

## Traders Combined Commercial Proposal Form

**Warning:** You are under a duty to disclose all facts likely to influence the assessment and acceptance of your proposal. If you do not do so, the settlement of any claim may be prejudiced. If you are in any doubt as to whether a fact is relevant, please refer.

For questions requiring YES / NO answers, delete whichever does not apply. Some answers require detail – please provide where appropriate. If there is insufficient space, continue on a further sheet of paper which should be signed and dated.

Certain sections are **subject to Average** which means that in the event of a claim, if the Sum Insured is less than the value of the property insured at the time of the claim, the amount payable may be reduced. It is therefore very important that your Sums Insured are assessed correctly and kept up-to-date.

### General Information

1. Proposer's full name (Block letters)
  
2. Name and telephone number of Person to contract ( should survey be required)  
Tel. No.
  
3. Have you ever traded under any other name?..... YES / NO  
If 'YES', give details
  
4. Are you currently insured? ..... YES / NO  
If 'YES', give name of insurer
  
5. Would you like details of your Premium Instalment  
Scheme?..... YES / NO  
(not available for Terrorism Cover)
  
6. Full description of trade or business
  
7. From which date should cover commence?.....

## Premises/ Risk Information

8. Proposer's full address (Block letters)

Postcode

Tel. No.

9. Address of the business premises to which this proposal relates (if other than above)

Premises 1

Postcode

Tel. No

10. Description of business premises (e.g. factory, warehouse, office)

11. Do the premises comprise more than one building?..... YES / NO

If 'YES'

(a) are all buildings used for the same purpose?..... YES / NO

If 'NO', give details of use

(b) are the buildings of the same construction?..... YES / NO

If 'NO', please complete a separate Property Damage proposal for those buildings which differ in construction from the main building.

Premises 2

Postcode

Tel. No

12. Description of business premises (e.g factory, warehouse, office)

13. Do the premises comprise more than one building?..... YES / NO

If 'YES',

(a) are all buildings used for the same purpose?..... YES / NO

If 'NO', give details of use

(b) are the buildings of the same construction?..... YES / NO

If 'NO', please complete a separate Property Damage proposal form for those buildings which differ in construction from the main buildings

**Note: If more than two premises are to be insured, please complete additional proposal forms for each premises.**

14. Are the premises:

(a) in your sole occupation? Premises 1 YES / NO Premises 2 YES / NO

(b) used solely for the business as described? Premises 1 YES / NO Premises 2 YES / NO

**If 'NO' to (a) or (b), give details**



Business Interruption.....

Money .....

Employers' Liability.....

Public Liability.....

Products Liability.....

Business Equipment.....

Goods in Transit.....

Personal Accident.....

Frozen Food.....

## Property Damage and Theft

### Property Insured/ Cover required

1. (a) Do you require Specified Contingencies cover? (See Note 1)..... YES / NO  
 or  
 (b) Do you require Accidental Damage cover?..... YES / NO  
 If 'YES' to (b) do you require cover for:
- (i) Accidental Breakage of fixed external glass?..... YES / NO
- (ii) Accidental Breakage of fixed internal glass? ..... YES / NO

Note 1: Specified Contingencies (Loss or damage due to):

- |   |   |                                   |
|---|---|-----------------------------------|
| 1. Fire, Lightning, Explosion and Aircraft        | } | Not available in Northern Ireland |
| 2. Riot and civil Commotion                       |   |                                   |
| 3. Malicious Damage                               |   |                                   |
| 4. Earthquake                                     |   |                                   |
| 5. Storm  |   |                                   |
| 6. Flood  |   |                                   |
| 7. Escape of Water from tanks, apparatus or pipes |   |                                   |
| 8. Impact by other person's vehicles              |   |                                   |
| 9. Impact by your own vehicles                    |   |                                   |
| 10. Sprinkler Leakage                             |   |                                   |
| 11. Subsidence, Ground Heave and Landslip         |   |                                   |

Note 2: It is possible to delete certain Specified Contingencies.

Additional information may be requested if Specified Contingencies 10 or 11 are required.

