



# **OFFICE**

## **Fact Finder**

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

### IMPORTANT NOTE

The information submitted in this form is used by your insurance broker, Sharrocks, to ensure the cover provided by your insurer is accurate and suitable to meet your demands and needs. It does not replace a Proposal Form or Statement of Fact that may have been issued by your insurer previously.

Please complete the information accurately and to the best of your knowledge.

### YOUR DETAILS

Full Name of Proposer	<input type="text"/>		
Trading Name	<input type="text"/>		
Company Registration Number	<input type="text"/>		
Postal Address	<input type="text"/>		
(Postcode must be shown)	<input type="text"/>		Post Code
Company Website Address	WWW. <input type="text"/>		
Business or Profession	<input type="text"/>		Tel' No <input type="text"/>
Situation of Property to be Insured (if different from Postal Address, Postcode must be shown)			
<input type="text"/>			Post Code
How many years have you been in business?			<input type="text"/>
List any subsidiary companies to be insured?			<input type="text"/>
Period of Insurance	Inception Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Renewal Date <input type="text"/> / <input type="text"/> / <input type="text"/>

### GENERAL QUESTIONS

**1** In respect of the covers proposed, have you or any director or partner, either in the name of the business proposed or in the name of any other business in which any of you have had an interest:

<b>a</b> ever been insured?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>b</b> ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>c</b> sustained any loss or had any claim made against you, whether insured or not, during the last 5 years?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

**2** Either personally or in any business capacity, have you or any director or partner in the business proposed ever been

<b>a</b> convicted of or charged (but not yet tried) with				
<b>i</b> a breach of any health and safety legislation?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>ii</b> any other criminal offence other than a motoring offence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>b</b> declared bankrupt or the subject of bankruptcy proceedings?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

## GENERAL QUESTIONS - continued

- c** the subject of a County Court Judgement (or Scottish equivalent)? YES  NO
- d** a director or partner in any business which has been the subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administrative order, or administrative receivership proceedings? YES  NO
- 3** Have you been in business in the name(s) shown under "Your Details" above for less than 3 years? YES  NO   
If 'yes', please provide previous business history.
- 
- 4** Are the buildings:
- a** built solely of brick, stone or concrete and roofed solely of slates, tiles, asphalt, concrete, metal or other incombustible materials? YES  NO
- b** heated only by low pressure hot water apparatus, or fixed gas or electric appliances? YES  NO
- c** fitted with an electric wiring system which has been checked by a qualified electrician within the last 5 years? YES  NO
- d** in a good state of repair? YES  NO
- e** especially exposed to storm or flood? YES  NO
- f** in your sole occupation? YES  NO
- 5** In the event of a claim under this Policy do you, for a reduction in premium, wish to consider (in addition to any imposed excess) an increased excess? YES  NO
- 6** Does the level of security at your Premises meet the minimum security requirements? YES  NO
- 7** Are there any additional interests to be noted? YES  NO

## THE STRUCTURE (OPTIONAL)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Persons, Storm, Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of fuel, Accidental Damage and Engineering Damage

Is cover required? YES  NO

State REBUILDING COSTS of the following

- 1** Buildings (including office fronts and outbuildings) where your responsibility is as owner
- 2** Office fronts (including shop blinds & fitments) where your responsibility is as occupier/tenant
- 3** Internal decorations & tenants improvements effected by you as occupier/tenant
- 4** Does any felt on timber flat roof area exceed 50 square feet? YES  NO

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE**

## CONTENTS (STANDARD)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Persons, Storm, Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of fuel, Leakage of beverages, Accidental Damage and Engineering Damage

- 1 Please note that if the amount applicable to Item **a** includes the following items stated within the table below. Please indicate the amounts required:

	Amount Required (if applicable)
Personal Effects of Employees and Visitors	£
Wines, Spirits and Tobacco for entertainment purposes	£
Works of Art	£
Computer system records replacement costs (but not the cost of producing information to be recorded)	£

N.B. The amount applicable to Item **a** can also include the cost of materials and clerical labour incurred in reproducing Documents (but not the cost of producing information to be recorded)

### Items to be insured:

### Full Replacement Cost

**a** Office or surgery contents excluding Items **b** to **d** below

£

**b** Trade samples & stock in trade

£

**c** Goods in trust for which you are responsible

£

**d** Computers and ancillary equipment

£

**e** Perishable goods (surgeries only)

£

If Items **c**, **d** and/or **e** are to be insured, please give full description:

- 2 Does any of your equipment have an individual reinstatement value greater than £10,000?

YES  NO

If 'yes' please provide full details of such equipment

	£
	£
	£

- 3 The standard additional covers included in the policy are noted below, if the standard limits shown are not sufficient please indicate the amount required:

### Amount Required (if applicable)

Breakdown of computer equipment

£

Goods in Transit – single load limit

£

Exhibition equipment

£

Perishable goods (surgeries only) - following breakdown

£

Precious metals and alloys (surgeries only)

£

Drugs (surgeries only)

£

Contents (including drugs) of any one visiting bag or case (surgeries only)

£

## LIABILITIES (STANDARD)

- 1 Does your business involve visits to offshore rigs or platforms? YES  NO

(If 'yes' separate insurance may be necessary).

