

This gives only a brief summary of the cover provided and it does not give details of all the terms, conditions and exclusions. A full policy wording is available on request from your Insurance broker or adviser.

1. Contents

Your business **Equipment and Contents** are insured against accidental loss or damage at the premises on a new for old basis. Cover is also available for costs and expenses incurred in reproducing or recompiling **Business Files and Records** which are defined as 'account books, deeds, manuscripts, plans, drawings models, maps, records, computer discs and tapes, films, transparencies, or art work'.

In addition Office Combined extends to include:

- **Property away from the premises** - whilst temporarily removed or in transit, up to 10% of the Contents of the Sum Insured.
- **Breakage of Fixed Glass** including framework, lettering, alarm, foil and necessary boarding up as well as fixed external blinds and signs.
- **Fixed Sanitary Ware, Underground Pipes and Cables** - for which you are legally responsible.
- **Replacement of Locks** - following theft of keys from your own premises or home, up to £500.
- A Terrorism Exclusion applies.

2. Money

Your money is covered up to the following amounts:

- | | | | |
|---|----------|---|------|
| • Crossed Cheques and other non-negotiable items | £250,000 | - In your premises when closed for business and contained in a locked safe. | £750 |
| • Cash, Bank Notes and Open Cheques | | - In the private dwelling of any person to whom the money is entrusted. | £350 |
| - In your premises when closed for business and not contained in a locked safe. | £250 | • Any other money loss - £1,000 or 10% of Contents Sum Insured, subject to a maximum of £5,000. | |

3. Business Interruption

Damage to your Buildings or Contents can seriously interrupt your business and/or put you to considerable additional expense. This Policy provides cover for:

- Loss of revenue
 - Reasonable expenses incurred to maintain revenue - such as the costs of renting and setting up temporary premises.
 - Accountants' fees, incurred as a result of your loss or claim, in providing supporting information.
 - **Denial of Access** - to your premises, following damage to nearby property by an insured event.
 - **Public Utilities** - accidental failure of public electricity, water or gas supplies.
 - **Food or Drink Poisoning**, defective sanitation, vermin, pests, murder, suicide or a notifiable human disease at your premises.
- Cover can be arranged on the alternative basis of additional Expenditure and increased costs of working only.
- A Terrorism Exclusion applies.

4. Legal Liability

Protection is provided against your legal liabilities for personal injury or damage to property up to the following limits:

- Liability for injury to employees - £10 million any one occurrence but limited to £5 million in respect of an act of Terrorism.
- Liability to the public - £2 million any one occurrence
- Liability for goods sold or supplied - £2 million in any one Period of Insurance

5. Personal Accident (Assault)

Cover is provided for injury or damage, as a result of robbery, for the following benefits:

- £5,000 following death or loss of limbs or sight or permanent total disablement.
- £50 per week during temporary total disablement up to a maximum of 104 weeks.
- Up to £500 for damage to clothing and personal effects.

Optional Additional Covers

A. Buildings

If you own the Building or are legally responsible as tenant for insurance, cover is available on a 'new for old' basis against accidental damage.

B. Outstanding Debit Balances

Covers your inability to collect outstanding accounts following insured Damage to your business records.

C. Personal Accident

Cover is available for you and directors, partners and Employees of the business.

In the event of bodily injury, the following benefits are payable:

- **Death** - the capital sum you select
- **Loss of Limbs or Sight or Permanent Total Disablement** - double the death benefit.
- **Temporary Total Disablement** - the weekly benefit you select
- **Temporary Partial Disablement** - 50% of the Temporary Total Disablement benefit.

Note: Weekly benefits are payable up to a maximum period of 104 weeks and premium discounts are normally available if you choose to exclude the first 2 or 4 weeks of each period of temporary disablement.

Important

1. Excess

The first amount of each claim (referred to in the policy as the excess) is excluded under the following Sections:

- Contents £100 excess
- Money £50 excess
- Buildings £100 excess

Premium Discounts are normally available if a higher excess is selected, in which event it will apply to both Contents and Buildings (but not Money where a £50 excess would continue to apply).

2. Index-Linking

To help you maintain adequate levels of protection, Sums Insured under the following Sections will be index-linked and amended in line with monthly movements in appropriate indices:

- Contents
- Buildings

Any resulting increases will be provided **free of charge** until next renewal, when your renewal premium will then be based on the amended Sums Insured.

It is important to select and maintain adequate Sums Insured, which take into account revenue, growth, and acquisitions of equipment, etc. The notes below will assist you in calculating your initial Sums Insured and Index-linking in certain Sections, will help to maintain them at the correct level

Contents

Business Equipment Sums Insured - should represent the full cost of replacing, as new, all the undernoted items which you own or are legally responsible for as a tenant, without any deduction for wear, tear and depreciation, and including any delivery and installation charges.

- Furniture, Fixtures, Fittings, Internal Decorations.
- Equipment and Electronic Equipment.

- Office Fronts including Glass, Fixed Signs and Blinds.
- All other Contents e.g. stationery stocks, etc.
- Cost of debris removal.

Business Files and Records Sum Insured - should allow for the value of materials, the cost of labour or computer time expended in reproduction and expenses likely to be incurred to retrieve or recompile the information.

Business Interruption

Revenue Sum Insured - should represent your projected Gross Revenue during the Indemnity Period selected (which in turn should represent the maximum time it could take your business to fully recover financially from the most serious Damage). Your Sum Insured should allow for the fact that Damage could occur at the end of the Period of Insurance and take into account any expected growth in your business during the Indemnity Period.

