

**COMMERCIAL COMBINED PROPOSAL FORM**

**FOR**

**THE GLASS AND GLAZING INDUSTRY**



**Camberford Law plc**

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# COMMERCIAL COMBINED PROPOSAL FORM

Please complete all details in BLOCK LETTERS. Where applicable indicate **YES** or **NO**.

BUSINESS DETAILS					
Proposer's Full Name:					
Postal Address: (including post code)					
Risk Address: (if different from above)		1.		2.	
Contact Name:		Telephone Number:			
Fax Number:		E-Mail Address:			
Website Address: (if applicable)					
Full Business Description (including details of activities away from the Premises)					
How long have you been in business at these Premises? How long have you been in business elsewhere?					
Are the Buildings occupied solely by you?		YES/NO			
If not, please give details of other occupant's trades and the proportion of the building they occupy:					
In respect of any of the insurances to which the Proposal Form relates, has any Proprietor, Partner, or Director of the Insured ever:	Had a proposal declined by an Insurer?				YES/NO
	Had an insurance renewal refused by an Insurer?				YES/NO
	Had an insurance cancelled by an Insurer?				YES/NO
	Had special terms imposed by an Insurer?				YES/NO
	Had any convictions for any criminal offence involving dishonesty, arson, theft, or wilful damage, or has any prosecutions pending?				YES/NO
	Been declared bankrupt or insolvent or been the subject of bankruptcy proceedings?				YES/NO
Are you now, or have you previously been insured against any of the Risks proposed?					YES/NO
If yes, please supply name of:		Insurer:			
		Renewal Date:			
How long has the business been established?					
Please provide details of any losses in the last 5 years (whether insured or not) for the insurance proposed:					
Date of Loss	Details of Loss	Location	Amount Paid	Amount Outstanding	Action Taken to Prevent Repeat

### PROPERTY DETAILS

Please specify the Sums Insured required for each of the following categories:-

	RISK ADDRESS (1)	RISK ADDRESS (2)		
Buildings	£	£		
Tenants' Improvements	£	£		
Portable Hand Tools in excess of £2,500	£	£		
All Other Contents (excluding computers)	£	£		
Stock	£	£		
If Buildings are insured, do you want cover for damage by subsidence?		YES/NO		
If YES:	<ul style="list-style-type: none"> <li>- Has the property, or buildings in the area, ever been damaged by subsidence?</li> <li>- Are there any visible cracks in the walls of the buildings or are there signs of repair to the buildings?</li> <li>- Are the buildings built on made up ground, landfill site or slag heap?</li> <li>- Are there any trees or shrubs within 10 metres of the property that are more than 5 metres high?</li> <li>- Is the property situated within 200 metres of any watercourse, lake, cliff, mine workings or quarry?</li> </ul>	YES/NO YES/NO YES/NO YES/NO YES/NO		
<b>Type of Building:</b>		<b>Age of Building</b>		
Construction Details	<ul style="list-style-type: none"> <li>- Walls</li> <li>- Roof</li> <li>- Ground Floor</li> </ul>	<ul style="list-style-type: none"> <li>- Upper Floors</li> <li>- Stairs</li> </ul>		
Method of heating: (include details of any portable heaters)				
Details of any machinery left running unattended overnight: (including ovens, tank heaters etc.)				
Details of fire protections:	Portable Extinguishers Automatic Fire Alarm	YES/NO YES/NO	Hose Reels Sprinkler System	YES/NO YES/NO
How are External Doors Secured?				
How are Windows Secured?	- Ground Floor - Upper Floors			
If the Premises is protected by an intruder alarm system, please answer the following:	Are all external doors contacted? Is internal space protection provided? Is the system maintained by a NACOSS or SSAIB recognised installer? Is the alarm signal transmitted to an Alarm Receiving Centre?			YES/NO YES/NO YES/NO YES/NO
What is the alarm systems signalling method?	Bells Only Digital Communicato RedCARE RedCARE GSMr	YES/NO YES/NO YES/NO YES/NO	Paknet Direct Connection ABC Dual Com	YES/NO YES/NO YES/NO YES/NO
Details of any other security measures (e.g., security guards, monitored CCTV) and any other relevant information				

