provide details.

OPTIONAL SECTION

SECTION 4 - EMPLOYERS LIABILITY

Yes

No

Your liability for injury to Employees will be insured up to a limit of £10,000,000

If 'Yes' to Employers Liability Cover please state details of Employees to be included

1. Categories of Employee	Number of Employee(s)	Estimated Total Annual Earnings
Employees engaged in Maintenance	<input type="text"/>	£ <input type="text"/>
Caretakers	<input type="text"/>	£ <input type="text"/>
Employees engaged in Security	<input type="text"/>	£ <input type="text"/>
Clerical / Managerial	<input type="text"/>	£ <input type="text"/>
Others	<input type="text"/>	£ <input type="text"/>

Note: 'Earnings' means total wages, salaries, bonuses, commissions and other earnings without deduction for Income tax, National Insurance or contributor Pensions and other amounts deducted by agreement or otherwise

2. Are any Employees engaged, or likely to be engaged in exterior maintenance work above 2 storeys in height? Yes No

OPTIONAL SECTION

SECTION 5 - LANDLORDS CONTENTS

Yes No

If 'Yes' please give details of Property to be Insured and the Sum Insured you require for each (these are contents other than Landlords Fixtures and Fittings insured under section 1)

Property to be Insured

Sum Insured

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

Note: The Sum Insured must represent the full cost of repair or replacement as new of all insured items plus an inflationary amount

ABOUT THE PREMISES (To be completed in all cases)

Are the premises (tick as applicable)

A. Occupied?

Yes No

If 'Yes' how are the premises occupied?

Professional Let

A Family

Students

Individuals

Others (Please Specify)

If No, how often are they visited?

B. Split into flats or bedsits?

Yes No

If yes, how many flats or bedsits?

C. A listed building or have any historical interest?

Yes No

If 'Yes' please give full details

D. Of standard construction?

Yes No

(e.g. brick, stone, concrete, roof with slates, tiles, concrete & asphalt)

E. In a good state of repair?

Yes No

F. In an area which is free from flooding and not in vicinity of any rivers, stream or tidal waters?

Yes No

If the answer to any questions E and F is "No" Please give details

PROTECTION OF THE PREMISES (To be completed in all cases)

1. Are all your existing doors of sound construction and fitted with good quality deadlocks which comply with BS3621 (look for the British Standard Kitemark)?

Yes No

2. Are all opening windows fitted with key operated window locks in addition to the standard fastening?

Yes No

If the answer to either 1 or 2 is "NO", Please give details

3. Burgular Alarms fitted Yes No

If Yes, Connected to Central Station

Bell or Infra red

If an alarm is fitted, is the installer a member of N.A.C.O.S.S?

Yes No

Is there a maintenance contract in force?

Yes No

4. Any other protections? (e.g. Safety Grills)

GENERAL QUESTIONS (To be completed in all cases)

Have you or any partner, director, principal shareholder in the business:

- 1 A. Ever been refused insurance or had any special terms or conditions imposed by any insurer? Yes No
If 'Yes' please give details
- B. During the last five years sustained any loss or had any claim made against you, whether insured or otherwise, in connection with any of the types of insurance for which cover is required? Yes No
If 'Yes' please give details
- C. Ever been convicted of or have any prosecution pending for any offence involving dishonesty of any kind? Yes No
If 'Yes' please give details
- 2 Have you or any principal in the business or any company in which any of you have had an interest been declared bankrupt, the subject of bankruptcy proceedings or made any arrangement with creditors? Yes No
If 'Yes' please give details
- 3 Are you currently insured or have previously held insurance against any of the risks proposed? Yes No
If 'Yes' please state name of Insurer
- 4 Have you or any principal ever held a policy with China Taiping Insurance (UK) Co Ltd Company? Yes No
If 'Yes' please state policy number

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 in force until the proposal has been accepted by the Company except to the extent of any Cover Note which it may issue

Signature

Date

Position