If you elect to cover 'Additional Expenditure' only, the Sum Insured should represent your assessment of the additional cost (e.g. renting alternative office space, removal costs and expenses, increased rates, etc.) that would be incurred during the selected Indemnity Period following serious damage. This basis of cover will not compensate you for loss of revenue.

Buildings

Your Sum Insured should represent a calculation of the full rebuilding cost (**not market value**) which ignores wear, tear and depreciation but includes:

- An allowance for inflation during the period needed to rebuild.
- Landlord's fixtures and fittings
- Boundary walls, gates and fences
- Additional professional expenses: Architects', Surveyors', Consultants' and legal fees

- Cost of debris removal
- Additional cost necessary to comply with States of Jersey or Guernsey or other Public Authority requirements as a result of Damage

If you are in doubt regarding the adequacy of your Sum Insured, a professional valuation would be advisable.

Outstanding Debit Balances

The Sum Insured should represent the **maximum** amount likely to be owed to you by clients at any one time during the Period of Insurance.

Personal Accident

You should select the benefits which best meet your requirements although any amount for Temporary Total Disablement, when added to States Insurance Benefits should not exceed gross salary or wages.

Remember

It is important that your Sums Insured are adequate or you may find that your claim will not be settled in full. You should reconsider the adequacy of your Sums Insured whenever you acquire equipment or refurbish or extend your premises or if there is a change or expansion in your business

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

Premium <input style="width: 80%;" type="text"/>	Broker/Agency	
Broker/Agent <input style="width: 80%;" type="text"/>		
Quote Ref <input style="width: 80%;" type="text"/>		
OFFICE USE ONLY		
Policy No <input style="width: 80%;" type="text"/>		
Authorised <input style="width: 80%;" type="text"/>		

Full Name of Proposer

Postal Address

Postcode:

Telephone No. Website address

Directors/Partners Full Names (where not shown above)

Full Description of Business Activities

Period of Insurance required: From: To:

General Questions (complete in full in all cases)

1. Do any of the buildings you occupy have walls **other than** of brick, stone, or concrete or roofs **other than** of slate, tile, concrete, metal or asbestos? Yes No
2. Does any other business occupy or operate from these buildings? Yes No
3. Does your office form part of a wider manufacturing or industrial concern? Yes No
4. Have you or has any director or partner been convicted of, or is any prosecution pending for, arson or any offence involving dishonesty of any kind e.g. fraud, robbery, theft or handling stolen goods? Yes No
5. In respect of any of the risks against which you now wish to insure
 - a) Have you or has any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years? Yes No
 - b) Has any previous insurer declined a proposal, refused to renew a policy or imposed special terms or conditions? Yes No
 - c) Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss, destruction or damage or made any claim or had any claim made against you during the last 5 years? Yes No

If you have answered 'YES' to any of the above Questions give details below including name(s) of previous insurers/trading interests and dates and amounts paid or outstanding in respect of any claims.

Premises (complete in all cases)

1. State the address at which the property to be insured is situated.

If more than one premises are to be insured please supply full addresses and Sums Insured on a separate sheet of paper.

Postcode: <input style="width: 100px;" type="text"/>

Contents (complete in all cases and see notes on How To Calculate Your Sums Insured)

1. State sums to be insured

A) Business Equipment, fixtures, fittings, fixed glass and all other contents for which you are legally responsible

£

B) Business Files and Records, (see Prospectus for definition - minimum Sum Insured £10,000)

£

2. Do you wish to increase the excess applying to each claim?

Yes No

If 'YES' indicate the increased excess required

£1,000 £2,500

Other £

N.B. Premium discounts are normally available for higher excesses.

Business Interruption (complete in all cases and see notes on How To Calculate Your Sums Insured)

1. Tick box for Indemnity Period required

12 months 24 months 36 months

2. State estimated **Gross Revenue** during the Indemnity Period selected

£

3. Do you wish to limit cover to **Additional Expenditure** only?

Yes No

If 'YES' state Sum Insured required (minimum £10,000)

£

Optional Additional Covers (complete only those Sections required)

A) BUILDINGS

1. State sum to be insured (this must represent the full cost of rebuilding)

£

2. State name(s), nature and address(es) of any other financial interest in the building(s) to be noted on the policy

3. Are the buildings in a 'good state of repair' and will they be maintained?

Yes No

B) OUTBUILDINGS DEBIT BALANCES

1. State sum to be insured

£

N.B. Your Policy will contain a Condition that you maintain a quarterly record of the total amount outstanding and keep this record away from your premises.

C) PERSONAL ACCIDENT (Age limits 16-65)

1. Persons to be insured (continue on a separate sheet, if necessary)

£

Name	Date of Birth	Death (BENEFIT 1)	Loss of Limbs/Sight Permanent Total Disablement	Temporary Total Disablement (BENEFIT 2)	Temporary Partial Disablement
		£	DOUBLE BENEFIT 1	£ per week	50% of BENEFIT 2
		£		£ per week	
		£		£ per week	

Optional Additional Covers (continued)

2. Do you wish to exclude an initial period of temporary disablement? Yes No
If 'YES' tick box for excluded period required 2 weeks 4 weeks
3. Are any of the persons to be insured engaged in any occupation other than the business? Yes No
4. Are any of the persons to be insured suffering from a disability, an illness or are not in good health? Yes No
5. Have any of the persons to be insured been involved in any accident causing disability in the last 5 years? Yes No

If you have answered 'YES' to any of Questions 3-5 give details below.

Additional Information

If you have answered 'YES' to ANY Questions 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.

Additional Information

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 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)
and position in Company

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.

