COMBINED PROPERTY PROPOSAL FORM

Specialist Underwriters
ECIC

ECA Court 24–26 South Park
Sevenoaks Kent TN13 1DU
T 0330 221 0250
E ecic@ecinsurance.co.uk
W www.ecic.co.uk

Please answer all questions, completing the form in ink using block capitals.

The completion and signature of this Proposal does not bind the Proposer or Insurers to complete a contract of insurance.

Please note that you must disclose all material information likely to influence the acceptance and/or assessment of your Proposal. If you are unsure whether any item of information is material you should include it. A failure to do so may give the Insurers the right to refuse the claims which you make, and in certain circumstances to avoid the Policy altogether.

Proposer's Full Name

- Include all companies to be insured
- If the Proposer is not a limited company specify any trading names and the names of all principals and partners

Address

Post Code

Tel

Fax

e-mail

BUSINESS DETAILS

1. **When was the business established?**

2. **Have you ever traded under a different name?** **YES** ☐ **NO** ☐

If "YES", please advise details:

3. **Full description of trade or business:**

4. **Are you**

a) a member of a trade body or association? **YES** ☐ **NO** ☐

b) accredited or registered with an approvals or certification body in respect of the work you undertake? **YES** ☐ **NO** ☐

If "YES", please provide details including your membership/registration number(s):

INSURERS CII CHARTERED

EC Insurance Company Limited (ECIC) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority
FRN: 202123

Registered office:
EC Insurance Company Limited
ECA Court
24–26 South Park
Sevenoaks
Kent TN13 1DU

Registered in England No 1266206

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COVER REQUIRED

1. **Please advise the date the Insurance is to commence:**
   Note: Cover will not commence until ECIC have accepted this Proposal or agreed to hold covered. ☐

2. **Please tick the appropriate boxes for the covers you wish to insure:**

SECTION 1 – PROPERTY Cover for buildings, business equipment, stock and other contents at your premises.	**YES** ☐	**NO** ☐
Section 2 – Business Interruption Gross Profit or Increased Costs of Working business interruption cover.	**YES** ☐	**NO** ☐
Section 3 – Money Insures money, negotiable and non–negotiable instruments against accidental loss or theft.	**YES** ☐	**NO** ☐
Section 4 – Goods in Transit Insures goods against accidental loss or damage whilst in transit.	**YES** ☐	**NO** ☐
Section 5 – Personal Accident Protection against death or disablement arising from accidental bodily injury.	**YES** ☐	**NO** ☐
Section 6 – Glass All Risks cover for specified fixed glass at the business premises.	**YES** ☐	**NO** ☐

3. **Do you wish to extend the policy to provide cover for losses arising from Terrorism?** **YES** ☐ **NO** ☐

PLEASE NOTE
Unless specifically extended, the operative Property, Business Interruption, Money, Goods in Transit and Glass Sections of the policy will not respond to claims arising from terrorist activity.
The Terrorism Extension referred to above does not apply to Section 5 – Personal Accident..
Please refer to ECIC for details of any specific terrorism limitations applicable to the Personal Accident Section of the policy.

Please complete the following questions for each section you wish to insure.

The Claims and Insurance History Section and the Declaration must be completed in all cases.

SECTION 1 – PROPERTY

1. **Please advise the location of any property to be insured at your premises and the sums insured required:**

Situation 1		**Postcode**
Situation 2		**Postcode**
Situation 3		**Postcode**

PLEASE NOTE
If you insure any of your property for a sum less than its full value, you will receive only a proportionate amount of any loss when you make a claim This insurance principal is known as "Average"
The sum insured for Buildings must be based on the full cost of rebuilding including an allowance for inflation, professional fees, shoring or propping up, debris removal and local authority costs
The sum insured for Business Equipment and other Contents must be on a replacement as new basis and include an allowance for inflation, fees and debris removal
The sums insured must include an amount for VAT if you are not registered, exempt or partially exempt to allow for any non-recoverable element

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Property to be insured	Sum insured		
	Situation 1	Situation 2	Situation 3
a) Buildings including landlords fixtures and fittings, outbuildings, walls, gates and fences.	£	£	£
b) Tenants improvements and decorations for which you are responsible.	£	£	£
c) Rent:			
• Receivable/Payable	£	£	£
• Indemnity Period	Months	Months	Months
d) Office computer equipment, fax machines and copiers	£	£	£
e) Other Business Equipment and All Other Contents	£	£	£
f) Stock in trade and property for which you are responsible:			
• Non-ferrous Metals	£	£	£
• Computers, cameras and electronic equipment	£	£	£
• All other Stock	£	£	£
g) Any other Property	£	£	£
Please specify:			

2. Please complete in respect of any property to be insured on an any where UK basis:
Note: Specific exclusions apply in respect of losses from unattended vehicles.

