

Shops, Restaurants & Takeaways Proposal Form

Ref. No./Policy No. <input style="width: 95%;" type="text"/>	Agency No. / Name <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: 80%;" 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: 5%;" type="text"/> Day <input style="width: 5%;" type="text"/> Month <input style="width: 5%;" type="text"/> Year to <input style="width: 5%;" type="text"/> Day <input style="width: 5%;" type="text"/> Month <input style="width: 5%;" type="text"/> Year at noon
Description of Business (Please tick ✓)	<input type="checkbox"/> Restaurant <input type="checkbox"/> Takeaways <input type="checkbox"/> Fish & Chips <input type="checkbox"/> Others (please describe) <input style="width: 15%;" type="text"/>
Name & Address of Interested Party (if any) Bank / Building Society etc	<input style="width: 95%;" type="text"/>
<input style="width: 65%;" type="text"/>	postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/>
Employer Reference Number (PAYE Code)	<input style="width: 95%;" type="text"/>

ASSESSING YOUR SUMS INSURED

Contents - Section 1 only
Claims for contents (other than stock, goods in trust, employees' effects and pedal cycles) 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, including VAT as appropriate.

Average
If the sums Insured by Sections 1,3,8,9 and 10 do not represent the full cost of replacement of property, any claims settlement will be proportionately reduced.

COVER	
Under our Package Cover Sections 1-7 are automatically included in the Policy. If you want the Package Cover please tick this box. Should you require individual cover or optional sections please tick appropriate box.	Section 1-7 Yes <input type="checkbox"/>

Sections and Items	Sum Insured or Limit of Liability												
Section 1 - CONTENTS													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">Additional Cover</td> <td style="padding: 5px;"> Accidental Damage Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'Yes' please enquire for separate quotation</small> </td> <td style="padding: 5px;"> Terrorism Cover Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'Yes' please enquire for separate quotation</small> </td> </tr> </table>	Additional Cover	Accidental Damage Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'Yes' please enquire for separate quotation</small>	Terrorism Cover Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'Yes' please enquire for separate quotation</small>										
Additional Cover	Accidental Damage Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'Yes' please enquire for separate quotation</small>	Terrorism Cover Yes <input type="checkbox"/> No <input type="checkbox"/> <small>If 'Yes' please enquire for separate quotation</small>											
1. (a) Stock in trade and goods in trust (including frozen food and stock in outbuildings) (b) Stock of wines and spirits (c) Stock of cigars, cigarettes and tobacco (d) Internal decoration, tenants improvements and shop fronts (e) Trade furniture fixtures and fittings. All other contents including employees' personal effects, excluding gaming machines unless otherwise agreed <div style="text-align: right;">TOTAL SUM INSURED</div> Does any specific item such as scale, cash registers, typewriters, calculators, computers, photocopiers, telephones and vending machine forming part of Content Sum Insured in (e) above exceed £1,000 in value - <i>If so please describe</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 60%;" type="text"/>	£ £ £ £ £ £ £												
2. If any contents from (a), (b) and (c) above are stored in OUTBUILDINGS, Do you require THEFT cover for contents in OUTBUILDINGS? <i>If 'Yes', please state nature of contents</i> Yes <input type="checkbox"/> No <input type="checkbox"/> <input style="width: 60%;" type="text"/>	£												
3. The Sum Insured by item (a) on stock above is seasonally increased by 25% for three months without extra charge. Please tick the boxes for the three months required. <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/> Jan</td> <td><input type="checkbox"/> Feb</td> <td><input type="checkbox"/> Mar</td> <td><input type="checkbox"/> Apr</td> <td><input type="checkbox"/> May</td> <td><input type="checkbox"/> Jun</td> <td><input type="checkbox"/> Jul</td> <td><input type="checkbox"/> Aug</td> <td><input type="checkbox"/> Sep</td> <td><input type="checkbox"/> Oct</td> <td><input type="checkbox"/> Nov</td> <td><input type="checkbox"/> Dec</td> </tr> </table>	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec	
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Section 2 - GLASS

Cover is automatically provided. Limit 5% of Contents Sum Insured unless stated otherwise

£

Section 3 - LOSS OF INCOME

Cover is automatically provided for up to £250,000 unless you otherwise indicate.

£

Section 4 - MONEY

Cover is automatically provided.

