**Declaration:**

Have you the proposer, any director/partner of the business, either personally or in any business capacity:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ◦ Been bankrupt, insolvent, subject to bankruptcy/ insolvency proceedings | Yes |  | No |  |
| ◦ Had a proposal refused or declined | Yes |  | No |  |
| ◦ Had insurance cancelled or special terms imposed | Yes |  | No |  |
| ◦ Had any convictions for criminal offences | Yes |  | No |  |

**Business Details:**

|  |  |
| --- | --- |
| ◦ Renewal Date |  |
| ◦ Legal Trading Status |  |
| ◦ Business Name |  |
| ◦ Nature of Business/Trade/Type |  |
| ◦ Title |  |
| ◦ Forename |  |
| ◦ Surname |  |
| ◦ Telephone Number |  |
| ◦ Email |  |
| ◦ Website | www. |
| ◦ Street Number/Name |  |
| ◦ Town/City |  |
| ◦ County |  |
| ◦ Postcode |  |
| ◦ Year Business Established |  |
| ◦ Years at Current Address |  |
| ◦ Number of Employees |  |
| ◦ Current Insurer |  |
| ◦ Material Facts | None  The business is not self-contained with its own access  The location has a history of flooding  The property is made of non-standard materials  The property/adjacent property has signs of Subsidence  The proposer is not the sole occupant of the premises  There is a cash machine (ATM) at the premises |

1. **Buildings Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Buildings Cover | Yes  No |
|  | If no, continue to section 2 Contents Cover. |
| ◦ Do you require Glass Cover | Yes  No  If yes, what value. £ |
| ◦ Location |  |
| ◦ Occupancy |  |
| ◦ Approximate Year of Construction |  |
| ◦ Any Flat Roof | Yes  No |
| ◦ Is the Building Listed |  |
| ◦ Is the Building in a Good State of Repair | Yes  No |
| ◦ Required Cover (select only one) | All Risks  All Risks plus Accidental Damage  All Risk plus Subsidence  All Risks plus Accidental Damage & Subsidence |
| ◦ Buildings Cover Basis (select only one) | Reinstatement  Indemnity |
| ◦ Buildings | £ |
| ◦ Landlords Fixtures & Fittings | £ |
| ◦ Tenants Improvements | £ |
| ◦ Is Terrorism Cover Required | Yes  No |
| ◦ Loss of Rent Payable/Receivable | £ |

1. **Contents Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Contents Cover | Yes  No |
|  | If no, continue to section 3 Money Cover. |
| ◦ Total Contents Value | £ |
| ◦ Fixtures & Fittings | £       (included in above) |
| ◦ Contents - Specified Items | Please list any specialist items below: (included in above) |
| ◦ Total Stock/Materials in Trade Value | £ |
| ◦ Customers Goods (in addition to above) | £ |
| ◦ Do you require Stock Debris Removal Cover | Yes  No |

1. **Money Cover:**

|  |  |
| --- | --- |
| ◦ Do you require Money Cover | Yes  No |
|  | If no, continue to section 4 Transit. |
| ◦ Do you require Accident Cover | Yes  No |
| ◦ Money During Hours | £ |
| ◦ Money Out of Hours, in Safe | £ |
| ◦ Money in Transit/Bank Night Safe | £ |
| ◦ Total Annual Carryings – To/From Bank | £ |
| ◦ Money Out of Hours, Not in Safe | £ |
| ◦ Money at Home | £ |

1. **Goods in Transit:**

|  |  |
| --- | --- |
| ◦ Do you require any Goods in Transit Cover | Yes  No |
|  | If no, continue to section 5 Business Interruption. |
| ◦ Consignment Limit - Own Vehicles | £ |
| ◦ Total Annual Carryings - Own Vehicles | £ |
| ◦ Consignment Limit - Third Party Vehicles | £ |

1. **Business Interruption:**

|  |  |
| --- | --- |
| ◦ Do you require Business Interruption Cover | Yes  No |
|  | If no, continue to section 6 Other Options. |
| ◦ Gross Profit/Revenue | £ |
| ◦ Loss of Licence (please describe licence) | Yes  No  Type |
| ◦ Book Debts | Yes  No |
| ◦ Increased/Additional Cost of Working | £ |
| ◦ Indemnity Period (months) |  |

1. **Other Options:**

|  |  |
| --- | --- |
| ◦ Legal Expenses | Yes  No |
| ◦ Equipment Breakdown | Yes  No |
| ◦ Personal Accident | Yes  No |

1. **Liabilities Cover:**

|  |  |
| --- | --- |
| ◦ Employers Liability | Yes  No |
| ◦ Public/Product Liability | Yes  No |
| ◦ Select Limit of Indemnity | £ |
| ◦ Annual Turnover | £ |
| ◦ Wage Roll (next 12 months) | Clerical £       Manual £       Work Away - £  Work Away - Heat Work £  Work Away – Height Work £ |
|  |

1. **General Questions:**

|  |  |
| --- | --- |
| ◦ Any Accidents or Claims in the Last 5 Years | Yes  No |
|  | If yes, please give details. |
| ◦ Intruder Alarm | Yes  No |
| ◦ Alarm Type | ABC  Audible  Central Station - Dial-Up Line  Central Station - Direct Line  Digicom  Dualcom  High Decibel Internal Sounder  Line - Site Security Office  Paknet  Police - Direct Line  Redcare  Redcare - GSM  Visual |
| ◦ Police Response | Level 1  Level 2  Level 3  No Police Response |
| ◦ Additional Security Details | Close Shackle Padlock – 5 (or more) Levers  Open Shackle Padlock – 5 (or more) Levers  Rim Lock  Rim Lock Automatic Deadlock  Rim Lock Automatic Deadlock – BS3621  Hinge Bolts  Steel Lined Doors  Bars on Windows  Anti-Ram Raid Bollards  External Grills  Proposer/Family Members/Employees Residing  Rim Deadlocks  Internal Grills  Shutters - Metal  Shutters – Wooden  Standard Non-Iron Grills  Encasement Devices on Computer Equipment  Lock Down Devices  Town Centre CCTV  Private CCTV  Other Monitored CCTV  24 Hour Security  Security Patrols  Guard Dogs |
| ◦ Risk Improvement Features | Sprinklers  Fire Blankets  Fire Extinguishers  Smoke Detectors |
| ◦ Fire Alarm | Bells Only  Automatic/Redcare System |
| ◦ Premises Heated by | Gas or Electric Conventional Central Heating Pipes  Other Electric Heating (excluding portable/non-fixed)  Other |

**Please email the completed form to** [**admin@tcfellis.co.uk**](mailto:admin@tcfellis.co.uk) **and we will respond within 48 hours.**

**Any Additional Information**

|  |
| --- |
|  |