

A policy book with full policy wording is available on request.  
**PLEASE COMPLETE IN BLOCK CAPITALS**

Premium	<input type="text"/>	Broker/Agency <input type="text"/>
Broker/Agent Quote Ref	<input type="text"/>	
<b>OFFICE USE ONLY</b>		
Policy No	<input type="text"/>	
Authorised	<input type="text"/>	

**Proposer Details**

Name of Proposer

Trading name

Postal address

Postcode:

Telephone no.  Website address

Directors' or partner's full names (where not shown above)

Period of Insurance: From:  To:

**Business Details**

Full description of business

Please tick the appropriate boxes to show which of the following activities your business carries out.

Manufacturing     Wholesaling     Repairing or Servicing     Retailing     Installing     Construction

What is your estimated turnover for the next 12 months?    £

**General Questions**

1. How long have you or any partner or director been in this business at your existing or any previous premises?     yrs     mths

2. Have you or any partner or director ever been declared bankrupt or insolvent?    Yes     No

3. Have you or has any director or partner been charged with or convicted of arson or any offence involving arson or dishonesty of any kind?    Yes     No

4. In respect of any of the risks which you now wish to insure against

a) have you or has any director or partner (whether with this business or a previous one) held insurance in the last 5 years?    Yes     No

b) has any previous insurer refused to provide cover or renew a policy, or imposed special terms or conditions?    Yes     No

c) have you or has any director or partner (whether with this business or a previous one) ever been fined or given an improvement or prohibition order under the Health and Safety at Work Act 1974, the Consumer Protection Act 1987, the Environmental Protection Act 1990 or other health and safety legislation or any similar Channel Islands' legislation?    Yes     No

d) have you or has any director or partner (whether with this business or a previous one) suffered any loss, destruction or damage, made a claim, or had any claim made against you or them during the last 5 years?    Yes     No

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION, INCLUDING PREVIOUS INSURERS, POLICY NUMBERS, TRADING INTERESTS, AND DATES AND AMOUNTS PAID OR OWED FOR ANY CLAIMS.**

5. Do any of the buildings you occupy have walls that are not made of brick, stone or concrete, or roofs that are not made of slate, tile, concrete, metal or asbestos? Yes  No
6. Are your premises in good repair and is your equipment and machinery properly fenced, guarded inspected and maintained and are your walls, gates and fences in good order? Yes  No
7. Do you have lifts, cranes, hoists, boilers, steam containers or other pressure vessels?  
If 'YES', are they inspected to make sure they meet all legal requirements? Yes  No
8. Does any other business occupy or work from your buildings? Yes  No
9. Do you use burning equipment at or away from your own premises, or do you use any other process which involves the application of heat? Yes  No
10. Are your premises heated (totally or partly) by a paraffin, waste oil or LPG (Liquified Petroleum Gas) appliance or system? Yes  No

**Property (Complete this section if you require this cover)**

11. What level of cover do you require? (See Summary of Cover)

Fire, Lightning, Aircraft and Explosion

Do you wish to include any of the following?

Riot and civil commotion  Malicious Damage  Earthquake  Storm  Storm and Flood

Burst Pipes  Impact (third party vehicles)  Impact (own vehicles)  Leakage of Sprinkler Installations

Theft  Accidental damage  Subsidence landslip and heave

12. Give the address of the property you are insuring. If you are insuring more than one property, please give full addresses (including postcodes), and sums insured for each address in the Additional Information section.

13. Are your premises alarmed? Yes  No

If 'YES', type of alarm (intruder/fire/type of signalling (e.g. bells only, central station) and the manufacturer's name?

Do you have an annual maintenance contract for the alarm? Yes  No

14. Please state the Sums Insured you require

a) **Buildings** total rebuilding cost including debris removal and professional fees

b) **Specified Goods** – tobacco, cigarettes & cigars

– wines and spirits

– video equipment, cassettes or discs, computer or video games

– jewellery and precious metals or stones

c) **Stock** – Metals that do not contain iron

– Other excluding specified goods above

d) **Business Equipment** – fixtures, fittings, fixed glass, external blinds and signs and all other contents which you are legally responsible for (excluding computer equipment and software)

– computer equipment and software

15. Please give the name and address of any Company or person(s) who has a financial interest in the buildings or business equipment if this has to be noted on the policy.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

## Business Interruption (Complete this section if you require this cover)

16. Do you require cover for business interruption? Yes  No

Cover will usually follow that chosen for Property.