2. Insert the reference number of any contingencies NOT required

3. Do you require full Terrorism Cover?..... YES / NO

4. Provide sums to be insured for the following, please also refer to question 5

	Sum Insured or Declared Value	
	Premises 1	Premises 2
Buildings including landlord's fixtures and Fittings - see note 1	£	£
Machinery/plant, all other contents- see note 2	£	£
Stock in the building - see note 3	£	£
Stock in the open - see note 3	£	£
Architects' and surveyors' fees	£	£
Debris removal	£	£
Stock debris removal	£	£
Other (specify)	£	£

Notes: Ensure your Sums Insured are sufficient to include costs of:

- (1) Building(s) including landlord's fixtures and outbuildings, walls, gates and fences, piping, ducting, cables, wires and associated control gear and accessories on the premises and extending to the public mains, but only to the extent of your responsibility, external fire escapes, gangways, hoists, conveyors, trunks, shafting, belting, ropes, clocks, pipes and water tanks over or forming roofs and buildings.
- (2) Machinery, plant and all other contents therein and thereon, your property or held by in trust for which you are responsible, excluding landlord's fixtures and fittings, stock and materials in trade and vehicles licensed for road use including accessories thereon.
- (3) Stock and materials in trade, your property or held by you in trust or on commission for which you are responsible.

5. If theft cover is required for any of the following, specify their maximum values held, at any one time, below:

	Premises 1	Premises 2
Wines/Spirits	£	£
Cigarettes and tobacco	£	£
Jewellery and watches	£	£
Non-ferrous metals (other than metals in component form)	£	£
Clothing	£	£
Video equipment (including video cameras), televisions and radios, tapes, cassettes and discs	£	£
Computer equipment and software	£	£
Livestock	£	£
Agricultural produce	£	£
Vehicles in buildings	£	£
Vehicles in compounds	£	£
Vehicles in open	£	£
Petrol/diesel stock	£	£
Motor trade portable equipment/tools	£	£
Motor trade employees tools	£	£
Electronic office equipment	£	£
Portable equipment/tools	£	£
Employees tools	£	£
Farm implements	£	£

6. Is reinstatement cover required on buildings and/or machinery/plant? YES / NO

If 'YES', is 'Day One' inflation protection required? YES / NO

If 'YES', what percentage uplift is required? %

## Construction Information

7. Year of construction of the premises/building (approximately).....

8. Provide details of the construction of the walls of the premises/buildings. Are they:

- |                                  |            |          |            |          |
|----------------------------------|------------|----------|------------|----------|
| (a) brick, stone or concrete?... | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (b) metal or asbestos?.....      | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (c) timber?.....                 | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (d) other than above?.....       | Premises 1 | YES / NO | Premises 2 | YES / NO |

If 'YES' to (c) or (d), give details

If a combination of (a) to (d) above, please give approximate percentage of each type:

(a) ..... % (b) ..... % (c)..... % (d)..... %

9. Provide details of the construction of the roof covering or decking. Is it :

- |   |            |          |            |          |
|---|------------|----------|------------|----------|
| (a) slates or tiles?.....                 | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (b) asphalt or mineral felt?.....         | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (c) metal (including plastic coated)?.... | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (d) asbestos?.....                        | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (e) other than above?.....                | Premises 1 | YES / NO | Premises 2 | YES / NO |

If 'YES' to (e), give details

If a combination of (a) to (e) above, please give approximated percentage of each type:

(a) ..... % (b)..... % (c)..... % (d)..... %

10. Provide details of the construction of the roof frame/ supports. Is it:

- |                    |            |          |            |          |
|--------------------|------------|----------|------------|----------|
| (a) concrete?..... | Premises 1 | YES / NO | Premises 2 | YES / NO |
| (b) metal?.....    | Premises 1 | YES / NO | Premises 2 | YES / NO |

- (c) timber?..... Premises 1 YES / NO Premises 2 YES / NO  
 (d) other than above?..... Premises 1 YES / NO Premises 2 YES / NO

If 'YES' to (e), give details

11. If there are any roof lights, approximately what percentage of the roof surface do they cover and what are they made of?