Property to be insured	Sum insured	Number of items
a) Mobile telephones	£	
b) Laptop computers	£	
c) Test equipment	£	
d) Other portable hand and power tools	£	
e) Any other property	£	
Please specify:		

3. How long have you occupied the premises to be insured?

Situation 1		**Years**
Situation 2		**Years**
Situation 3		**Years**

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4. **Are you the sole occupier of the premises?** YES ☐ NO ☐

5. **Are the buildings**
   a) built entirely of brick, stone or concrete with roofs of slate, tile, concrete, metal or asbestos cement? YES ☐ NO ☐
   b) properly maintained and in a good state of repair? YES ☐ NO ☐
   c) supplied with electricity by modern wiring and fittings and heated only by hot water central heating systems, mains electricity or mains gas? YES ☐ NO ☐
   d) in an area free from flooding and not exposed to risk of damage by storm? YES ☐ NO ☐

If "NO" to any part of Question 4 or 5 above, please give details:

6. **Are your premises protected by the following safety equipment:**
   a) Fire extinguishers and/or fire hose reels? YES ☐ NO ☐
   b) A manual "break glass type" fire alarm system? YES ☐ NO ☐
   c) An automatic fire alarm system incorporating heat and/or smoke detectors? YES ☐ NO ☐
   d) A fire alarm system with automatic signalling to the fire brigade or an alarm company? YES ☐ NO ☐

7. **Is there an ongoing service/maintenance contract in place for all the fire safety equipment?** YES ☐ NO ☐

8. **Do you have a "No Smoking" policy at your premises?** YES ☐ NO ☐

9. **If your premises have a Fire Certificate, are the requirements imposed by the Certificate fully complied with?** YES ☐ NO ☐

If "NO" to any part of Questions 6 to 9 above, please give details of the fire safety equipment at your premises:

10. a) **Are all doors and windows secured in accordance with the Minimum Security Requirements specified below?** YES ☐ NO ☐
    b) **Are accessible rear and other "concealed" windows fitted with security bars or grilles?** YES ☐ NO ☐

If "NO" to any part of Question 10, please give details of the security at your premises:

MINIMUM SECURITY REQUIREMENTS

We may require to survey your premises. If so, our Surveyor may stipulate additional requirements. If we do not carry out a survey, the following Minimum Security Requirements apply.

DOORS

All external doors at your premises and any internal doors leading to other premises are to be protected as follows:

Timber Doors	Frames to be at least 45mm thick and must be secured by mortice deadlocks which conform to British Standard 3621 and incorporate a minimum of 5 levers
Aluminium Framed Doors	Must be fitted with a swing bolt type mortice lock incorporating a minimum of 5 levers

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WINDOWS
All opening sections of external ground floor windows and all other windows which are accessible from roofs, fire escapes or down pipes must be fitted with key operated locks

11. Are the premises protected by an intruder alarm system? **YES** ☐ **NO** ☐

If "YES", please confirm:

a) The name of the installer:

b) The method of signalling: Bell Only ☐ Digital Communicator ☐ BT Red Care ☐

c) Does the system operate efficiently without frequent faults or false alarms? **YES** ☐ **NO** ☐

d) Is there an ongoing service/maintenance contract in place for the system? **YES** ☐ **NO** ☐

If "YES", who is this with?

12. Do you require cover for subsidence, heave and landslip? **YES** ☐ **NO** ☐

If "YES", please confirm:

a) The age of the buildings:

b) Are there any visible signs of cracking? **YES** ☐ **NO** ☐

c) Are the buildings exposed to large trees, cliffs, embankments, mines or other underground workings? **YES** ☐ **NO** ☐

d) Are the buildings erected on made up ground or cleared woodland? **YES** ☐ **NO** ☐

e) Has the property or any adjacent property previously suffered damage from subsidence, heave or landslip? **YES** ☐ **NO** ☐

f) Is there any history of subsidence, heave or landslip in the area? **YES** ☐ **NO** ☐

g) Has an insurer ever declined a proposal, imposed special terms or refused to renew any insurance for the buildings in respect of subsidence, heave or landslip? **YES** ☐ **NO** ☐

h) Are you aware of any professional report which comments on the soil conditions on which the structure has been built or makes recommendations concerning the foundations of the building? **YES** ☐ **NO** ☐

If "YES" to any part of Question 12 b) to h), please give details and attach a copy of any professionally prepared report:

