



**COPELAND
INSURANCE**

PROPERTY PROTECTION COMMERCIAL PROPERTY OWNERS PROPOSAL

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

PROPOSER

1st INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

OCCUPATION OR CORPORATE TITLE:

DATE OF BIRTH:

2nd INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

OCCUPATION:

DATE OF BIRTH:

POSTAL ADDRESS:

POSTCODE:

TELEPHONE:

THE PREMISES TO BE INSURED

RISK ADDRESS:

POSTCODE:

1. Please give full details of the occupation of the building:

2. Does the property have any living accommodation?

Yes No

If Yes, please confirm how the living accommodation is occupied:

3. Are the premises or any part of them (including outbuildings) unoccupied?

Yes No

If Yes, Please provide details

4. Approximately what date was the property built?

How long have you owned the property?

5. Please confirm the type of property: (Terraced/Detached etc.)

6. Is the property listed or of historic value? If yes, please provide details.

Yes No

ARE THE PREMISES TO BE INSURED:

7. Built of brick, stone or concrete and roofed with slate, tile, concrete, metal, asbestos or sheets or slabs composed entirely of incombustible mineral ingredients?

Yes No

8. Are the premises in an area that is subject to flooding or in an exposed position or close to any river, stream or water?

Yes No

9. In a good state of repair and free from damage or defect of any kind?

Yes No

10. Are you planning to undertake any significant alterations, renovation or refurbishment work or redevelopment of the premises?

Yes No

If **YES**, please provide full details:

SECURITY

11. Types of locks on all external doors?

12. Types of window (i.e. Key operated or catch etc)

13. Does the premises have any of the following?

A) Fire Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>	B) Sprinkler System	Yes <input type="checkbox"/> No <input type="checkbox"/>
C) Fire Extinguishers	Yes <input type="checkbox"/> No <input type="checkbox"/>	D) Shutters	Yes <input type="checkbox"/> No <input type="checkbox"/>
E) External Grilles	Yes <input type="checkbox"/> No <input type="checkbox"/>	F) Barred Windows	Yes <input type="checkbox"/> No <input type="checkbox"/>
H) Burglar Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>		
I) Any other protection	<input type="text"/>		

DATE COVER REQUIRED:

SECTION 1 – BUILDINGS

BUILDINGS SUM INSURED £

Please note: The building sum insured should represent the full cost of rebuilding (as new) including an allowance for architects and surveyors fees, debris removal costs and any other expenses which may be incurred in complying with local authority requirements.

Please state any Mortgage or any other Financial Institution that requires to be named on the policy:

Do You wish to insure against limited perils only? Yes No

If **YES**, please state the perils to be insured:

Do you wish to increase the standard policy excess from £250 to £500? Yes No

Do you require subsidence insurance? If **YES**: Yes No

A) Are the premises free from any signs of damage by subsidence, landslip or heave and free from any cracks to external walls and without history of damage? Yes No

B) Are neighbouring properties or the immediate are in which your premises are sited free from any signs of subsidence, landslip or heave and free from any cracks to external walls and without any history of damage? Yes No

If you have answered **NO**, please provide details:

SECTION 2 – LOSS OF RENT

Please state annual rental income £ Period of rent to be insured (months)

SECTION 3 – PROPERTY OWNERS LIABILITY

Do you wish to include this cover: Yes No

If **YES**, please state limit of indemnity required: £1,000,000 £2,000,000 (Delete as appropriate)

SECTION 4 – LANDLORD'S CONTENTS

Do you require cover under this section? Yes No

If **YES**, please give details of property to be insured and the sum insured required for each item:

	Property to be Insured	Sum Insured
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>

Please note: Cover under this section is for landlord's contents/fixtures and fittings and must be specified if required.

GENERAL QUESTIONS – THESE MUST BE ANSWERED

PREVIOUS INSURANCE:

14. Name of Previous Insurer:
Date of Expiry:

15. Have Insurers ever : Declined to accept any insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancelled or refused to renew an insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Required special terms or restrictions or an increased premium?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered **YES** to any of the above please give details as follows:

16. Give details of all incidents, losses, and/or accidents sustained or claims made against you, for all sections for which insurance is proposed:

17. Have you or any principal in the business or any company in which any of you have had an interest, been declared bankrupt, the subject of bankruptcy proceedings or made any arrangements with creditors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **YES**, please give details:

18. Have you or any person residing with you ever been convicted of Arson or any Criminal Offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **YES**, please provide details:

19. Please give details of any other material fact not already disclosed which may affect or is likely to affect this proposal for insurance.

DECLARATION

I/We declare that the foregoing statements and particulars are true and complete and I/We have disclosed all material facts and that this proposal shall form the basis of the contract between me/us and the Insurers.

I/We agree that that if any information has been given by any person other than myself/ourselves or if any part of this proposal has been completed by any person other than myself/ourselves that person is my/our agent for that purpose.

I/We agree to accept a policy of Insurance subject to the terms and conditions of the Insurers Policy(ies) and that the insurance(s) will not be in force until the proposal has been accepted by the Insurers except to the extent of any official Cover note which they may issue.

Signed: <input type="text"/>	Date: <input type="text"/>
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Agent Stamp	Office Use Only Policy Number: Client Ref: Area: Annual Premium Information Underwritten by: <input type="text"/> Date: <input type="text"/>
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