12. Are the premises single storey?..... Premises 1 YES / NO Premises 2 YES / NO

If 'NO', answer the following questions:

(a) Ignoring the ground floor and small galleries, how many floors are there?

(b) Provide details of the construction of the floors and any supporting structures. Are they:

- (i) concrete?..... YES / NO      (ii) metal?..... YES / NO  
 (iii) timber?..... YES / NO      (iv) other than above?..... YES / NO

If 'YES', to (ii), (iii) or(iv), give details

13. Is there a basement?..... Premises 1 YES / NO Premises 2 YES / NO

### **Heating and Electrical Information**

14. Are the premises heated only by a conventional central heating system or by fixed appliances fuelled by electricity or gas from the public supply?

Premises 1 YES / NO Premises 2 YES / NO

If 'NO', give details



## Security Information

20. Are the buildings protected by an intruder alarm system?.....

Premises 1      YES / NO      Premises      YES / NO

If 'YES', complete the following:

(i) Give the full name and address of the installer of the intruder alarm system

(ii) Is there a Maintenance Agreement in force in respect of the intruder alarm system?..... YES / NO

If 'YES', give the full name and address of the Maintenance Company

(iii) Are all security protections (including the intruder alarm system) to the business premises maintained in full working order and used and put into operation, whenever the business premises are closed for business and at all other material times? ..... YES / NO

If 'NO', please give details

21. Have you ever been notified of possible reduction in or withdrawal of Police response to alarm activations at the Premises? .....

Premises 1      YES / NO      Premises 2      YES / NO

If 'YES', please give full details

22. Are your premises situated within a street level CCTV area? .....

Premises 1      YES / NO      Premises 2      YES / NO

23. Are the business premises attended outside normal business hours by security Personnel? .....

Premises 1      YES / NO      Premises 2      YES / NO

If 'YES', give details

**Miscellaneous**

24. Records

- (a) (i) Are stock and sales books kept?..... YES / NO
- (ii) Are they frequently updated? ..... YES / NO
- (iii) Are duplicates kept off the premises? ..... YES / NO
- (b) (i) Are computer records kept?..... YES / NO
- (ii) Are they frequently updated? ..... YES / NO
- (iii) Are duplicates kept off the premises? ..... YES / NO

25. Are the Premises subject to a No Smoking Policy? .....

Premises 1            YES / NO            Premises 2            YES / NO

26. Indicate the current state of repair of the premises and give details of any major repairs/refurbishments carried out in the last 5 years.

**Claims**

27. Give details of all Property Damage losses suffered, or claims made against you, in the last five years for the covers proposed. If none, state 'NONE'.

Date of Occurrence	Brief details of each incident (Whether an insurance claim was made or not )	Cost (if any ) of claims paid	Estimated outstanding cost	Excess/Deductible applicable
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**Important Note**

Please ensure you sign the Declaration at the back of this proposal form.

## Business Interruption

For Business Interruption cover without accompanying Property Damage cover, please also complete the Property Damage Section of this Proposal with the exception of Question 4,5,6 and 26.

Note:

- (i) To the extent that you are accountable to the tax authorities for Value Added Tax, all terms in this section should be exclusive of such tax.
- (ii) For the purpose of arriving at sums insured, any adjustment implemented in current cost accounting should be disregarded.

1. Tick or complete the Maximum Indemnity Period required:

12 months                      18 months                      24 months                      Other(months)

**Note: If in excess of 12 months, the figures entered below should be adjusted proportionately to reflect this.**

2. Is cover required on a Declaration Linked Basis? ..... YES / NO

### Items and Sums Insured

3. State the amount of insurance required on:

- (a) Gross Profit (i.e. turnover including 100% of payroll and closing stocks, less opening stocks, and Uninsured Working Expenses)..... £  
Uninsured Working Expenses = Purchases and any other expenses specified below
- Other Expenses

or

(b) Gross Revenue/Fees\* (including 100% of payroll)..... £

\* Delete as appropriate to indicate method chosen.