Do you wish to vary either of the undermentioned standard money limits? Yes No

If 'Yes'

1. Please state the limit you wish for loss of money contained in locked safe(s) when premises are closed for business. Standard limit is £1,000. If you require more than £1,000, please give details of your safe(s)

Limit as defined in Section 4 in Policy

£

Make

Model

2. Please state the limit you require for loss of money in transit, on the premises during business hours or in a bank night safe. Standard limit is £2,000

£

*Note: The limit in 2 must not be less than the limit required for 1**N.B.: Cash registers should be left open and empty whenever the premises are closed for business***Section 5 - ASSAULT**

Cover is automatically provided.

Limit as defined in Section 5 in Policy

Section 6 - LIABILITY TO OTHERS

Cover is automatically provided.

Limit as defined in Section 6 in Policy

Do you, or any partner, director or employee carry out manual work away from the Premises other than the collection or delivery of Products? Yes No

If 'Yes'

- (a) Indicate the type of work (certain types of work may require a separate proposal).

- (b) Estimate the annual wages associated with such work.

£

Section 7 - GOODS IN TRANSIT

Automatically £1,000, unless you advise otherwise.

Do you require cover for Goods in Transit in excess of £1,000? If 'Yes' please complete the following Yes No

- (a) Sum Insured per vehicle

£

- (b) Number of vehicles

- (c) Is cover required for goods in vehicles unattended at night?

Yes No *If 'Yes' please give details of overnight security of vehicles:***Section 8 - 13 are optional Sections****Section 8 - BUILDINGS - Optional section if required**Yes No

- (a) State the Sum Insured being the estimated cost of rebuilding including VAT where appropriate, 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)?

£

- (b) Year the property was built?

- (c) 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***Available Additional Cover on Buildings**

If 'Yes' to any of the following additional covers please enquire for separate quotation

Accidental DamageYes No **Extra Loss of Rent cover in excess of Standard limit of 10% of the Sum Insured of the Buildings.**Yes No *If 'Yes' please indicate amount*

£

Terrorism CoverYes No **Subsidence**Yes No *If 'Yes' to subsidence cover, please complete the following.***Subsidence Questionnaire**

- (a) On what type of soil is the property built?

- (b) Do you have any details about the buildings foundations?

e.g. Depth, Type (whether piled or on concrete raft), any other special features.

- (c) Has the property been Extended?

Yes No

- (d) Are there any cliffs, quarries, hills or similar features nearby?

Yes No

- (e) 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
- (f) Is the property near any river, sea or reservoir? Yes No
- (g) Has any damage been sustained in the past or is there any evidence of damage in connection with the structure or its foundations? 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.

Section 9 - ALL RISKS - Optional section if required Yes No

Note: This section is designed to cover items such as scales, cash registers, typewriters, calculators, mini-computer, photocopiers, telephone installations and vending machines.

Specify items to be insured under "All Risks"

1		£
2		£
3		£

Section 10 - Deterioration of Frozen Food - Optional section if required Yes No

1. (a) Number of Cabinets
- (b) State Total Sum Insured required £

Section 11 - Failure of Extractor Unit - Optional section if required Yes No

Loss of income following failure of extractor unit:-

- (i) Limit any loss: £250 covering a maximum closure of 48 consecutive hours.
- (ii) Limited to a maximum of £1,000 any one period of insurance of not less than 12 months.
- (iii) The extractor unit must be the subject of a manufacturer's guarantee or warranty or subject of a maintenance and service agreement in force with a competent engineer.

Section 12 - Personal Accident/Sickness - Optional section if required Yes No

(a) Please complete schedule below.

Name of Persons to be Insured	Profession or Occupation	Date of Birth Day / Month / Year	Cover PA, or PA/S	Number of Units

- (b) Has any of the persons for whom sickness insurance is required received medical treatment in the last 12 months for other than minor ailments? Yes No

Limit as defined in Section 12 in Policy

Section 13 - Loss of Liquor Licence - Optional section if required Yes No

- (a) Please indicate the amount of cover required £
- (b) Within the last 5 years, has there been any opposition to the grant, renewal or transfer of the Licence or any circumstances or incidents likely to prevent its renewal? *If 'Yes' please give details* Yes No
-