**COMPUTER EQUIPMENT**

Please state the total sum insured required for all Computer Equipment:				£
Geographical Limits	Premises Only	£	Europe	£
	UK	£	Worldwide	£
Details of any item valued at over £2,500	Description			Value £
Sum Insured for Reinstatement of Data:	£	Sum Insured for Additional Costs of Working	£	
Are duplicate records made at least weekly and kept at a separate location?	YES/NO	Is all Equipment maintained and serviced under a valid agreement?	YES/NO	

**BOOK DEBTS**

Value of Outstanding Debit Balances	£
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**BUSINESS INTERRUPTION**

<b>COVER</b>	<b>SUM INSURED</b>	Indemnity Period requires 12 / 24 / 36 Months <i>(please delete as appropriate)</i>
Gross Profit	£	
Additional Increased Cost of Working	£	

**EMPLOYER'S LIABILITY**

Limit of Indemnity	£10,000,000			
Clerical Salaries	£			
Wages at the Premises	Woodworking Machinists	£	All Others	£
Wages away from the Premises (Own employees and labour only sub-contractors)	Glazing			£
	Installation of windows, doors, conservatories			£
	Fitting of cladding, guttering, etc.			£

**PUBLIC & PRODUCTS LIABILITY**

Limit of Indemnity (please indicate as appropriate)	£1,000,000	£2,000,000		
	£5,000,000	Other (please specify) £		
Turnover to:	UK	£	Rest of World	£
Payments to Bona Fide Sub-Contractors (please provide details of their activities)	£			
If work away from the premises involves the application of heat by any means other than hot air guns, please give details:				
Do you undertake any work in hazardous locations ie., docks, harbours, railways, power/nuclear power stations, chemical/petrochemical works, airports, aircraft, collieries, mines, quarries, offshore installations?	YES/NO			
If yes, please provide further details:				
Do you undertake the storage handling or disposal of asbestos, silica or similar materials?	YES/NO			
If YES, please provide further details:				
Please provide full details of any products supplied to the medical, nuclear, aviation, motor, or offshore oil/gas industry?				

### MONEY

Please state the maximum amount of business money which would be held:	At Employees' Homes At the Premises: ➤ Out of business hours but not in a locked safe ➤ Out of business hours in a safe(s) ➤ Make/Model of safe(s) In transit:- On the premises during normal business hours In a bank night safe	£ £ £ £ £ £ £
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### FIDELITY GUARANTEE

Do you require this cover?	YES/NO	
If YES:	➤ Please state the number of Fitters and Installers (excluding Labour Only and Bona Fide Sub-contractors) ➤ Please state the number of other employees with direct responsibility for: Money, Stock Accounts and Computer Activities ➤ Please state the number of all other employees	
Are security checks built into the computerised accounting functions?		YES/NO
Are reconciliations made necessary?		YES/NO
Are responsibilities for the following handled by different employees:		
	Processing of transactions	YES/NO
	Authorisation of transactions	YES/NO
	Handling of output	YES/NO
Has there been any occasion to question the honesty of any employee?		YES/NO
If you have answered NO to any of the above six questions, please give full details:		

### GOODS IN TRANSIT

Method of Transit	Estimated Annual Value of Goods Sent/Carried	Limit of any one Transit
Own Vehicles	£	£
Post	£	£
Haulier	£	£
Details of Goods Carried/Sent	£	£

### LEGAL EXPENSES

Standard cover applies for Property Protection, Prosecution Defence for Employers, Employment Disputes, and Tax Disputes		
Please indicate what optional covers are required:	Property: ➤ Tenancy Disputes ➤ Statutory License Protection Employment Tax ➤ Prosecution Defence for Employees ➤ Inland Revenue Enquiries ➤ Contribution Agency Investigations Data Protection Act	YES/NO YES/NO YES/NO YES/NO YES/NO YES/NO

**PERSONAL ACCIDENT**

Do you require Personal Accident cover?	YES/NO		
If YES, please indicate basis of cover:	Occupation Only	YES/NO	
	Occupation and Commuting Only	YES/NO	
	24 Hour	YES/NO	
	Salaries/Wages	No of Employees	Benefits
Clerical	£	£	£
Wood Workers	£	£	£
Other Machine Operators	£	£	£
Drivers/Light Assembly/Packing	£	£	£

**IMPORTANT NOTICE**

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/We hereby declare that to the best of my/our knowledge all the statements and information provided in the Proposal Form are true and confirm that I/We are not aware of any other material facts (those which may influence the judgement of a prudent Underwriter).

I/We understand that this Proposal Form is the basis of the contract with the Underwriters.

NAME	
SIGNATURE	
POSITION	
DATE	