(If you require more restrictive cover, please detail your requirements under the Additional Information section).

17. a) What maximum Indemnity Period do you require? 12 months  24 months  36 months

b) State your estimated Gross Profit during the next 12 months

This figure will be increased proportionately for any extended Indemnity Period - please tell us if this does not meet your needs.

18. Do you require cover for outstanding debit balances? Yes  No

If 'YES', state the sum to be insured

**Important note** – Your Policy will contain a condition that you should keep a quarterly record of the total amount you are owed and that a copy of this is kept away from your premises.

## Liability (Complete this section if you require this cover)

19. Do you require liability cover for injury to employees? Yes  No

A £10 million limit applies per occurrence (£5 million in respect of an act of Terrorism).

20. Do you require cover for liability to the public? Yes  No

a) If 'YES', please tick the box for the level of cover you require (recommended minimum is £2 million). £1,000,000  £2,000,000  £5,000,000

b) Do you require the cover to include claims arising out of goods you sell or supply? Yes  No

Type of goods for which cover is required

Estimated annual amount of turnover of

- i) goods manufactured by you
- ii) goods sold by you as wholesalers
- iii) goods sold by you as retailers
- iv) goods serviced, maintained, repaired or tested by you

£	% of raw materials, components or goods imported from non E.C. countries	% exported to U.S.A./Canada

Do you

- i) undertake product testing before sale? Yes  No
- ii) maintain a product quality control system? Yes  No
- iii) conform to any independent product standard? Yes  No

21. Please answer all parts of this Question.

a) Do you handle, use or store radioactive substances or devices, chemicals, gases, explosives, asbestos, silica or material containing silica or any other dangerous substance? Yes  No

b) Do you accept, or have you accepted under contract, any liability which you would not have otherwise accepted? Yes  No

c) Do you use any process which does or could result in the escape or discharge of substances which could cause pollution or contamination to:

- i) buildings Yes  No
- ii) other structures Yes  No
- iii) water or land Yes  No
- iv) the atmosphere Yes  No

d) Do you have any representation in the USA or Canada? Yes  No

e) Do you export, or have you exported, or do you plan to export in the future, goods directly or indirectly to the USA or Canada? Yes  No

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

## Liability (Continued)

### 22. Details of Employees.

Please provide full details of your Employees (including directors, any person supplied to or borrowed by you and labour-only contractors).

Type of work carried out	Number of employees	Total wages & other earnings	Estimated percentage relating to manual work away from your premises
Clerical and managerial (not manual work) and commercial travellers			Nil
Other Employees (specify the type of work)	1. 2. 3. 4.		
Any persons working manually abroad (specify the type of work)			
Labour-only contractors (specify the type of work)			

### 23. Details of sole traders and partnerships (this does not apply to limited companies).

Please provide details if you or any partner carries out manual work away from your premises.

Type of work carried out	Number of people	Total wages & other earnings	Estimated percentage of earnings relating to manual work carried out away from your premises

### 24. Sub-contractors (except labour-only contractors).

Do any of your activities include construction, alteration, repair, maintenance, installation or similar work away from your premises which is sub-contracted to other companies, individuals or organisations? Yes  No

If 'YES', give the following details:

a) Type of work

b) Estimated annual value of sub-contracted work £

c) Do your sub-contractors indemnify you (with insurance backing) against any claims arising from their work? Yes  No

25. Do you carry out exterior work on buildings which are over 10 metres in height? Yes  No

26. Is any of your work carried out on oil or gas rigs or other off-shore installations? Yes  No

27. Have there been any claims settled or notified in the last 10 years involving  
a) Occupational illness or disease (e.g. deafness, vibration white finger, repetitive strain injury, dermatitis, lung disease, cancer or an asbestos related illness)? Yes  No

b) pollution or contamination? Yes  No

## Money (Complete this section if you require this cover)

28. Give the following details:

a) An estimate of the money you will pay into the bank in the next 12 months (but not including crossed cheques and other non negotiable money). £

b) An estimate of the money you will withdraw from the bank, and wages and expenses if these are paid directly out of takings, in the next 12 months £

c) An estimate of the value of crossed cheques and credit company vouchers (whose source could not be identified if they were lost) which you will receive in the next 12 months £

d) If a professional money carrying company is used indicate % carried by them a)  b)  c)

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

## Money (continued)

29. What limits do you require for

a) Money in transit?

b) Money on the premises during business hours?

c) In safe(s) outside business hours?