General Questions

1. (a) Are you the sole occupant(s) of the building in which your Premises are situated? Yes No
- (b) Are your Premises entirely self-contained with their own means of access? Yes No
- If 'No' to (a) or (b) above, please give details:*
-
2. Are your Premises situated within a street level CCTV area? Yes No
3. Are any parts of the building at present unoccupied? *If 'Yes' please give details* Yes No
-
4. 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 business described on the front page? Yes No
 - (c) in an area which is free from floodings and not in vicinity of rivers, streams or tidal waters? Yes No
- If the answer to either (a), (b) or (c) is 'No', please give details*
-

please continue General Questions overleaf

5. Are you currently insured or have previously held insurance against any of the risks proposed?
If 'Yes' please state name of Insurer Yes No
6. Is there a basement or cellar at the property?
If 'Yes', all stock therein must be stored a minimum of 6 inches above floor level Yes No
7. (a) Do you have any form of intruder alarm fitted and in working order? Yes No
(b) If an alarm is fitted, is the installer a member of N.A.C.O.S.S? Yes No
(c) Is there a maintenance contract in force? Yes No
8. Does your shop business premises have a frontage area for which you are responsible?
If 'Yes', the whole area must be maintained in a safe condition for pedestrians
You should also have an **entrance mat** to prevent water build-up on rainy days to keep the floor surface safe Yes No
9. In the last five 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 any claims made against you in respect of any of the covers you are now applying for? Yes No
10. 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
11. 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, criminal deception, fraud, forgery, theft, robbery or handling or any crime of violence associated with these or with any other offence against property? Yes No

If the answer to any questions 9-11 is 'YES', please give details:

Shaded portion applicable to catering trade only

It is a Condition of this Insurance Policy that:

- (a) you inspect and clean at least once each week all exhaust hoods, ducting, filters and grease traps
- (b) at least once each year arrange for all exhaust hoods, ducting and filters extractor hood, impeller and its housing to be cleaned and serviced by a **professional maintenance company**
- (c) all gas appliances used for cooking and pipework thereto must meet relevant British Standards and they are maintained in a safe condition to comply with Health and Safety Regulations
- (d) Fire Safety You Must have (i) and at least one of (ii) (iii) (iv) or (v) suitable for fighting fires at your premises
 - (i) Fire blanket (compulsory)
 - (ii) Water extinguisher
 - (iii) Dry powder extinguisher
 - (iv) CO2 extinguisher
 - (v) Foam extinguisher

If you use a Deep Fat Fryer or Fish & Chip Frying Range, Please answer the following questions:

Please state the make and approximate age of equipment in use in the premises

Make Age years

If a frying range, is each pan fitted with a second high limit thermostat ?

Yes No

In addition to the above Policy Conditions, the following Conditions apply to all Fish & Chip Frying Ranges:

- (d) it is fitted with a thermostat which will prevent the temperature of fat or oil exceeding 205°C, (401°F)
- (e) it is provided with metal lids or shutters for immediate use in event of fire
- (f) it must be serviced once every twelve months by trained frying range engineers so that the period of time between services at no time exceeds twelve months and a service record kept in a safe and secure place for inspection at any time - service as defined in the policy booklet which is available upon request
- (g) it must be fitted with a flame failure device which will cut off the gas supply should the pilot light be extinguished
- (h) it must be fitted with a sump and/or drip tray which is checked and cleared weekly

Upon completion and signing of this proposal form, unless equipment is less than 12 months old

please attach as evidence of servicing your current certificate in respect of:

- (a) Ducting Service and/or
- (b) Frying Range Service

This policy will exclude all loss or damage due to fire emanating from the kitchen unless a current certificate as evidence of Frying Range and / or Ducting is provided at inception of cover

General Conditions

- 1. Electrical Wiring *That the building electrical wiring should be regularly checked by an electrical contractor who is a member of the Institute of Electrical Engineers (IEE) and a certificate issued and retained for inspection by the company (See General Condition 9 in Policy)*
- 2. Security *That all final exit doors to the property (and outbuildings), must be fitted with a minimum of 5 lever mortise deadlocks manufactured to BS3621? And that all ground floor windows and those accessible from the ground via flats roofs or drainpipes, must be fitted with a key operated window locks and these locks must be in operation whenever the specific area of the premises are unoccupied*

Excess

Standard Excess is £250 under Section 1,2,7,8,9 and 10 (Unless otherwise agreed)

Do you wish to increase this figure? If 'Yes' please ✓ tick

Yes No

Indicate amount you wish to bear

* Discount are normally available for higher excesses

Please Note: Standard excess for flat roof: £500

Subsidence: £2,000

NOTES: Some or all of the information which you supply to China Taiping Insurance (UK) Co Limited in connection with this insurance will be held by the Company on computer. Information may be passed to other insurance companies or any other recognised authority directly concerned with this type of insurance. The insurance does not come into force until your proposal has been accepted by China Taiping Insurance (UK) Co Limited.