**Note: If Declaration Linked cover is selected, then state the ESTIMATED Gross Profit/Revenue/Fees(See Prospectus)**

**or**

(c) For shops and restaurants only - Income ..... £

**or**

(d) Rent Receivable for accommodation provided ..... £

Service Charges..... £

**or**

(e) Other basis (please specify)..... £

## Cover

4. Generally cover will follow those Contingencies insured under Property Damage.
5. The basic cover provides protection against business interruption following damage to your property at your premises. This may be extended to cover the consequence of damage at the premises of the third parties (specify if required):

Suppliers.....	YES / NO	Contract Sites.....	YES / NO
Customers.....	YES / NO	Property In Transit ...	YES / NO
Property In Storage .....			YES / NO
Property of any public Gas, Water, Electricity or Telecommunications Company .....			YES / NO
Prevention of Access to your own premises, due to damage to neighbouring property.....			YES / NO

**Note: Further information will be required, if these covers are required.**

## Claims

6. Give details of all Business Interruption losses suffered, or claims made against you, in the last five years for the covers proposed. If none, state 'NONE'.

Date of Occurrence	Brief details of each incident (Whether an insurance claim was made or not )	Cost (if any ) Of claims paid	Estimated Outstanding cost	Excess/Deductible applicable
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**Important Note:** Please ensure you sign the Declaration at the back of this proposal form.

## Accounting Details

7. (a) State the name and address of your professional accountants, so that we may approach them for annual declarations

Postcode

Tel. No

(b) When does your financial year end?.....

## Customers' Outstanding Debit Balances

If Customers' Outstanding Debit Balances (Book Debts) Cover is required, it will be necessary to complete a separate proposal form which is available upon request

## Terrorism

Do you require full Terrorism Cover ?..... YES / NO  
(Only available if cover is taken under the Property Damage Section)

## Money Insurance

For the purpose of the following questions, the term 'money' should only include current coin, bank notes, currency notes, uncrossed cheques, uncrossed giro cheques, travellers' cheques, uncrossed bankers' drafts, uncrossed giro drafts, bills of exchange, uncrossed money orders and uncrossed postal orders paid into and drawn from a bank, building society or Post Office.

## Cover

1. Complete the following for any safe or strongroom used for securing money at:  
(a) the business premises

### Premises 1

Make and model of each safe or strongroom used	Maximum amount of money in each safe or strongroom when the premises are closed for business
--	--

£

£

£

### Premises 2

Make and model of each safe or strongroom used	Maximum amount of money in each safe or strongroom when the premises are closed for business
--	--

£

£

£

- (b) any private residence of the proposer or any employee of the proposer

Name	Position held	Full address	Make and model of each safe and strongroom used	Maximum amount of money in each safe or strongroom
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2. Limit to apply to any other loss of money (except money in private residences or in the business premises when closed for business, not in a safe or strongroom, which are subject to standard limits provided by the policy).....

Premises 1                  Premises 2  
£                                  £

**Note: This should be the maximum loss that could be sustained during business hours, in transit or in a bank night safe.**

3. Is a franchised post office operated from the Premises? .....

Premises 1      YES / NO      Premises 2      YES / NO

4. Estimated annual amount of money in transit to or from the bank, building society, or Post Office carried by you or your employees (exclude any money paid into a franchised post office operated from the Premises) ..... £

5. Maximum amount of money in transit carried by you, or your employees, at any one time..... £

6. How many persons accompany the maximum amount of money in transit? ..... £

7. Is money carried by a professional cash carrying company? (regard money paid into franchised post office operated from the Premises as being money carried by a professional cash carrying company)..... YES / NO

If 'YES',

(a) state the name of such cash carrier (for money paid into a franchised post office operated from the Premises please state Post Office Securities Ltd).....

