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Authorised and Regulated by the Financial Services Authority.
Firm Reference No: 306497

Commercial Combined Proposal Form

Professional Indemnity Insurance

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposer or Underwriter to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

***E.U. DISCLOSURE CLAUSE (UK)
ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE
PLACEMENT.***

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

*Complaints Department, Lloyd's, One Lime Street, LONDON EC3M 7HA Telephone 020 7327 5693
LSW 1002 (02/99) (amended).*



Commercial Combined Proposal

Name of business	
Full postal address (inc. postcode)	
Full risk address (if different)	
Telephone number	
Mobile	
E-mail address	
Website address	

How long has the business been established?	At these premises		Elsewhere	
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Full business description	
Details of work or services undertaken away from premises	
Details of manufactured products	
Details of other products sold or supplied	

Buildings & Contents			
Insured Item	Sum Insured	Insured Item	Sum Insured
Buildings	£	General	£
Contents (<i>other than as listed below. Please specify</i>)	£	Non-ferrous Metals	£
Electronic Business Equipment	£	Cigarettes & Tobacco	£
Computers	£	Wines & Spirits	£
Contents items over £5,000 on premises only (<i>please specify</i>)	£	Contents items over £5,000 away from premises (<i>please specify</i>)	£

Portable Equipment			
Description of item	Value of item	Description of item	Value of item
	£		£
	£		£
	£		£
	£		£
	£		£

Goods in Transit (if required)			
Insured Items	Sum Insured		
<i>Please specify and give reason for transportation.</i>	£		
Details of individual items over £5,000 in transit only (<i>Please specify and give reason for transportation.</i>)	£		

Business Interruption			
Increased Cost of Working. Limit Required	£25,000 £50,000 £75,000 £100,000	Alternatively you can insure for loss of Gross Fees. Please state your anticipated annual Gross Fees allowing for business growth.	£

Construction & Security			
Are the Premises:	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
	In a good state of repair and will be so maintained?		Yes / No
	Free from being likely to flooding or in a position where flooding has previously occurred?		Yes / No
	Protect by an intruder alarm?		Yes / No
	If yes, please provide details and confirm method of signalling (e.g. bells only, Digicom, BT Redcare etc.)		Yes / No
	Protected by a water sprinkler system		Yes / No
	In the sole occupancy of the proposer		Yes / No
	Regularly occupied solely as an office <i>If no please give details of other uses</i>		Yes / No
If your answer to any of the above is 'NO' please provide full explanatory details			
Please state the method of heating on the premises			
Has the electrical installation been inspected by a qualified engineer during the past three years?		Yes / No	
Subsidence	Do you wish to extend cover to include subsidence?		Yes / No
	If 'Yes'	Is the property erected on made up ground, or showing any visible signs of cracking?	Yes / No
		Has the property or any adjacent property previously suffered damage from subsidence?	Yes / No

	<p>Can you confirm that your premises complis with the following minimum security requirements? <i>If no please give details of areas of non compliance.</i></p> <p>Final exit doors must be secured as follows: a timber doors by mortice deadlocks having five or more levers and conforming to BS3621 with matching boxed striking plate; b aluminium doors by cylinder mortice locks operating a swinging lock bolt; c PVCu doors by key operated multi-point locking devices having three or more locking points; d the first closing leaf of double leaf doors fitted internally with bolts top and bottom</p> <p>2 All other external doors and internal doors leading to common areas or other premises must be secured: a by the means set out in 1; or b by key operated security bolts fitted top and bottom.</p> <p>3 All opening windows or roof lights accessible from the ground or via roofs, pipe work or other structures must be secured by key operated locking devices or screwed permanently shut.</p>	Yes / No
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Public Liability Cover

Limit of Indemnity required	£1 million		£2 million		£5 million	
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Employers Liability Cover

Category	Wage roll
Clerical & Managerial	£
Woodworking machinists	£
All other employees at own premises	£
Full details of nature of work undertaken at own premises	
All other employees working away from premises	£
Full details of nature of work undertaken away from premises	

Category	Wage roll of <u>all</u> employees (inc partners/ principals/directors)	
Working on the premises	£	
Working away from the premises (<u>not</u> involving use of heat)	£	
Working away from the premises (<u>and</u> involving use of heat)	£	
Payments to subcontractors working away from premises	£	
Charges for plant and/or equipment hired in	£	
Estimated Annual Turnover	Within the UK only	£
	Within the USA and/or Canada	£
	Elsewhere in the world	£

PLEASE ANSWER NOT APPLICABLE (N/A) TO ANY OF THE ABOVE IF APPROPRIATE.

General Questions

Please give details of previous insurers at these premises or elsewhere		
Has any Health & Safety notice/order/prosecution been placed in the last 5 years?		Yes / No
Does the trade or business involve		
The discharge of effluent, fumes or anything noxious?		Yes / No
Any work in/on aircraft operational areas, water-bourne craft, off shore?		Yes / No
Any work in/on nuclear installations, petrochemical works or power stations		Yes / No
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
Does the proposer provide design specification formula or advice:	In connection with own products?	Yes / No
	Separately for a fee?	Yes / No
Are any of the materials components or products imported from outside of the European Community?		Yes /No
Does the proposer have a system in force for checking quality control?		Yes / No
Does the proposer enter into any contracts or agreements which may affect liability under statue or common law?		Yes / No
Please give full details of maximum height you work to?		
Please give full details of maximum depth you work to?		
If any of the above are answered 'Yes' please provide full details		
The following optional covers are available, please select which are required:		
Goods in Transit		Refrigerated Goods
Theft by Employees		Legal Expenses Cover

Claims / Loss History		
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

Other Information

Please advise of any further information in the box below

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/ We understand by now declaring, misstating or suppressing any material fact on this application could lead to any future claims made on an implemented Insurance Policy based on this to be declined and the claim application not to be paid. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. 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 Insurer's if any.

Signed by principle:

Name of Principle in capitals.....

Date of signing...../...../ 200.....