30. Do you have a safe(s) or strongroom(s) which you keep money in?

Yes

No

If 'YES', give details of the make, model, serial number and size of each plus the maximum of negotiable money (e.g. cash) they contain.

## Goods in Transit (Complete this section if you require this cover)

31. Do you require cover for goods carried by vehicles or trailers owned or operated by you?

Yes

No

If 'YES', give the following details:

a) The maximum number of vehicles or trailers used to carry goods

b) Is the £1,000 standard policy limit for any one loss adequate?

Yes

No

If 'NO', what limit do you require?

c) Are the vehicles or trailers left loaded and unattended overnight?

Yes

No

(Your policy will not cover theft losses from vehicles or trailers which are left unattended overnight unless they are secured and are in a locked building or in an enclosed and locked yard).

d) Give details below of the type of goods you carry.

**Important note** – You must separately specify if you carry tobacco, cigarettes, cigars, wines, spirits, jewellery, precious metals and stones, video equipment, cassettes or discs, computer or video games, radios, televisions, electrical appliances, clothing or textiles.

32. Do you require cover for goods sent by professional carriers?

Yes

No

If 'YES', give the following details:

a) The estimated value of goods you will send by a professional carrier in the next 12 months (excluding goods carried in your own vehicle(s) or sent by post)

b) Is the £1,000 standard policy limit for any one loss adequate?

Yes

No

If 'NO', what limit do you require?

c) Give details below of the type of goods which you will send by carrier.

**Important note** – You must separately specify if you send tobacco, cigarettes, cigars, wines, spirits, jewellery, precious metals and stones, video equipment, cassettes or discs, computer or video games, radios, televisions, electrical appliances, clothing or textiles with a carrier.

If you require cover for goods sent by post, or by sea or air, or goods you receive, please ask for details.

## All Risks (including Deterioration of Refrigerated Stock)

(Complete this section if you require this cover)

33. Do you require all risks cover away from your own premises for specified business machinery, equipment or valuables?

Yes  No

If 'YES', state the items you wish to insure.

Item No.	Description of property	Sum Insured
		£
		£
		£

34. Do you wish to cover deterioration of refrigerated stock?

Yes  No

If 'YES', please state

i) the sum insured you require (minimum £500)

£

ii) the age of your refrigerators

35. Do your freezers or refrigerators have

a) a current manufacturer's guarantee or warranty?

Yes  No

b) a maintenance contract with a competent refrigeration engineer?

Yes  No

c) an insurance policy covering breakdown?

Yes  No

d) an inspection contract with an insurer?

Yes  No

## Personal Accident (Complete this section if you require this cover)

36. Give details below of the people aged between 16-65, who you require this cover for (continue on a separate sheet if necessary).

Name	Date of birth	Occupation	Amount of death benefit	Amount of Temporary Total Disablement benefit
			£	£ per week
			£	£ per week
			£	£ per week
			£	£ per week

The policy automatically provides double the amount of death benefit for loss of limbs or sight, or permanent total disablement. It also provides half of the Temporary Total Disablement benefit for Temporary Partial Disablement.

37. Do you wish to defer receiving benefit for an initial period of temporary disablement?

Yes  No

If 'YES', for how many weeks

2 weeks  4 weeks

38. Are any of the people to be insured suffering from ill health or a disability?

Yes  No

39. Have any of the people been involved in any accident causing disability in the last 5 years?

Yes  No

## Additional Information

If you have ticked any of the shaded boxes on this Proposal Form or need to provide further information to help us consider the Insurance (see the Important Note and Declaration) please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

## Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the risk which makes losses more likely to happen, or more serious if they do.
- Please disclose in the Additional Information section above or on a separate sheet of paper any such material information, even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal Form is available on request. Please tick box if required.

## Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We declare that the security protection at my/our premises meets the security conditions specified, or I/we will carry out any extra work necessary within six weeks from the date the insurance starts.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

This insurance will not commence until the Insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

