



PROFESSIONAL
INSURANCE AGENTS LTD

Office Insurance Proposal Form

Return to:

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Office Insurance Proposal Form

Section 1

1.1)

Name of Business:	<input type="text"/>		
Contact Name:	<input type="text"/>	Date Established:	<input type="text"/>
Full Risk Address:	<input type="text"/>	Mobile:	<input type="text"/>
		Tel:	<input type="text"/>
Post Code:	<input type="text"/>	Fax:	<input type="text"/>
Website:	<input type="text"/>	E-mail:	<input type="text"/>

Section 2

2.1)

Turnover	<input type="text"/>	Annual Wage Roll:	<input type="text"/>
Number of Employees:	<input type="text"/>	ERN (PAYE Ref):	<input type="text"/>

Section 3

3.1) Is the premises self contained and solely occupied by yourself? ☐ Yes ☐ No

3.2) Do you have an alarm system? ☐ Yes ☐ No

Type of alarm System?

3.3) What level of Police response?

3.4) Type of locks on windows and doors?

3.5) What is the construction of the building including floor and any flat roof (%)?

3.6) Do you have metal shutters or grills fitted to accessible windows and doors? ☐ Yes ☐ No

Section 4

4.1

Building sum insured:

£

4.2

Fixtures and fittings:

£

4.3

General contents:

£

4.4) Computer Equipment:

4.5) Portable equipment (all risk):

4.6) Specified equipment included in the Sum Insured above where the value exceeds £5,000:

DESCRIPTION OF ITEM	VALUE	DESCRIPTION OF ITEM	VALUE
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	<input type="text"/>	£ <input type="text"/>

Section 5

5.1) 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:

Section 6

6.1) Have any previous claims been made by the company or directors?

☐ Yes

☐ No

6.2) Have you or any partner/director/employee been investigated or charged with a criminal offence (other than motoring offences)?

☐ Yes

☐ No

6.3) Have you or any partner/director/employee ever been declared bankrupt, insolvent or been the subject to bankruptcy proceedings, insolvency proceedings or been disqualified from being a company director?

☐ Yes

☐ No

6.4) Has any Insurer ever declined proposal or renewal for this practice or any partner/principal, required an increased premium, imposed special terms or cancelled an insurance?

☐ Yes

☐ No

If "YES" to any of the above, please give full details, including amounts:

Section 7

If you have previously been insured, please give details:

Name of Insurers:

Premium:

Date of expiry:

Section 8

Any other information or additional cover requirements:

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:

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 Limited' to seek terms on my/our behalf from Insurers; including current Insurers.