DECLARATION

I/We declare that the best of my/our knowledge and belief all the statements and particulars made with regards to this proposal are true and I/We apply for a contract of insurance with China Taiping Insurance (UK) Co Limited to be expressed in the usual terms of the Company's policy I/We consent to the seeking of information from other insurers to check the answers I/We have provided, and I/We authorise the giving of such information for such purposes.

Signature(s)

Date / /

Address: The Communications Building, 48 Leicester Square, London WC2H 7LT Tel: 020 7839 1888 Fax: 020 7839 1188
Registered in England No. 1766035 Registered Office: The Communications Building, 48 Leicester Square, London WC2H 7LT

Members of the Association of British Insurers. Authorised and regulated by the Financial Services Authority

METHOD OF PAYMENT

Customer Details

Full Name / Business Name _____

Address _____

Postcode _____

Telephone _____ Policy No. /Ref. No. _____

1. By Cheque

Cheque should be made payable to China Taiping Insurance (UK) Co Ltd £ _____

2. By Major Credit / Debit Cards

Please debit my _____
Please ✓ tick

Mastercard Visa Switch Delta Solo £ _____

Card Number _____ Issue No _____

Expiry Date _____ / _____ Cardholder's Signature _____

3. By Direct Debit



中國太平保險(英國)有限公司
CHINA TAIPING INSURANCE (UK) CO LTD

Originator's Identification Number

940972



INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT (Please Complete in Block Capitals)

1 NAME AND FULL POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY	5 INSTRUCTION TO YOUR BANK/BUILDING SOCIETY
To: The Manager _____ Bank / Building Society	Please pay China Taiping Insurance Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with China Taiping Insurance and, if so, details will be passed electronically to my Bank/Building Society.
Address _____	Signature(s) _____
Postcode _____	Date _____ / _____ / _____
2 NAME(S) OF ACCOUNT HOLDER(S)	CHINA TAIPING INSURANCE POLICY NUMBER (IF KNOWN)
_____	_____
3 BRANCH SORT CODE (FROM THE TOP RIGHT HAND CORNER OF YOUR CHEQUE)	
____ - ____ - ____	
4 BANK/BUILDING SOCIETY ACCOUNT NUMBER	
____ - ____ - ____ - ____ - ____ - ____	

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

THIS GUARANTEE SHOULD BE RETAINED BY THE PAYER

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, China Taiping Insurance (UK) Co Ltd will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request China Taiping Insurance (UK) Co Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by China Taiping Insurance (UK) Co Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when China Taiping Insurance (UK) Co Ltd asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Rules to the Scheme

To join the scheme, you must satisfy the following requirements:-

1. You must be at least 18 years old and have a bank or building society current account in the U.K.
2. The interest (charged at the rate indicated) will be added to the premium and collected in 12 instalments.
3. If any adjustments to the annual premium becomes necessary during the period of insurance it will be dealt with automatically by a recalculation of the remaining instalments.
4. Claims will be settled by China Taiping Insurance in the usual way. You, for your part, must continue with the instalment payments, throughout the period of insurance.
5. If it proves impossible for us to collect an instalment from your bank and we are unable to do so within 14 days of the scheduled date, we shall request from you the full premium for the remainder of the period of insurance. If this amount is not paid within 14 days we shall cease cover and cancel the policy.
6. You must ensure to have sufficient cleared balance in your account for our Direct Debit collection. China Taiping Insurance will not be liable for the bank charges levy on you due to insufficient amount in your bank.
7. Any delay in registering your Direct Debit mandate to us may result in one off instalment collection of more than one month.
8. Please send this advice to China Taiping Insurance agent or direct to: China Taiping Insurance (UK) Co Ltd, The Communications Building, 48 Leicester Square, London WC2H 7LT. Tel: 020 7839 1888 Fax: 020 7839 1188



中國太平保險(英國)有限公司
CHINA TAIPING INSURANCE (UK) CO LTD

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