SECTION 2 – BUSINESS INTERRUPTION

1. What is your estimated Gross Annual Turnover for the next twelve months?

a) Turnover derived from work away contracting activity £

b) All other turnover £

Please describe the nature of any turnover advised for item b) above:

2. Please confirm the basis of cover required:

Option 1 – Gross Profit **YES** ☐ **NO** ☐

If "YES",

a) What is your anticipated Annual Gross Profit? £
(Where the indemnity period selected exceeds 12 months the Gross Profit Sum Insured will be determined by increasing the anticipated Annual Gross Profit proportionately).

b) What is the Maximum Indemnity Period required? **Months**

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c) Do you require cover on a Declaration Linked basis? YES ☐ NO ☐

Option 2 – Increased Costs of Working Only YES ☐ NO ☐

If "YES",

a) What is the total Sum Insured required? £

b) What is the Maximum Indemnity Period required? Months

3. Please indicate if any of the following extensions are required:

a) Damage at the premises of unspecified suppliers or customers: YES ☐ NO ☐
(Limit 10% of the GP/ICOW sum insured – maximum £100,000)

b) Damage at contract sites: YES ☐ NO ☐
(Limit 10% of the GP/ICOW sum insured – maximum £100,000)

c) Denial of Access to your premises: YES ☐ NO ☐

d) Public Utilities: YES ☐ NO ☐
(i.e. interruption consequent upon damage at the premises of the electricity, gas or water supplier)

4. Do you require cover for Outstanding Debt Balances? YES ☐ NO ☐

If "YES",

a) What Outstanding Debit Balance Sum Insured is required? £

b) Are your accounts records kept in a fire resistant safe, strong room or cabinet? YES ☐ NO ☐

c) Are your accounts records computerised? YES ☐ NO ☐

d) Do you keep monthly records at a place other than your premises? YES ☐ NO ☐
Note: A Debit Recording Warranty, which requires that you keep monthly records at a place other than your premises, applies.

If "NO", to questions b) to d) above, please give details of the precautions taken to protect your accounts records:

PLEASE NOTE

Where Gross Profit basis applies this is defined as:

Your turnover (net of discounts allowed) plus the value of closing stock and work in progress

less

The cost of purchases (net of discounts received) plus the value of opening stock and work in progress and any other charges specified by you as Uninsured Working Expenses which will vary in direct proportion to your turnover

Where the Increased Costs of Working Only basis applies cover is limited to the Additional Expenditure necessarily incurred in order to prevent or minimise the interruption of or interference with your business during the Indemnity Period

The available Indemnity periods are 12, 18 and 24 months You should select a period to allow for the maximum time your business will be affected if your premises were destroyed

SECTION 3 – MONEY

1. What is the estimated annual amount of Money paid into and drawn from your bank? £

Note: Money includes cash, uncrossed cheques, postal and money orders, postage and savings stamps and certificates and amounts handled in the form of luncheon vouchers.
Do not include crossed cheques.

2. Please confirm the limits required for loss of Money as follows:

a) On your premises during business hours or in transit to and from the bank or in a bank night safe: £

b) On a contract site during business hours £

c) On your premises in a locked safe out of business hours

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Please give details of the safes used:

Make and model		£
Make and model		£

The following standard limits apply in addition to the above:

a)	Money not contained in a locked safe on your premises out of business hours:	£200
b)	Money in your dwelling or the dwelling of any person to whom such money is entrusted:	£300
c)	Non-negotiable Money:	£250,000
d)	Loss or destruction of or damage to the safes specified in 2c) above:	Cost of repair or replacement
e)	Personal Accident Assault benefit:	
	Death and Capital benefits:	£10,000
	Temporary Total Disablement (Maximum Period 104 Weeks):	£100 per week
f)	Any other loss of Money:	£250

SECTION 4 – GOODS IN TRANSIT

1. Please provide a full description of the type of Goods to be insured:
Note: Please complete Question 4 below if tools cover is required.

