



MOBILITY RETAILERS INSURANCE SCHEME

PROPOSAL

This proposal should be read in conjunction with the Prospectus of Cover.

To: Norwich Union, Milford House, Pynes Hill, Exeter, Devon EX2 5TH

The following questions are to enable the Company to assess the risk. All relevant facts must be disclosed. Failure to do so may result in the policy being inoperative. Relevant facts are those which would be likely to influence the Insurer's consideration of the proposal. If you are in any doubt as to whether a fact is relevant it should be disclosed. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this proposal form is available on request within three months of completion. A specimen policy form is also available.

When completing this form, please tick the appropriate boxes and answer all questions in BLOCK CAPITALS

PROPOSER'S DETAILS

FULL NAME

TRADING NAME:

PERSON TO CONTACT:

POSTAL ADDRESS OF CONTACT:

(Postcode must be shown)

Postcode:

ADDRESS OF PREMISES TO BE INSURED:

(Postcode must be shown)

Postcode:

BUSINESS PHONE NUMBER:

DATE INSURANCE IS TO COMMENCE:

(NB: No insurance will be in force until the proposal has been accepted by BJK Insurance Brokers)

GENERAL QUESTIONS

1 Please state where your premises are located

2 Do you trade from any other address which is not to be included under this insurance?

YES NO

If YES please give details:

3 How long have you been established at the Premises?

Elsewhere?

MATERIAL DAMAGE

1 Property to be insured

SUM INSURED

Item 1 **Buildings**

£

Item 2 **Tenants Improvements/Decorations** for which you are responsible

£

Item 3 **Fixtures, Fittings & All Other Contents**

£

Item 4 **Scooters**

£

Item 5 **Wheelchairs**

£

Item 6 **All other Mobility Equipment Stock**

£

2 **Are/do the Premises from which you operate:**

A have external walls and roof coverings which are constructed solely of brick stone or concrete and roofed with slate tile or concrete?

YES NO

B heated by gas (but not liquid petroleum gas) electricity or oil-fired central heating?

YES NO

C All external doors fitted with a minimum of BS3621 Mortise Locks

YES NO

D occupied solely by you?

YES NO

E All opening windows, skylights fitted with key operated locks

YES NO

If you have answered **NO** to A, B, C, D or E please provide full details below:

3 **Is an Intruder Alarm system installed at the premises?** YES NO

If YES please state:

1 Name of alarm company

2 Is it maintained by the alarm company under contract?

YES NO

3 Method of signalling
(e.g. RedCare - Digital Communicator - Audible only)

4 **Are your premises situated within a street with Local Authority Council CCTV?** YES NO

PUBLIC LIABILITY-MANUAL WORK AWAY EXTENSION

Is this cover required? YES NO

THEFT OF STOCK IN THE OPEN

Is this cover required? YES NO

THEFT OF EQUIPMENT BY HIRER

Is this cover required? YES NO

LIABILITIES

PUBLIC LIABILITY

Please select the limit of indemnity required:

Limit of Indemnity **£2,000,000**

Limit of Indemnity **£5,000,000**

EMPLOYER'S LIABILITY

Limit of indemnity **£10,000,000** any one claim including legal costs and expenses

Is insurance required?

YES NO

1 Are all items of plant, machinery, tools and appliances in a good state of repair and regularly serviced and inspected to comply with statutory regulations?

YES NO

If NO please provide details below:

2 Is any work undertaken outside the United Kingdom?

YES NO

If YES please give details:

PERSONAL ACCIDENT

Is this cover required?

YES NO

EMPLOYEE DISHONESTY

Is this cover required?

YES NO

HIRING OF MOBILITY EQUIPMENT

What % of your turnover is generated by hiring?

GOODS IN TRANSIT

Is this cover required?

YES NO

DEFECTIVE WORKMANSHIP

Is this cover required in respect of defective workmanship for service and repairs on equipment carried out by you ?

YES NO

GENERAL QUESTIONS

1 Have you ever been insured for the risks now proposed? YES NO

If YES please advise:

Name of Insurer(s)	Branch	Policy Number(s)	Expiry Date(s)

2 In respect of the risks to be insured whether at the premises or elsewhere has any

(a) loss, damage, injury or liability arisen during the past 5 years whether insured or not? YES NO

(b) company or underwriter decline to issue or renew a policy or imposed special terms? YES NO

If YES to either please give details:

3 Have you or any owner, partner, director or representative of the business ever been

- (a) in respect of the risks to be insured suffered any loss damage injury or liability during the past 5 years at these or any other premises whether insured or not? YES NO
- (b) had a company or underwriter decline to issue or renew a policy or imposed special terms? YES NO
- (c) ever been convicted of (or charged with but not yet tried for) any offence other than a driving offence? YES NO
- (d) ever been declared bankrupt or the subject of bankruptcy proceedings or made any arrangements with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved? YES NO
- (e) prosecuted under the Factories Act or the Health & Safety at Work etc Act or any similar legislation? YES NO

If YES to any of the above please give details:

DECLARATION

I/WE confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.

I/WE agree to accept a policy in the Company's usual form for this class of business.

Signature of Proposer: Date:

Company Name: Position:

BJK Insurance Brokers is a trading name of Giles Insurance Brokers Limited.
Giles Insurance Brokers Ltd is authorised and regulated by the Financial Services Authority.
The Financial Services Authority does not regulate all forms of the products and services we provide.