



PROPERTY
Fact Finder

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

trading name

Company registration number

Postal address

(Postcode must be shown)

Post Code

Company Website address

WWW.

Business - if required as other than 'Property owner for the purpose of this insurance' please specify below:

tel. no

How many years have you been in business?

GENERAL QUESTIONS

1 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:

a ever had a proposal for insurance declined, renewal refused, cover terminated increased premium required or special conditions imposed by any insurer?

YES NO

b sustained any loss or had any claim made against you, whether insured or otherwise in respect of any of the insurances required at this or any previously occupied premises during the last 3 years?

YES NO

c ever been convicted of or is any prosecution pending for any offence involving arson, violence or dishonesty of any kind (e.g. involving fire, fraud, theft or handling stolen goods)?

YES NO

2 Have you or any other 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 been the subject of a County Court Judgement (or the Scottish equivalent) or been declared bankrupt or insolvent?

YES NO

3 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 been cited in any unsatisfied court judgements?

YES NO

4 Have you been in business for less than 3 years?

YES NO

If 'yes' please provide previous business history below.

5 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 been prosecuted under the Health and Safety at Work Act 1974 or have such a prosecution outstanding?

YES NO

6 Are you presently insured (or have you been insured in the past) for the risks you are now proposing?

YES NO

If 'yes' please confirm Insurer and Policy number below.

IF YOU HAVE TICKED ANY SHADED BOX PLEASE COMPLETE THE ADDITIONAL INFORMATION PAGE

RISK INFORMATION

- 1** Are the buildings of each of the premises to be insured:
- a** built other than of brick, stone or concrete or roofed other than with slates, tiles, asphalt, metal, or slabs composed entirely of incombustible mineral ingredients? YES NO
- b** heated other than by:
- i** low pressure hot water or steam?
- ii** fixed electric appliances?
- iii** fixed oil or gas fired space heaters with fuel supply via fixed metal pipes, and an external flue? YES NO
- c** in a good state of repair and will they be so maintained (including boilers, escalators, lifts and similar equipment), complying with statutory requirements where applicable? YES NO
- d** fully occupied (i.e. not vacant, either in whole or in part)? YES NO
- e** in an area especially exposed to storm or flood? YES NO
- f** used for the purpose for which they were intended, built or designed? YES NO
- g** subject to any preservation order or listing? YES NO
- 2** Are any of the buildings which are occupied in whole or part for residential purposes:
- a** occupied by tenants on referral from any Local Authority or the DSS? YES NO
- b** let for short term periods of less than 6 months? YES NO
- 3** Do any premises:
- a** require a Fire Certificate in accordance with the Fire Regulations?
If 'yes' has a fire certificate been issued? YES NO
YES NO
- b** require Registration under any local authority requirements?
If 'yes' have all the necessary requirements been carried out? YES NO
YES NO
- c** have any felt on timber flat roof area in excess of 50 square feet? YES NO
- 4** Are there any passenger or goods lifts, escalators, steam boilers, pressure plant or similar machinery on the premises? YES NO
If 'yes' are these regularly inspected to comply with statutory regulations? YES NO
- 5** What steps do you take to keep yourself acquainted with the general condition and maintenance of each premises to be insured?

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THE STRUCTURE (STANDARD)

The Structure will be insured (unless specified otherwise) against loss or damage caused by:

Fire and Specified Contingencies: Fire, Lightning, Earthquake, Explosion, Aircraft, Riot, Civil Commotion, Malicious Damage, Storm or Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV/Radio Aerials, Leakage of Fuel, Leakage of Beverages

or

All Risks: All the Specified Contingencies mentioned above plus Accidental Damage cover (subject to standard All Risks Exclusions)

Fire & Specified Contingencies? All Risks?

Please give full details of all property to be insured

Risk No.	Address, including postcode	How is the property occupied (state trade)	Number of residences (if applicable)	Buildings Sum Insured*
1				
2				
3				
4				
5				

Risk No.	No of storeys	Is each storey separated by a concrete floor?	Approximate year of construction	Type of property e.g. house, maisonette, flat, bedsitter, shop, office, factory, workshop, warehouse	Construction of walls and roof
1					
2					
3					
4					
5					

*where because of VAT status, you are unable to recover your VAT costs fully, your Sums Insured on commercial and industrial Buildings should be increased to include the non-recoverable VAT element.

PUBLIC LIABILITY (STANDARD)

Public Liability cover is provided automatically with a Limit of Indemnity of £2,000,000 – if you require a different limit please state:

£

Do you require liability cover for buildings not mentioned above.

YES NO

If 'yes' please give details below:

If you require cover for Land without buildings, please confirm its use, size, location and details of any known hazards (such as lakes, ponds, caves, mines potholes, quarries etc.) below:

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LANDLORDS CONTENTS (OPTIONAL)

Is cover required? YES NO

Risk No.	Landlords Contents Sum Insured	Contents of Common Parts Sum Insured
1	£	
2	£	
3	£	
4	£	
5	£	

RENT RECEIVABLE (OPTIONAL)

Is cover required? YES NO

Risk No.	Rent Sum Insured
1	£ over mths
2	£ over mths
3	£ over mths
4	£ over mths
5	£ over mths

Do you require cover for outstanding debit balances.

If 'yes' Sum Insured £

EMPLOYERS LIABILITY (OPTIONAL)

Employers' liability (Indemnity limit £10,000,000)

Is cover required? YES NO

If 'yes' please provide details of all your employees Gross Wages/Salaries:

- | | |
|---|-------------------------------------|
| a Clerical/Managerial (not engaged in manual work) | Estimated
£ <input type="text"/> |
| b Cleaners/Maintenance Staff | £ <input type="text"/> |
| c Gardeners | £ <input type="text"/> |
| d Security Staff | £ <input type="text"/> |
| e Others (please specify) | |

The wages/salaries should include overtime, housing, bonuses and other perquisites in kind or money received by the employees in connection with their employment without any deduction.

'Employee' means direct employee (including working directors) labour masters, persons supplied by them, labour only sub-contractors and persons hired or borrowed by the Insured.

PERSONAL ACCIDENT (OPTIONAL)

Is cover required?

YES NO

Name of person to be insured:

1
2
3

Duties of person to be insured

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

OPTIONAL EXTENSIONS TO BASIC COVER

Do you wish to extend the basic policy to include:

1 'DAY ONE' inflation provision YES NO

If 'yes' please state the percentage uplift required on the declared value (standard 50%)

%

2 SUBSIDENCE, GROUND HEAVE and LANDSLIP on The Structure? 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 (ie type of trees number and distance from the premises)

3 Accidental damage to landlords contents YES NO

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EMPLOYERS' LIABILITY TRACING OFFICE (ELTO)

If Employers Liability has been selected, please confirm your ERN (Employment Reference Number) commonly referred to as "Employer PAYE Reference"

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.

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 mis-stated

Proposer's Signature

Status

Date

ADDITIONAL INFORMATION

A large, empty rectangular box with a light blue border, occupying most of the page below the header. It is intended for providing additional information.

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