2. What is the estimated annual value of goods in transit? £

3.. Is cover required for goods carried in your own vehicles? **YES** ☐ **NO** ☐

If "YES", please confirm:

a) The maximum number of vehicles to be used:

b) The maximum limit required per vehicle: £

c) The makes and types of vehicles used:

d) Are any of the vehicles fitted with alarms, immobilisers or other additional security? **YES** ☐ **NO** ☐

e) Are any of the vehicles left loaded and unattended overnight? **YES** ☐ **NO** ☐

If "YES" to questions d) or e) above, please give details:

4. Do you wish to insure your tools? **YES** ☐ **NO** ☐

If "YES", please confirm:

a) The number of vehicles in which tools will be carried:

b) The maximum value of tools in any one vehicle at any one time: £

5. Please complete the following schedule:

- **for all vehicles where the total number of vehicles to be insured is less than 6, or**
- **in respect of any vehicle where the limit (incl. Tools) exceeds £10,000.**

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Registration Number	Make and Model	Security Fitted	Max Goods Limit	Max Tools Limit

6. Is cover required for carryings by other means (i.e. Road Hauliers, rail, or post): **YES** ☐ **NO** ☐

If "YES", please confirm

a) the estimated value of goods dispatched annually: £

b) the maximum value of any one package: £

c) the maximum value of any one consignment: £

PLEASE NOTE

Unless otherwise agreed cover under this section will be subject to the following:

GARAGING CONDITION
The Insurers shall not be liable for loss of or damage to the goods in any unattended vehicle insured hereunder between the hours of 7 00 p m (1900 hours) and 8 00 a m (0800 hours) unless such vehicle is in a locked private garage or locked or permanently attended public garage

UNATTENDED VEHICLE LOCKING WARRANTY
The Insurers shall not be liable for loss or damage arising from theft or any attempt thereat from any unlocked unattended vehicle

SECTION 5 – GROUP PERSONAL ACCIDENT

1. Please select the basis of cover required:

a) Accidental bodily injury sustained at any time: **YES** ☐ **NO** ☐

b) Occupational accidents including commuting: **YES** ☐ **NO** ☐

c) Occupational accidents excluding commuting: **YES** ☐ **NO** ☐

2. Please state benefit or multiple of salary required for the Death and Capital benefits:

Name or Category of Person to be Insured	Occupation	Multiple of Annual Salary or Fixed Sum Benefit required
A:		
B:		
C:		
D:		

PLEASE NOTE
The Death and Capital benefits may be provided either as a fixed sum benefit or as a multiple of Annual Salary
A weekly Temporary Total Disablement benefit of 1/52 of Annual Salary for a maximum of 104 weeks is also provided
Unless otherwise agreed, Annual Salary will be deemed to mean total annual remuneration **excluding** payments for overtime commission or bonus

3. In respect of the categories of person specified above, please confirm:

	Estimated Number of Persons	Estimated Total Annual Salary
Category A		£
Category B		£

Category C		£
Category D		£

4. **What payments, if any, are to be included in addition to Annual Salary?**

5. **Are all persons to be insured in sound physical and mental health and free of physical defect or infirmity?** **YES** ☐ **NO** ☐

If "NO", please give details:

6. **Will any person to be insured**
   a) undertake flying, other than in multi engined aircraft and helicopters operating scheduled services from international airports? **YES** ☐ **NO** ☐
   b) visit oil or gas rigs or other offshore installations? **YES** ☐ **NO** ☐
   c) undertake the erection of external aerials or masts or other hazardous height work? **YES** ☐ **NO** ☐
   d) be aged 75 years or more at their next birthday? **YES** ☐ **NO** ☐

If "Yes", please give details:

7. **Have any accidents involving employees, salaried directors or any other category of person to be insured (whether or not any such person is presently employed by you) occurred during the last five years?** **YES** ☐ **NO** ☐

If "YES", please advise:

Date of Accident	Circumstances	Nature of Injury	Period of Disablement

SECTION 6 – GLASS

1. **Please confirm the sums insured required as follows:**
   a) Plate glass frontages on ground floors £
   b) All other external glass £
   c) All fixed internal glass £

2. **What is the location of the glass to be insured:**

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3. **What is the approximate total area of all external glass?** ☐ **Sq. Metres**

4. **Is any of the glass**
   a) other than normal flat annealed, toughened or laminated? **YES** ☐ **NO** ☐
   b) incorporated in multiple glazed units (other than double glazing)? **YES** ☐ **NO** ☐

5. **Are there any panes of glass where the length or width exceeds 5 metres or the total area exceeds 10 square metres?** **YES** ☐ **NO** ☐

If "YES" to any part of questions 4 or 5 above, please supply full details including replacement values:

CLAIMS AND INSURANCE HISTORY

1. **Have you or any partner or director (in connection with this or any other business in which you or they have been trading) suffered any loss, made any claims or been involved in incidents which have or could have resulted in a claim in respect of the risks proposed within the last 5 years?** **YES** ☐ **NO** ☐

If "YES", please advise:

Type of Insurance	Date of Loss	Details of Loss	Amount Paid	Amount Outstanding

2. **Please provide the following information about your present insurance. If you are not presently insured for the risks proposed (other than where your policy has recently lapsed) please state "none".**
   a) **Present Insurer**
   b) **Renewal Date**

