



PROFESSIONAL  
INSURANCE AGENTS

## Commercial Combined Proposal Form

Return to:

Professional Insurance Agents  
Unit 9, Pacific House  
Sovereign Harbour Innovation Park  
1 Easter Place, Eastbourne  
East Sussex  
BN23 6FA

e: [info@professionalinsuranceagents.co.uk](mailto:info@professionalinsuranceagents.co.uk)

t: 01323 648000

# Commercial Combined proposal form

## Section 1 Business Details

### 1.1)

Name of Business:

Full postal address:

Post code:

Email:

Mobile:

Fax:

Full risk address (if different):

Post code:

Email:

Mobile:

Fax:

E-mail:

Website:

### 1.2) How long has the business been established?

At these premises:

Elsewhere:

### 1.3)

a) Full business description:

b) Details of work or services undertaken away from premises:

c) Details of manufactured products:

d) Details of other products sold or supplied:

## Section 2 Buildings & Contents

Property to be Insured	Sum Insured	Property to be Insured	Sum Insured
Buildings	£ <input type="text"/>	General	£ <input type="text"/>
Contents (other than stock or property listed below)	£ <input type="text"/>	Non-ferrous Metals	£ <input type="text"/>
Electronic Business Equipment	£ <input type="text"/>	Cigarettes & Tobacco	£ <input type="text"/>
Computers	£ <input type="text"/>	Wines & Spirits	£ <input type="text"/>
Any other property	£ <input type="text"/>	Other target stock	£ <input type="text"/>

### Section 3 Construction & Security

#### 3.1) Are the Premises:

- a) Built of brick stone or concrete and roofed with slates tiles concrete metal or sheets or slabs composed entirely of incombustible mineral ingredients and plastic roof lights? ☐ Yes ☐ No
- b) In a good state of repair and will be so maintained? ☐ Yes ☐ No
- c) In a position of are likely to be subject to flooding or where flooding has occurred? ☐ Yes ☐ No
- d) Protect by an intruder alarm? ☐ Yes ☐ No
- If yes, please confirm method of signalling (e.g. bells only, Digicom, BT Redcare etc.) ☐ Yes ☐ No
- e) Protected by a water sprinkler system? ☐ Yes ☐ No
- f) In the sole occupancy of the proposer? ☐ Yes ☐ No

#### 3.2) Please state the method of heating on the premises:

3.3) Has the electrical installation been inspected by a qualified engineer during the past three years? ☐ Yes ☐ No

3.4) Do you wish to extend cover to include subsidence? ☐ Yes ☐ No

If 'Yes'?

- a) Is the property erected on made up ground, or showing any visible signs of cracking? ☐ Yes ☐ No
- b) Has the property or any adjacent property previously suffered damage from subsidence? ☐ Yes ☐ No

### Section 4 Business Interruption

4.1) Do you require Business Interruption Insurance? ☐ Yes ☐ No

If "YES" Sum Insured?

Additional Costs of Working ☐ Gross Income ☐

Please confirm the period of indemnity you require:

4.2) Estimated Gross Profit: £

Please select Indemnity Period required: ☐ 12 months ☐ 24 months

4.3) Do you require Book Debts cover? Amount of cover required: £

### Section 5 Public and Employer Liability Cover

#### 5.1) Limit of Indemnity required:

- a) Public Liability ☐ £1,000,000 ☐ £2,000,000 ☐ £5,000,000 ☐ £10,000,000
- b) Do you require Employer Liability? ☐ Yes ☐ No

5.2) Has the firm previously been insured for Professional Indemnity Insurance? ☐ Yes ☐ No

If yes please give details:

Name of Insurers:	<input type="text"/>
Premium:	£ <input type="text"/>
Indemnity Limit:	Excess of: £ <input type="text"/> Each and every claim: £ <input type="text"/>
Date of expiry of coverage:	<input type="text"/>

#### 5.3)

Category	Wageroll of all employees (inc partners/ principals/ directors)
Working on the premises	£ <input type="text"/>
Working away from the premises (not involving use of heat)	£ <input type="text"/>
Working away from the premises (and involving use of heat)	£ <input type="text"/>
Payments to subcontractors working away from premises	£ <input type="text"/>
Charges for plant and/or equipment hired in	£ <input type="text"/>

Estimated Annual Turnover	Within the UK only	£	
	Within the USA and/or Canada	£	
	Elsewhere in the world	£	

## Section 6 General Questions

**6.1)** Please give details of previous insurers at these premises or elsewhere:

**6.2)** Has any Health & Safety notice/order/prosecution been placed in the last 5 years? ☐ Yes ☐ No

**6.3)** Does the trade or business involve:

a) The discharge of effluent, fumes or anything noxious? ☐ Yes ☐ No

b) Any work in/on aircraft operational areas, water-bourne craft, off shore? ☐ Yes ☐ No

c) Any work in/on nuclear installations, petrochemical works or power stations? ☐ Yes ☐ No

**6.4)** Are any products intended for installation or form part of any aircraft, water-bourne craft, off shore installations, nuclear installations, petrochemical works or power stations? ☐ Yes ☐ No

**6.5)** Does the proposer provide design specification formula or advice:

a) In connection with own products? ☐ Yes ☐ No

b) Separately for a fee? ☐ Yes ☐ No

**6.6)** Are any of the materials components or products imported from outside of the European Community? ☐ Yes ☐ No

**6.7)** Does the proposer have a system in force for checking quality control? ☐ Yes ☐ No

**6.8)** Does the proposer enter into any contracts or agreements which may affect liability under statue or common law? ☐ Yes ☐ No

**6.9)** Please give full details of maximum height you work to?

**6.10)** Please give full details of maximum depth you work to?

If any of the above (section 6) are answered 'Yes' please provide full details:

**6.11)** The following optional covers are available, please select which are required:

Goods in Transit	<input type="checkbox"/>	Refrigerated Goods	<input type="checkbox"/>
Theft by Employees	<input type="checkbox"/>	Legal Expenses Cover	<input type="checkbox"/>

## Section 7 Claims / Loss History

**7.1)** Please give details of all losses, whether insured or not or any claims made against the proposer (in this or any other business)

Date of occurrence	Brief details of incident	Cost

## Section 8 Other Information

**8.1)** Please give details of all losses, whether insured or not or any claims made against the proposer (in this or any other business)

## Section 9 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer.

Signature of Principal / Partner / Director:

Full Name:

Date:

*\*\*By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.*

*Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents' to seek terms on my/our behalf from Insurers; including current Insurers*