

Community Transport Combined insurance PROPOSAL FORM



Please use BLOCK CAPITALS and, where applicable, answer the questions by ticking the relevant boxes adjoining the correct answer. If you Tick any of the circle boxes please provide details.

GENERAL INFORMATION

Full name of the Organisation

Nature of Activities undertaken

Premises to be insured including Postcode

Correspondence address (if different) including Postcode

Period of Insurance

From

Tel No. Daytime

To

Tel No. Home

How long have you been operating either (please select one)

(a) at these premises?

Years

(b) elsewhere?

Years

Months

Months

GENERAL QUESTIONS

1. Has any insurer in respect of you or any partner, trustee or director in the business ever:

(a) Declined a proposal?

Yes No

(b) Cancelled or refused to renew a policy?

Yes No

(c) Increased the premium on renewal, imposed special conditions or requested extra precautions to be taken (e.g. safety, security or fire requirements)?

Yes No

2. Have you or any partner, trustee or director in the business been:

(a) Convicted of or charged (but not yet tried) with a criminal offence other than a Motoring conviction?

Yes No

(b) Declared bankrupt, insolvent or the subject of County Court Judgement?

Yes No

(c) Insured against any of the risks proposed either in your name or in another name?

Yes No

If YES, state name of insurer

policy number

expiry date

GENERAL QUESTIONS continued....

3. Have you or any partner, trustee or director in the business sustained loss or damage or incurred any liability caused by any of the risks to be insured within the last 3 years? Yes No

4. Are your books regularly audited? Yes No

5. On what floor(s) is your organisation (ground/first floor etc)

6. Are the premises (including any outbuildings):

(a) Built of brick/stone/concrete and roofed with slates/tiles/metal/concrete? Yes No

(b) Occupied solely by your business? Yes No

(c) In any area free from flooding or where no flooding has occurred? Yes No

(d) In good state of repair and will be so maintained? Yes No

(e) Heated solely by electricity or mains gas? Yes No

(f) Self contained with a lockable entrance door under your sole control? Yes No

(g) Left unoccupied for long periods (30 days or more)? Yes No

7. Is there any process of manufacture or repair carried out or power driven machinery on the premises? Yes No

8. Are all access doors to your premises fitted with 5 lever mortise deadlocks to BS 3621 standard? Yes No

9. Are all ground floor opening windows and other opening windows accessible from the outside fitted with:

(a) Key operated window locks? Yes No

(b) Internal or external grilles/metal bars/roller shutters? Yes No

10. Do you have a burglar alarm system protecting the premises? (a copy of the alarm specification will be required)

IF YES (a) is it maintained and serviced under contract by a NACOSS approved installer? Yes No

(b) has the system got a Redcare central station connection? Yes No

11. Are any additional interests such as Bank, Mortgagee to be noted on the policy? (state name and address below) Yes No

COVER REQUIRED

If you tick any of the circle boxes please provide details including dates, circumstances and cost etc. Use separate sheet if needed.

12. BUILDINGS Do you require cover? Yes No

(Sum insured should be based on the cost of rebuilding as new including an amount to cover debris removal, architects and surveyors fees)

(a) Type of cover Fire & Special Perils Fire & Special Perils plus accidental damage SUM INSURED

(b) Buildings (including any outbuildings, boundary walls, fences and landlords fixtures and fittings) £

13. TENANTS IMPROVEMENTS Do you require cover? Yes No

If YES, state the sum insured required SUM INSURED

£

14. LOSS OF RENT Do you require cover? Yes No

(c) Annual rent receivable £ x 2 or 3 (if 24 or 36 months indemnity period) = £

(d) Indemnity period 12 months 24 Months 36 Months

LIABILITIES SECTION

Please indicate the cover(s) required:

Limit of Indemnity

(a) Employers' Liability	YES <input type="radio"/>	NO <input type="radio"/>	£10,000,000
(b) Public and Products Liability	YES <input type="radio"/>	NO <input type="radio"/>	£5,000,000
(c) Public and Products Liability	YES <input type="radio"/>	NO <input type="radio"/>	£10,000,000

Details of Employees

Please provide full details of your employees (including working directors, any person supplied to or borrowed by you and labour-only sub-contractors) giving an estimate of the total remuneration (see note below) to employees and other person, without deductions of any kind. See Question below regarding Voluntary Helpers.

Occupation/Nature of work undertaken	Number of Employees	Estimated total annual wages/salaries and other earnings	
		At your premises £	Work away £
Clerical/administrative staff			
Shop Assistants			
Employees using machinery (please describe machinery)			
All other employees (please describe occupation)			

Do you engage Voluntary Helpers?

Yes No

If YES please advise

Nature of Duties	Total number engaged	Maximum number at any one time

Details of Overseas Work

(a) Do you engage personnel for work outside Great Britain, the Channel Islands and the Isle of Man?

Yes No

If YES, please give full details of work involved, countries where work is undertaken, approximate periods of work and wages relating to such work

(b) Do you engage personnel who are not ordinarily resident within Great Britain, the Channel Islands and the Isle of Man?

Yes No

If YES, please give full details:

What is the estimated gross turnover of the Organisation during the next 12 months?