3. **Has an insurer ever**
   a) declined to insure you? **YES** ☐ **NO** ☐
   b) cancelled or declined to renew any of your insurances? **YES** ☐ **NO** ☐
   c) required special terms? **YES** ☐ **NO** ☐

4. **Have you been prosecuted during the last 5 years under any safety or environmental legislation?** **YES** ☐ **NO** ☐

5. **Have you or any director or partner ever been**
   a) convicted of or charged (but not yet tried) with any criminal offence other than motor? **YES** ☐ **NO** ☐
   b) declared Bankrupt or insolvent? **YES** ☐ **NO** ☐
   c) a director or partner of a company that went into liquidation? **YES** ☐ **NO** ☐
   d) the subject of a recovery action by Customs and Excise or the Inland Revenue? **YES** ☐ **NO** ☐

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If "YES" to any part of Questions 3, 4 or 5 above, please advise details:

IMPORTANT

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

- The questions on this proposal form and any other details we specifically request, relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk. Failure to disclose all material facts whether or not the subject of a specific question may invalidate your insurance.
- We recommend that you should keep a record of all information, including copies of this proposal form and any letters, supplied to us for the purposes of entering into this insurance contract. Please let us know if you would like a copy of this proposal form sent to you.

DECLARATION

1. **I/We declare that to the best of my/our knowledge and belief**
   a) **the statements and particulars supplied by me/us or on my/our behalf in this proposal are true and complete**
   b) **any statements or particulars supplied by me/us or on my/our behalf separately are true and complete**
   c) **that no material information has been withheld.**
2. **I/We agree that this proposal and any statement and particulars supplied separately shall form the basis of the contract between me/us and the EC Insurance Company Limited.**
3. **I/We agree to accept the EC Insurance Company Limited's usual form of policy for this type of insurance. A specimen copy of the policy is available on request.**
4. **I/We understand that Insurers share information with each other, credit reference agencies and other information agencies with regard to credit agreements, policies and claims, primarily to help assess risks, handle claims and prevent frauds. I/We consent to this.**

Authorised Signature		**Date**	
Position of Signatory			

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Data Protection Act

We may use the personal and business details you give us, or which are supplied by third parties, to provide you with a quotation, to administer your policy, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the risk and assist in making a decision regarding our acceptance of the risk, to support the development of our business including your details in customer surveys, and for market research and compliance business reviews. We may also share these details with other insurance organisations to help off-set risks, to help administer your policy and to handle claims and prevent fraud. We will store your details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, you are entitled to a copy of all the information we hold about you.

Notice to Proposers Under the Insurance Companies (Third Insurance Directives) Regulations 1994

If you are applying for insurance protection as a private individual or as a sole trader (or for the benefit of a private individual or sole trader) you should carefully read the following information.

Law Applicable to the Contract

The law applicable to this insurance contract is subject to agreement between the parties.

Unless a special endorsement to the contrary has been requested by you and agreed by us the law applying to this Insurance contract will be as follows:

a) if you are applying for insurance protection as a private individual the law applicable to that part of the United Kingdom, Channel Islands or Isle of Man in which you or the first named policyholder normally resides, or

b) if you are applying for insurance protection in your capacity as a sole trader the law applicable to that part of the United Kingdom, Channel Islands or Isle of Man in which you have your principal place of business, or

c) if neither of the above applies, the Law of England and Wales.

EC Insurance Company Limited (Company No 1266206) Registered in England and Wales at ECA Court, 24-26 South Park, Sevenoaks, Kent TN13 1DU.

Customer Care

EC Insurance Company Limited ('ECIC') is committed to maintaining a high standard of professional conduct in all our dealings with customers.

However if you feel that your insurance arrangements have not been handled in the manner in which you would expect and you wish to make a complaint, please contact the Underwriting Manager at the office of ECIC that issued your policy. We will ensure that the matter receives immediate attention. You will be sent a copy of our Complaints Handling Procedure.

If you feel that the matter has not been settled to your satisfaction you may write to the Managing Director, ECIC, ECA Court, 24-26 South Park, Sevenoaks, Kent TN13 1DU.

If you are not satisfied with our investigation and conclusion of your complaint or eight weeks have passed since initially making your complaint and you are an individual consumer or a business with a group annual turnover of less than £1million you may refer the matter to the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall, London E14 9SR.

ECIC is a member of the Association of British Insurers and a member of the General Insurance Standards Council.

ECIC is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Your right as a policyholder to take legal action remains unaffected by the existence of the complaints procedures referred to above.