



**COPELAND
INSURANCE**

PROPERTY PROTECTION COMMERCIAL PROPOSAL

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

PROPOSER

1st INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

OCCUPATION:

DATE OF BIRTH:

2nd INSURED (Mr, Mrs, Miss)

FIRST NAMES:

SURNAME:

OCCUPATION:

DATE OF BIRTH:

HOME ADDRESS:

POSTCODE:

TELEPHONE:

PROPERTY TO BE INSURED

RISK ADDRESS:

POSTCODE:

1. Does the property have any living accommodation?

Yes No

(If **Yes**, please advise what the property is used for:)

A) Professional Lets B) Unoccupied C) Student Lets D) DSS Lets E) Owner Occupied

F) Other (please specify)

2. What type of business last traded on the premises?

3. Do you intend to refurbish the property in the near future?

Yes No

If YES please give details:

Is the property to be demolished in whole or in part?

Yes No

If YES please give details:

Have you applied to the local authority for planning permission?

Yes No

If YES please give details:

4. Please state fully what your intentions for the property are:

5. Approximately what date was the property built?

DATE OF COVER:

SUMS INSURED

6 BUILDINGS SUM INSURED

£

Buildings include landlords fixtures and fittings therein and thereon, and walls, gates and fences around and pertaining thereto.

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

SECURITY

7. Types of locks on all external doors?

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

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9. Does the premises have any of the following?

A) Fire Alarm

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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B) Sprinkler System

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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C) Fire Extinguishers

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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D) Shutters

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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E) External Grilles

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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F) Barred Windows

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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G) Boarded up Windows

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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H) Burglar Alarm

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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I) Any other protection

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ABOUT THE PROPERTY

Is the Property to be insured:

10. Built of Standard Construction(i.e. Brick, Stone or Concrete and roofed with Slate, Tiles, Concrete or Asphalt)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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11. In a Good State of Repair and be Maintained as such?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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12. Free from Flooding and not in an area susceptible to flooding?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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13. Free from signs of damage due to Subsidence Landslip or Heave and not in an area where there has been, or is evidence of these causes?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered **NO** to questions 10 to 13, please provide full details below:

Question Number	Details
10	
11	
12	
13	

(Continue on a separate sheet if necessary)

PREVIOUS INSURANCE

14. Name of Previous Insurer:

Date of Expiry:

15. Has any Insurer declined to accept, Cancelled, Refused to Continue or Agreed to Continue only on special

Terms, any Insurance for the Proposer or any person to whom this Insurance would apply?

Yes No

If **YES** please provide details:

16. Has anyone tried to gain entry to the property or vandalised it (including graffiti) in the last 5 years

Yes No

If you answered **YES** to question 16, please give details as follows:

17. Have you or any other person whose property is to be insured hereunder sustained any loss or damage in the last five years which would have been covered by this type of Insurance had it been in force, whether or not a claim was paid?

Yes No

If you answered **YES** to question 17, please give details as follows:

18. Have you or any person residing with you ever been Convicted of Arson or any Criminal Offence?

Yes No

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

To the best of my knowledge and belief the information provided in connection with this Proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to void the Insurance. (NB. A material fact is one likely to influence acceptance or assessment of this Proposal by underwriters). If you are in any doubt as to whether a fact is material or not you must disclose it to us.

Signature:

Date:

Agent Stamp

Office Use Only
Policy Number:
Client Ref:
Area:
Annual Premium
Information

Underwritten by:

Date: