OFFICE PACKAGE PROPOSAL FORM

ANSVAR
Insuring a better way of life

Ansvar Insurance Company Limited
Ansvar House, St Leonards Road,
Eastbourne, East Sussex, BN21 3UR
Telephone: 01323 737541
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Agent

Agent No. Agency Ref.

Quote Ref./Policy no.

Please use BLOCK CAPITALS and, where applicable, answer the questions by putting a [✓] in the square adjoining the correct answer. If you [✓] any of the shaded boxes please provide details.

PROPOSER'S DETAILS (Please state the full legal entity)

Full name(s) of the proposer(s) including Mr/Mrs/Miss/Ms or, where appropriate, the Committee/Trustees for the Time Being, etc.

Trading Name

Business or Profession

Type of organisation:

Sole Trader ☐ Partnership ☐ Limited Company ☐

Registered Charity ☐ Recognised Charity (in Scotland and Northern Ireland) ☐ Charity Number

Applying for charity status ☐ Voluntary Organisation ☐ Non-Profit Company/Organisation ☐

Address of premises to be insured

Postcode

Address for correspondence (if different)

Postcode

Telephone numbers

Home Daytime

Other contact numbers

Fax E-mail address

Period of Insurance

From To

How long have you been in business? (a) at these premises? Years/Months Elsewhere? Years/Months

Do you have any other policies with Ansvar? Yes ☐ No ☐

If YES, provide details

GENERAL QUESTIONS

If you [✓] any of the shaded boxes please provide details

1. State the number of staff employed in the premises? Full-time ☐ Part-time ☐ Volunteers ☐

2. Are you now or have you previously been insured against any of the risks proposed? Yes ■ No ☐

If YES, state the:

(a) name of insurer

(b) policy number

(c) expiry date of policy

3. Has any insurer:

(a) declined a proposal, cancelled or refused to renew a policy? Yes ■ No ☐

(b) increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)? Yes ■ No ☐

4. To your knowledge, have you or any director or partner in the business/organisation been:

(a) convicted or charged with, or received a caution for any criminal offence other than motoring offences? Yes ■ No ☐

(b) declared bankrupt or had any unsatisfied County Court Judgement? Yes ■ No ☐

(c) insured against any of the risks proposed either in your name or in another name? Yes ■ No ☐

5. Have you sustained loss or damage or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes ■ No ☐

If YES, provide details including dates, circumstances and costs, etc.

6. Are your books regularly audited? Yes ☐ No ■

7. Are the premises (including any outbuildings):

(a) built of brick/stone/concrete and roofed with slates/tiles/metal/concrete? Yes ☐ No ■

(b) occupied solely by your business for office purposes? Yes ☐ No ■

(c) in an area free from flooding or where no flooding has occurred? Yes ☐ No ■

(d) in good state of repair and will be so maintained? Yes ☐ No ■

(e) self contained with a lockable entrance door under your sole control? Yes ☐ No ■

(f) left unoccupied for long periods (30 days or more)? Yes ■ No ☐

8. On what floor(s) is the office situated (ground/first floor etc.)?

9. Is there any process of manufacture or repair carried out or power driven machinery used on the premises? Yes ■ No ☐

10. Are all access doors to your premises fitted with 5 lever mortise deadlocks to BS 3621 standard? Yes ☐ No ■

If NO, give full details of the type of locks fitted

11. Are all ground floor windows and other windows accessible from the outside fitted with:

(a) key operated locks on opening windows? Yes ☐ No ☐

(b) internal or external grilles / metal bars / roller shutters? Yes ■ No ☐

12. Do you have a burglar alarm system protecting the premises? *(a copy of the alarm specification will be required)* Yes ■ No ☐

If YES, (a) is it maintained and services under contract by a NACOSS approved installer? Yes ☐ No ■

(b) does the system have a Redcare central station connection? Yes ☐ No ■

13. Are any additional interests such as Bank, Mortgagee to be noted on the policy? Yes ■ No ☐

If YES, state name, address and reference number

14. What precautions do you take to safeguard your computer system records:

(a) back-up copy kept in a safe on the premises ☐ (b) back-up copy kept offsite ☐ (c) other ■ (please describe below) (d) none ☐

COVER REQUIRED

If you [✓] any of the shaded boxes please provide details

BUILDINGS Do you require cover? Yes ☐ No ☐

(Sum insured should be based on the cost of rebuilding as new including an amount to cover debris removal, architects' and surveyors' fees)

1. Type of cover Standard ☐ Standard plus accidental damage ☐

2. Buildings (including any outbuildings, boundary walls, fences and landlords fixtures and fittings) £

CONTENTS Note: Cover under this section is compulsory

(The sum insured should represent the full cost of replacement as new apart from stock in trade which should be based on the cost price).