(b) Do cash carriers accept full responsibility for loss of all money whilst in their custody?..... YES / NO

**Note: If in doubt, please enclose a copy of the agreement with the cash carrier**

(c) state the estimated annual amount of money in transit in the custody of the cash carrier (include any money paid into a franchised post office operated from the Premises) ..... £

(d) state the maximum amount of money in transit in the custody of the cash carrier at any one time..... £

8. Is Assault Insurance required in respect of death or bodily injury, sustained as a result of theft or attempted the theft of money?..... YES / NO

If 'YES',

(a) are the standard assault benefits of £25,000 (Capital Benefit) and £100 pw (Weekly Benefit) to be increased?..... YES / NO

If 'YES',

(b) state amounts required

(i) Capital Benefit (maximum £50,000) ..... £

(ii) Weekly Benefit (maximum £200 pw)..... £

## Claims

9. Give details of all Money Losses suffered, or claims made against you, in the last five years for the covers proposed. If none, state 'NONE'.

Date of Occurrence	Brief details of each incident (Whether an insurance claim was made or not)	Cost (if any) of claims paid	Estimated outstanding cost	Excess/Deductible applicable
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### Important Note:

Please ensure you sign the Declaration at the back of this proposal form.

## Liability Insurance

1. Full description of any work away from your premises

2. Give details below of all premises owned or occupied (other than the main premises to which this proposal relates)

Address	State whether owned or leased	Number of Employees	Occupied as (eg. Factory, warehouse, office)
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3. Are the buildings described above in your sole occupation and used solely for the business described?..... YES / NO

If 'NO', give details

4. Have you notified the Local Authority or the Health and Safety Executive of your business at the address (or addresses) covered by this insurance?.... YES / NO

5. (a) Give details of any U.K. subsidiary companies

(b) State any overseas country in which you have assets, representation, associated or subsidiary companies

6. Indicate the cover and limits of indemnity required

Public Liability (min £1,000,000) ..... YES / NO  
£  
(e.g. £1,000,000/£2,000,000/£5,000,000)

Products Liability (min £1,000,000) ..... YES / NO  
£  
(e.g. £1,000,000/£2,000,000/£5,000,000)

Employers' Liability ..... YES / NO  
£ 1,000,000

7. Do you or your sub-contractors handle or use:

(a) welding or cutting plant or other equipment involving application of heat away from your premises?..... YES / NO

(b) radio-active substances or devices?..... YES / NO

(c) explosives or dangerous substances?..... YES / NO

(d) asbestos or silica or materials containing asbestos or silica?..... YES / NO

(e) any other materials giving rise to dust or fumes?..... YES / NO

If 'YES', give details

8. Do you handle or use plant or processes which create noise levels likely to be harmful to the hearing of employees?..... YES / NO

If 'YES', give details of arrangements to carry out regular measurements

9. Are your premises subject to a No Smoking or Restricted Smoking policy?..... YES / NO

If 'YES', state date from which this has operated and give details

10. Do any of the premises have a foundry, railway sidings or berthing facilities for watercraft?..... YES / NO

If 'YES', give details

11. Do any of your trade processes give rise to toxic or dangerous waste? YES / NO

If 'YES', give details which must include the method of disposal

12. Do you undertake:

(a) work on atomic or nuclear plant, aircraft or other Aerospace devices, marine craft, hovercraft, waterways or drilling rigs, power stations, petrol chemical and chemical plants? ..... YES / NO

(b) loading or unloading of watercraft?..... YES / NO

If 'YES', give details

13. Complete the following schedule of earning:

For the purpose of this question, ‘earnings’ means the total wages, salaries, commission, bonuses and other earnings, without any deduction in respect of National Insurance, Income Tax, Holiday with Pay, contributory or graduated pensions or other amounts, whether deducted by agreement with the person otherwise.