- 2 Do you require an alternative to the standard Public/Products liability limit of indemnity of £2,000,000? YES  NO

If 'yes', please state which limit is required: £1,000,000  £5,000,000  £10,000,000

- 3 Please provide details of all your employees' gross wage/salaries: Estimated

a Clerical/Managerial (not engaged in manual work) £

b Others (please specify) £

The wages/salaries should include overtime, housing, bonuses and other pre-requisites in kind or money received by the employee's in connection with their employment without any deduction

- 4 Please provide details of your estimated annual turnover £

## BUSINESS INTERRUPTION (STANDARD)

It is important that the figures represent an accurate estimation of your maximum loss of income and amount of time required to reinstate the business following a significant insurance claim.

	Amount Required (if applicable)
Gross Income Sum Insured	£
Maximum Indemnity Period	months
Book Debts sum insured	£
Loss of Gross Income following breakdown of computer equipment over an indemnity period of 12 months	£

- 1 Do you require cover for Additional Increased Cost of Working in addition to the standard amount provided (5% of the Gross Income Sum Insured?) £

## LOSS OF MONEY (STANDARD)

- 1 The standard limits which apply are noted below. \*The limits marked can be increased for an extra charge subject to the adequacy of the safe and security arrangements. If the standard limits are not sufficient please indicate the amount required

	Amount Required
Non – negotiable money	
Negotiable Money:	
In transit	£
In a bank night safe	£
In the premises during business hours	£
In the premises out of business hours:	
In locked safe	£
Not in locked safe	
In private dwellings	

*Note: It may be a policy condition on your current policy that cash in transit be accompanied by certain numbers of persons aged between 18 and 65, if this is not the case we recommend the following as a guideline*

Amount of Money in transit at any one time	Accompaniment Requirement
Up to £1,500	1 person
Over £1,500 up to £6,000	2 persons
Over £6,000 up to £12,000	3 persons
Over £12,000	Approved security company

- 2 Please give the following information about safes:

Make and Model

Age (yrs)

Whether anchored to the floor?

YES

NO

- 3 Do you handle money not belonging to you e.g. in connection with a building society agency?

YES

NO

If 'yes' please give details

## PERSONAL ACCIDENT ASSAULT (STANDARD)

The standard benefits per person are noted below:

Death, loss of sight, loss of limbs or permanent total disablement	£10,000
Temporary total disablement from attending to usual business	£100 per week
Temporary partial disablement from attending to usual business	£30 per week
Incurred Medical Expenses	£250
Damage to Personal Effects	£500

Do you wish to increase the standard benefits per person to £25,000 Death Benefit/£250 per week

Temporary total disablement benefit?

YES

NO

**IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE**

## LEGAL EXPENSES (STANDARD)

The standard limit is £100,000 covering: Employment disputes and compensation awards, Legal defence, Property protection and bodily injury and Tax Protection

1 Do you require this cover to be extended to include Statutory Licence, Contract Disputes and Debt Recovery?

YES  NO

If 'yes':

Has your business, you, your partners, directors or your employees been involved in a legal dispute regarding a contract, debt or an appeal relating to statutory licence during the last 5 years?

YES  NO

If 'yes', please provide full details below – including the date, outcome and the amount of legal costs incurred

## PERSONAL ACCIDENT (OPTIONAL)

Is cover required?

YES  NO

Name of person to be insured:

1
2
3

Duties

Date of Birth

Duties	Date of Birth
1	1
2	2
3	3

Number of cover units (maximum 5)    1     2     3

N.B. One unit is made up as follows:

Death, loss of sight, loss of limbs or permanent total disablement    £10,000

Temporary total disablement from attending to usual business    £50 per week

Is each person in good health and not physically or mentally disabled to the best of your knowledge and belief

YES  NO

If 'no' please attach full details

## ALL RISKS ON MACHINERY AND/OR APPARATUS (OPTIONAL)

Is cover required? YES  NO

If 'yes' please complete below the details of machinery to be insured and the Geographical Limit(s) to apply.

The Geographical Limits are:

- A** Anywhere in the United Kingdom, Republic of Ireland, the Channel Islands or the Isle of Man.
- B** Europe, which means anywhere in the United Kingdom, the Channel Islands, the Isle of Man and the countries of the European Union.
- C** Worldwide, which means anywhere in the world including the United Kingdom and Europe.