**For documents the sum insured should represent the cost of replacement only as stationery or other materials.*

3. Type of cover Standard ☐ Standard plus accidental damage ☐

4. Tenants improvements and decorations £

5. Electronic business machines, computers and ancillary equipment including software £

6. Stock (description e.g. literature for sale, promotional goods, samples etc.) £

7. All other contents (including business furniture, fixtures, fittings, plant, documents* and appliances for which you are responsible but excluding items more specifically insured under the All Risks section) £

ALL RISKS Do you require cover? Yes ☐ No ☐

If YES, [✓] as required *(use an additional sheet if needed)*

Premises	British Isles	Worldwide	Full description *(make/model/serial numbers where applicable)*	
☐	☐	☐		£
☐	☐	☐		£
☐	☐	☐		£

MONEY Do you require cover beyond the standard limits? Yes ☐ No ☐

If YES, state the sums insured required:

(a) in transit (to and from bank) or in a bank night safe £

(b) in a locked safe outside business hours *(state make and model of safe)* £

(c) on the premises during business hours £

BOOK DEBTS Do you require cover? Yes ☐ No ☐

If YES, state the sum insured required £

BUSINESS INTERRUPTION Do you require cover? Yes ☐ No ☐

If YES, please advise Option required:

OPTION (A) Loss of income (includes extra expenses)

i) Estimated annual income £ X 2 or 3 (if 24 or 36 months indemnity period) = £

ii) Indemnity period 12 months ☐ 24 months ☐ 36 months ☐

OPTION (B) Extra expenses only (excludes 'loss of income') £

EMPLOYERS AND PUBLIC LIABILITY Do you require cover for activities/work away? Yes ☐ No ☐

(Commercial travelling, administration and clerical duties are covered automatically)

If YES, state (a) nature of activities/work undertaken

(b) estimated wages paid for such work £ (c) number of employees/volunteers involved

PRODUCTS LIABILITY Do you require cover for liability arising from the sale or supply of goods other than food or drink? Yes ☐ No ☐

If YES, a supplementary proposal form will be provided for completion

PERSONAL ACCIDENT *(employees/volunteers while working for you)* Do you require cover? Yes ☐ No ☐

If YES, state the amount of cover required for:

(a) death, loss of limbs/eyes etc. £ *(maximum £10,000)*

(b) temporary total disablement £ per week *(maximum £50 for volunteers).*

TERRORISM Do you wish to purchase Terrorism damage cover? Yes ☐ No ☐

IMPORTANT NOTES

- Our liability does not commence until this proposal has been accepted.
- We reserve the right to ask for special terms or decline this proposal.
- Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal, may render the policy voidable by us. If you are in any doubt whether certain facts are material, these should be disclosed.
- A copy of this proposal will be supplied by us on request within 3 months of its completion.
- You should keep a record (including copies of letters) of all information supplied to us for the purposes of entering into this contract of insurance.
- A copy of the usual policy form issued for this class of business is available on request.
- English Law will apply unless expressly agreed otherwise.
- We may write to you or your insurance agent with details of other products and services available from Ansvar that we think may be of interest to you. However, if you do not wish to receive any marketing from us please tick this box. ☐
- Insurers pass the information to the Claims and Underwriting Exchange register, run by Insurance Database Services (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this. You should show this notice to anyone who has an interest in property insured under the policy.
- **Data Protection Act - Use of your information**
  For the purpose of the Data Protection Act 1998 the data controller in relation to the information you supply for this insurance is Ansvar, part of the Ecclesiastical Insurance Group. As a data subject you have the right under the Act to ask your Data Controller for a copy of personal data you have supplied and ask for inaccurate data to be corrected. Information you supply is used for purposes of administration by the insurer and its agents, by re-insurers and your intermediary. It may also be made available to regulators and ombudsmen as necessary. In deciding whether to offer insurance, its terms or assessing claims made, insurers may undertake checks against publicly available information such as electoral roll, county court judgements, bankruptcy or repossessions. Information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters or investigators.

DECLARATION

I/We declare that the above proposal together with this declaration shall be the basis of the contract between me/us and Ansvar and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

Signature _____ Name _____

Position in business/organisation _____ Date _____

LONG TERM UNDERTAKING

In exchange for a premium discount do you want to enter into a Long Term Undertaking? Yes ☐ No ☐

If YES, complete and sign the following:

In consideration of the Company agreeing to allow a discount off the premium, I/we hereby undertake from _____ to offer annually for 3 years the insurance on the terms and conditions in force at the expiry of each period of insurance and to pay the premium annually in advance (or by instalments) it being understood that:

(a) the Company shall be under no obligation to accept an offer made in accordance with this undertaking
(b) the sum insured may be reduced at any time to correspond with any reduction in value.

This undertaking shall apply to any policy which may be issued by the Company in substitution for this policy and the same discount shall be allowed off the premium on the substituted policy.

Signature _____ Position _____ Date _____

NOTES

A premium discount will be given if the business/organisation agrees to continue the policy with Ansvar for 3 consecutive years. Some points to note in respect of a long term undertaking:

- It is a legally binding contract between the business/organisation and Ansvar Insurance Company. In the event there is no material change in the risk and Ansvar increases the rating or imposes more onerous terms at renewal, we have broken the contract.
- If renewal is offered at the same terms or lower rating then the contract is not broken and the charity/organisation must offer to renew the policy.
- Should there be a material change in the risk, we will negotiate with you about continuing the long term undertaking with any revised terms.
- If you approach any other insurer to quote for any part of the cover provided by Ansvar, you must tell them about the existence of the long term undertaking.

PLEASE USE THIS SPACE FOR ADDITIONAL INFORMATION

Registered Office: Beaufort House, Brunswick Road, Gloucester, GL1 1JZ Registered No: 661060 England
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