



Property Owners Proposal Form

Important Note

You are reminded that you must provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material it should be disclosed. Failure to disclose all material facts may invalidate your Policy or may result in your Policy not operating fully

1. General Information

Name in Full

Company Registration No.

Trade Name

Business Description

Postal Address

Town

County

Post Code

Business Phone No.

Fax No.

Website Address

Email Address

Contact Name

How many years have you been in this trade or business?

Period of insurance – 12 months from

2. Cover – Buildings and Rent (Complete in all cases)

Are there any buildings (or part or buildings) you wish to insure:

Not built of brick, stone or concrete and/or not roofed with slate, tile, concrete, metal or asbestos?

Yes
No

Are any floors in the Buildings not concrete?

Yes
No

In the course of construction or undergoing (or scheduled to undergo) any process of structural alteration, renovation or repair?

Yes
No

Currently (or expected to become) untenanted or vacant?

Yes
No

Used for a purpose other than that for which they were built?

Yes
No

Communicating with other premises?

Yes
No

Heated other than by fixed and permanent gas, electric or oil-filled central heating systems?

Yes
No

Occupied by asylum seekers, students or DSS funded occupants?

Yes
No

Not complying with the minimum standards of security*

**Detailed at the end of the proposal*

Yes
No

Is subsidence cover required?

Yes
No

If 'Yes' please answer the following questions:

a) Is the property showing any signs of subsidence, heave or landslip?

Yes
No

b) Is the property monitored for subsidence, heave or landslip. or has it been monitored for subsidence, heave or landslip?

Yes
No

c) Has the property ever been the subject of a survey which mentions settlement or movements of buildings?

Yes
No

d) Are you aware that any neighbouring properties have suffered damage by subsidence, heave or landslip?

Yes
No

If you have answered 'Yes' to any part of sub-questions 1 and 2 above, please give details in the space below:

Are any hazardous processes undertaken or hazardous materials stored in or at the premises?

Yes
No

If you have answered 'Yes' please give details in the space below:

	Premises	Address	Postcode
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

In respect of each premises state the sum(s) to be insured on buildings, rent details (if rent cover is required), and the trade/business of each occupier.

Premises	Buildings	Annual Rent	Period of Rent 12, 24 or 36 Months	Trade or business of occupier
1 _____	£ _____	£ _____	_____	_____
2 _____	£ _____	£ _____	_____	_____
3 _____	£ _____	£ _____	_____	_____
4 _____	£ _____	£ _____	_____	_____
5 _____	£ _____	£ _____	_____	_____
6 _____	£ _____	£ _____	_____	_____
7 _____	£ _____	£ _____	_____	_____
8 _____	£ _____	£ _____	_____	_____

3. Cover – Property Owners Liability

Please select the limit of indemnity required:

£1,000,000

£2,000,000

£5,000,000

4. Cover – Employers' Liability

Is cover required for injury to employees?

Yes

No

If 'Yes' give details of your employees below:

Description of employees including persons supplied to or hired or borrowed to you	No of employees	Estimated annual payments to employees
Clerical and managerial employees	_____	£ _____
Security staff, caretakers, gardeners and other maintenance staff	_____	£ _____
Others (give full details of work carried out)	_____	£ _____

5. Insurance History and Financial Information (To be completed in all cases)

Is there any other party, e.g. bank, building society, whose interest should be noted in the policy?

Yes
No

Details:

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Have you or any of your partners or directors either personally or in competition with any business in which you/they have been involved:

a) Previously held insurance for any of the covers to which this proposal relates at these premises or elsewhere?

Yes
No

If 'Yes' please advise name of insurers and policy number:

Insurer

Policy Number

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b) Held any insurance (in respect of the covers to which this proposal relates) which has subsequently been:

i) Declined?

Yes
No

ii) Terminated?

Yes
No

iii) Refused renewal?

Yes
No

iv) Subjected to special terms?

Yes
No

Details

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Ever been convicted or charged (but not yet tried) with a criminal offence other than a motoring offence?

Yes
No

Details:

Ever been declared bankrupt or are subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

Yes
No

Details:

Had within the last five years any losses whether insured or not or had any claims made against you (in this or any existing or previous business)?

Yes
No

Details:

SECURITY (To be read in conjunction with Question 2)

Property Damage

The Minimum Standard of Security must be implemented at all premises insured for theft cover within 8 weeks of the cover commencing.

Failure to implement these requirements may result in a theft claim not being paid.

- A. The final Exit Door of the premises be fitted with a mortise deadlock which has 5 or more levers and/or conforms to BS3621: 1980 specification for theft resistance locks and matching boxed striking plate.
- B. All other external doors and all internal doors giving access to any part of the building not occupied by the insured for the purpose of the business be fitted either:
 - 1. A mortise deadlock with matching boxed striking plate as specified in (A)
 - 2. Two-key - operated security bolts for doors, one fitted approximately 30cm from the top of the door and the other 30cm from the bottom.
- C. All ground and basement opening windows/skylights and other opening windows/skylights accessible from roofs, decks, balconies, fire escapes, canopies or down pipes to be fitted with key operated window locks. This requirement does not apply to windows/skylights which are protected by solid steel bar grilles, lockable gates, expanded metal or weld-mesh, provided agreement shall have been obtained from the company and is stated of the schedule.

Any door or window officially designated a fire exit by the fire authority is excluded from these requirements.

**TO BE COMPLETED IN ALL CASES
IMPORTANT NOTICE**

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/WE have disclosed all material facts that ought to be communicated to the Underwriters.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/We hereby agree that this proposal and this Declaration shall be the basis of the contract insurance between the Insurers and myself/Ourselves.

Signature of proposer (partner/director) _____

Position Held _____

For and on behalf of _____ Date _____

Law Applicable to Contract: If the proposer shown on this Proposal Form is a private individual or a sole trader then they are free to choose to the law applicable to this Insurance Contract. This Contract will be subject to English Law (or Scottish Law where applicable).

Please return the completed form to:-

E-mail Insurance@aips.co.uk

Fax: **01623 663119**

Post: **AIPS LTD
363 Nottingham Road
Mansfield
Notts
NG18 4SG**