£

Please advise the number of members in the Organisation (if applicable):

(a) Are you registered by any Local or other Authority for the activities of the Organisation? Yes No

(b) Has registration ever been withheld or special conditions imposed? Yes No

If YES to either, please give full details:

Do you:

(a) have or use any passenger lifts, lifting equipment, steam or other pressure vessels? Yes No

(b) use, handle or store (or have done so on the past) any flammable or hazardous materials? Yes No

If YES to either, please give full details:

Do you have a Health and Safety Policy? Yes No

Do you manufacture, import, export, wholesale or retail any product (other than the sale of food or drink for consumption on your own premises)? Yes No

If YES, please give a full description of such products and attach brochures or other descriptive literature:

Do you sell or supply second-hand articles as part of your general activities or for fund-raising purposes? Yes No

If YES:

(a) please give full details:

(b) describe how you ensure compliance with any legislation relating to the sale of such items. including the provision for safety inspections by competent persons prior to sale:

20. Do you require cover? Yes No

If YES, state the sum insured required SUM INSURED

(a) in transit (to and from bank) or in a bank night safe £

(b) in a locked safe outside business hours – (state make and model of safe) £

(c) on the premises during business hours £

Do you require cover for losses caused by dishonesty of any Director, Employee or authorised Volunteer (Limit £5,000 in Total: £2,000 per person) Yes No

21. Are Personal Accident (Robbery) benefits required? Yes No

(Death/Capital sums £5,000: Temporary Total Disablement £50 per week)

22. PERSONAL ACCIDENT Do you require cover? Yes No

(Occupational cover for Employees, Staff, Volunteers and Mechanics while working for you)

If YES, state the amount of cover required for:

(a) death, loss of limbs/eyes etc. £ (maximum £10,000)

(b) temporary total disablement £ per week

State the total number of employees in the following categories:-

Clerical full-time Manual full-time Other full time (please describe)

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23. FROZEN FOODS Do you require cover? Yes No

Cover will be subject to a maintenance service agreement being in force for each refrigeration unit over 5 years old) SUM INSURED

Number of refrigeration units Maximum value in any one unit £ Maximum value of all stock kept in units £

24. GOODS IN TRANSIT Do you require cover? Yes No

If YES TICK Option(s) required:

Goods you send by haulier; rail or post within the British Isles state: SUM INSURED

(a) Limit any one package £ (b) Limit any one consignment £ (c) estimated total value of annual sendings £

(b) Describe goods to be sent

Goods carried in vehicles operated by you: Yes No

(a) Are your vehicles fitted with additional security? Yes No

If YES, - Alarm system Immobiliser Locks in addition to manufacturer's Other immobilising device

(b) Limit any one vehicle (including trailer) £ (for a limit over £3,000 any one vehicle additional security may be required)

(c) State maximum number of vehicles used to carry goods at any one time

25. EXHIBITION COVER Do you require cover up to £2,500? Yes No

26. TERRORISM Do you wish to purchase additional Terrorism damage cover? Yes No

(existing standard cover is £100,000)

PLEASE INDICATE IF YOU REQUIRE DETAILS OF:

SUBSIDENCE COVER (If YES, a supplementary proposal form will be provided for completion) Yes No

DECLARATION

I/We declare that the above proposal together with this declaration shall be the basis of the contract between me/us and the Company and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

I/We agree to accept the policy in the Company's usual form for this class of insurance.

Signature of all proposers Position Date

IMPORTANT NOTES:

1. No insurance is in force until this proposal has been accepted by the Company.
2. The Company reserves the right to ask for special terms or decline this proposal.
3. A copy of this proposal will be supplied by the Company on request within 3 months of its completion.
4. You should keep a record (including copies of letters) of all information supplied to the Company for the purposes of entering into this contract of insurance.
5. A copy of the usual policy form issued for this class of business is available on request.
6. Failure to disclose all material facts, which are facts that might influence the acceptance or assessment of the proposal may render the policy voidable by the Company. If you are in any doubt whether certain facts are material, these should be disclosed.



Community Transport Combined insurance



MINIMUM STANDARDS OF SECURITY

Insurers generally are tightening up on the standard of protections against theft present in all premises. In major cities or areas where incidence of theft is particularly high, alarm systems will often be required as well as a first class standard of physical protection any requirements for alarm protection will have been made quite clear to any group, but as far as concerns physical protection, the following minimum level of security will ordinarily be required.

DOORS

All external doors (and internal doors leading to other premises not in the Insured's sole occupation):-

- Aluminium doors cylinder mortise deadlock
- Other doors mortise deadlock conforming to BS3621 and boxed steel Striking plate of a minimum 7" length.
- Double doors key operated locks or bolts must be fitted top and bottom to the first closing leaf, in addition to a lock described above to the second closing leaf.

WINDOWS

All external basement, ground floor and other accessible (accessible being adjacent to roofs, fire escapes, downspouts) windos, fanlights or skylights which were originally constructed to open: -

- Key operated window locks
- OR
- Solid steel bars (not less than 1" diameter and not more than 5" apart) securely fixed to the brickwork to masonry surround the window.

NB

In respect of fire exits agreements should be sought from your fire prevention officer, Any alternative protections, however, upon which they insist should be agreed by your insurers.

We appreciate that in certain circumstances the foregoing standard of security may need to be amended. We are therefore asking you to confirm the type of security in operation at your premises. If your premises are protected by an alarm please forward a copy of the specification if you have not already provided it.