Description of Machinery	Serial/Identification No.	Geographical Limit	Sum Insured (£)

## EXTENSION TO BASIC COVER

Do you wish to extend the basic policy to include:

**1** SUBSIDENCE, GROUND HEAVE and LANDSLIP on the Buildings? YES  NO

If 'yes' please state whether:

- a** the Premises have suffered or are showing signs of damage from these Perils YES  NO
- b** the properties either side of your own have suffered or are now showing signs of this damage YES  NO
- c** to your knowledge the vicinity is susceptible to this damage YES  NO
- d** the Premises are in the immediate vicinity of any river bank, railway embankment, cliff, quarry, mine or other underground working or on made up ground? YES  NO
- e** there are any trees or shrubs over 20ft in height within 30ft of the premises. YES  NO

If 'yes' please provide full details (i.e. type of trees number and distance from the premises)

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE



## EMPLOYERS' LIABILITY TRACING OFFICE (ELTO)

- 1 Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold?

YES  NO

If 'no' please enter your Employer Reference Number

An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.

- 2 Do you have a Companies House Registered Office Address?

YES  NO

If 'yes' please provide details (Postcode must be shown)

Post Code

- 3 Are there any subsidiary companies to be included in this insurance?

YES  NO

If 'yes' please provide full details

Name of first subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

  
  

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES  NO

If 'no' enter the Employers' Reference Number for this subsidiary

Name of second subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

  
  

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES  NO

If 'no' enter the Employers' Reference Number for this subsidiary

Name of third subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

  
  

Post Code

## EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) - continued

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based? YES  NO

If 'no' enter the Employers' Reference Number for this subsidiary

4 Are there any subsidiary companies to be excluded from this insurance? YES  NO

If 'yes' please provide full details

Name of first subsidiary company to be excluded

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

## DATA PROTECTION AND DECLARATION

Insurers may store information and may use it for administration, risk assessment, research and statistical and marketing purposes and for crime prevention. Some of the information held by Insurers includes sensitive personal information (sensitive personal information includes such things as criminal convictions and health information). By signing this form you will signify your consent to such information being processed by Insurers and / or their agents.

Employers' Liability Tracing Office Data protection Act wording applicable to all Commercial risks, as follows:

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the Database').

This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants')

## CHOICE OF LAW

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

**DATA PROTECTION AND DECLARATION - continued**

**Declaration**

I / We declare that to the best of my / our knowledge and belief that the above statements and particulars, whether written by me / us or by others on my / our behalf are true and complete and that no material facts have been omitted, misrepresented or miss-stated

Proposer's Signature  Status  Date

**ADDITIONAL INFORMATION**

# Minimum Security

The following constitutes the minimum standard for fastenings and protections:

- 1** on timber final exit doors (excluding sliding doors):
  - a** if single leaf, a mortice deadlock conforming to BS3621 with matching boxed steel striking plate
  - b** if double leaf
    - i** on the first closing leaf flush or barrel bolts, the latter at least 200mm (8") long, or key operated locks or bolts, fitted top and bottom in every case
    - ii** on the second closing leaf a mortice deadlock conforming to BS3621 with matching boxed steel striking plate, or a substantial padlocking bar and good quality close shackle padlock
  - c** if single or double leaf and also outward opening, hinge bolts fitted top and bottom.
- 2** on all other external timber doors, and on internal timber doors giving access to any part of the premises not occupied solely by you or to any adjoining premises (excluding sliding and fire exit doors):
  - a** if single leaf, a mortice deadlock conforming to BS3621 with matching boxed steel striking plate or key-operated mortice rack bolts fitted top and bottom
  - b** if double leaf
    - i** on the first closing leaf flush or barrel bolts, the latter at least 200mm (8") long, or key operated locks or bolts, fitted top and bottom in every case
    - ii** on the second closing leaf a mortice deadlock conforming to BS3621 with matching boxed steel striking plate, or a substantial padlocking bar and good quality close shackle padlock
  - c** if single or double leaf and also outward opening, hinge bolts fitted top and bottom.
- 3** on external aluminium or UPVC doors (excluding sliding and fire exit doors): cylinder operated mortice deadlock and, if double leaf, flush bolts on the first closing leaf
- 4** on steel final exit doors and all sliding final exit doors:  
substantial padlocking bar and good quality close shackle padlock
- 5** on all other steel doors and all other sliding doors (excluding sliding patio doors):  
substantial padlocking bar and good quality close shackle padlock fitted externally, or substantial padlocking bar and good quality open shackle padlock fitted internally
- 6** on sliding patio doors:  
a manufacturer's patent key-operated locking system which engages boltwork into the doorframe either at the top and bottom of the opening section of each door, or into the side frame in at least three points (in the latter case all hook or shoot bolts must be mushroom headed)  
or  
two key-operated patio door locks fitted internally, one at the top and one at the bottom of each opening section
- 7** on all fire exit doors: panic bar, and hinge bolts fitted top and bottom
- 8** on opening basement and ground floor windows and fanlights, and on other opening windows fanlights and skylights which are accessible from roofs balconies canopies fire escapes or downpipes:  
key-operated window locks with the keys removed when in operation  
or  
solid steel bars not less than 16mm (5/8") diameter and not more than 125mm (5") apart, securely fixed to the brickwork or masonry surrounding the window  
Any alternative fastenings or protections must be agreed by us.

Watsons' Mill, Ride's Passage, High Street, Sheerness, Kent ME12 1UD

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