	Number	Estimated annual earnings
(a) Managerial employees who do not engage in manual labour, clerical staff and commercial travellers		£
(b) Employees engaged with woodworking machinery		£
(c) All other employees (including working directors, persons engaged in Government work experience schemes, hired or borrowed employees and operators of plant hired in) engaged in work		
(i) at your premises		£
(ii) away from your premises-not included in (i)		£
(d) Labour only sub-contractors, labour masters and the like		£
(e) Working principals and partners engaged in manual work away form your premises		£
(f) Sub-contractors (excluding labour only) engaged for work away from your premises		£
(g) The largest number of Employees you either have had or may have at one site at any one time?		£

14. Do you undertake:

(a) manual work in the USA and/or Canada?..... YES / NO

(b) manual work outside the United Kingdom other than in the USA and/or Canada?..... YES / NO

If ‘YES’, give details

15. Do you undertake work on or visit offshore installations of any nature?..... YES / NO

If 'YES', give details

16. Have you been prosecuted under health, safety or environmental legislation?..... YES / NO

If 'YES', give details

17. Are your boilers and other pressure vessels, hoists, cranes, lifting equipment, passenger and other lifts regularly inspected to comply with statutory regulations?..... YES / NO

If 'YES', give the name of the inspecting company

### **Public Liability**

Answer question 18, if you require cover

18. Do you  
(a) give professional advice or services?..... YES / NO

(b) give any form of treatment?..... YES / NO

(c) design or provide plans, specifications or formulae for a fee?.. YES / NO

If 'YES', give details

### **Products Liability**

Answer question 19 - 27, if you require cover

19. Give a full description of all products sold, supplied, repaired, altered, treated or installed

Attach catalogue and other literature

20. Are your products intended for installation in ,or to form part of ,
- (a) aircraft or other Aerospatale devices?..... YES / NO
  - (b) hovercraft or watercraft?..... YES / NO
  - (c) drilling rigs?..... YES / NO
  - (d) atomic or nuclear plant?..... YES / NO

If 'YES', give details and annual turnover involved

21. State estimated annual turnover, including inter-company sales,  
but excluding exports to the U.S.A. and/or Canada..... £

22. State amount of annual turnover, including inter-company sales,  
relating to products exported to the U.S.A. and/or Canada.  
If none, write 'NONE'..... £

23. (a) Give a brief description of any products exported to the U.S.A.

(b) Give a brief description of any products exported to Canada

24. Have you previously exported products to the U.S.A. and/or Canada? YES / NO

If 'YES', state the number of years, type of products, annual turnover and country  
involved

25. Do your member companies (where applicable) supply products  
to each others?..... YES / NO

26. Do you import any products or raw materials or components for

your products?..... YES / NO

If 'YES' to either 25 or 26, give details and annual turnover involved

27. Do you require cover for legal costs incurred in defending a prosecution under the Consumer Protection Act?..... YES / NO

### Claims

28. Give details of all Liability losses suffered, or claims made against you, in the last five years for the covers proposed. If none, state 'NONE'.

Date of Occurrence	Brief details of each incident (Whether an insurance claim was made or not)	Cost (if any) of claims paid	Estimated outstanding cost	Excess/Deductible applicable
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### Important Note

Please ensure you sign the Declaration at the back of this proposal form

### History

29. Have you, to the best of your knowledge and belief:

(a) accepted under a contract or agreement, liability which you would not otherwise be under?..... YES / NO

(b) agreed to waive rights against suppliers?..... YES / NO

If 'YES', give details

## Notes

The insurance does not come into force until your proposal has been accepted by China Taiping Insurance (UK) Co Ltd.

It is recommended that you retain a copy of this proposal for future reference. A photocopy will be supplied on request.

Some or all of the information which you supply to China Taiping Insurance (UK) Co Ltd. In connection with this insurance will be held by the Company on computer.

Information may be passed to other insurance companies or to any other recognised authority directly concerned with this type of insurance.

## The Law applicable to this contract

The parties to this contract have the right to choose the law that should apply.

China Taiping Insurance (UK) Co Ltd proposes to apply English law except for those customers who at inception if the contract are domiciled:

(i) in Scotland where Scots law will apply

or

(ii) in Northern Ireland where the law of Northern Ireland will apply.

In the absence of any written agreement to the contrary, the appropriate law as detailed above will apply.

## Declaration

Please read carefully before signing

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 to be expressed in the usual terms of Company's policy.

I/We consent to the seeking of information from other insures to check the answers

I/we have provided, and I/we authorise the giving of such information for such purposes.

Signature of Proposer:

Date:

Agent's Name:

Agent's No:

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.**

03/2009