

PROPERTY ENQUIRY FORM

BROKER DETAILS

| | |
|----------------|--|
| Contact Name | |
| Telephone No | |
| E:Mail | |
| Broker Name | |
| Broker Address | |

POLICYHOLDER DETAILS

| | |
|-----------------------------------------|----------|
| Company Name | |
| Postal Address | |
| Tel No. | |
| Fax No | |
| Full Business Description | |
| How long has Business been established? |Yrs |

POLICY DETAILS

| | | | | |
|------------------|--|--------|---|------------------|
| Renewal Date | | Target | £ | Renewal/Expiring |
| Current Insurers | | | | |
| Period Held | | | | |

GENERAL QUESTIONS

| | |
|------------------------------------------------------------------------------|----------------|
| Are the Premises Owned or Leased? | OWNED / LEASED |
| What is the approximate age of the Building? | |
| Are the premises in good repair and will they be so maintained? | YES / NO |
| What is the approximate floor area? | _____SQM/SQ FT |
| No. of Floors? | |
| Is there a basement? | YES / NO |
| What is the Construction of the: | |
| a) Roof | |
| b) Walls | |
| c) Floors | |
| d) Roof Linings | |
| Are the Buildings under sole occupancy of Policyholder? | YES / NO |
| If no, please provide full details. | |
| Are they detached? | YES / NO |
| If not, please provide full details of the occupancy of attaching buildings. | |
| When were the electrics last tested/Inspected/Certified | _____YEARS AGO |
| Is smoking permitted on the premises? | YES / NO |
| Are the premises fitted with fire/smoke alarms/Sprinkler Systems? | |
| Are fire extinguishers present and maintained under contract? | YES / NO |
| Please provide details of Heating system? | |

GENERAL QUESTIONS CONT/...

| | |
|--------------------------------------------------------|-------------|
| How far are premises from nearest fire station? | _____ MILES |
| Will the waste be removed regularly from the premises? | YES / NO |
| Is storage carried out? | YES / NO |
| If so, is racking used? | YES / NO |
| If so, is it over 4 metres high? | YES / NO |
| Are the goods in store palletised? | YES / NO |
| Are the buildings fitted with a mezzanine floor? | YES / NO |
| Are the premises in an area free from flooding? | YES / NO |
| Are the premises fitted with an intruder alarm system? | YES / NO |
| If so, are they Bells only, NACOSS, BT Redcare? | |

SCHEDULE

| | |
|---------------------------------------------------------|-----------------------|
| Risk Address(s) incl. Post Code if different from above | |
| Risk 1 | As per Postal Address |
| Risk 2 | |
| Risk 3 | |

LEVEL OF COVER

| | |
|----------------|------------------------------------------------------|
| Cover Required | 1) Fire & Full Perils incl. Theft |
| | 2) Fire, Full Perils & Accidental Damage |
| | 3) Fire, Full Perils, Accidental Damage & Subsidence |

MATERIAL DAMAGE

| | Risk 1 | Risk 2 | Risk 3 |
|----------------------|--------|--------|--------|
| Buildings | | | |
| Internal Decoration | | | |
| Tenants Improvements | | | |
| Portakabins | | | |
| Machinery & Plant | | | |
| Hand Tools | | | |
| Stock | | | |
| Fuel Tanks & Pumps | | | |
| Contents Therein | | | |

ALL RISKS ON OR AWAY FROM THE PREMISES

| | Risk 1 | Risk 2 | Risk 3 |
|---------------------------|--------|--------|--------|
| Office Contents | | | |
| Non-Licensed Mobile Plant | | | |
| Employees Tools | | | |
| Policyholders' Tools | | | |
| Mobile Phones | | | |
| Laptop Computers | | | |

*Please note that the All Risks section is subject to settlement on an indemnity basis. If reinstatement cover is required in respect of any items they should be included within the Machinery & Plant item **

BUSINESS INTERRUPTION (Assumes Cover As Per Material Damage Section)

| | | |
|----------------------------------|------------------------|--------|
| Full Business Interruption | Estimated Gross Profit | £ |
| | Indemnity Period | months |
| Increased Cost of Working | Sum Insured | £ |
| | Indemnity Period | months |
| Loss of Revenue from Warehousing | Revenue | £ |
| | Indemnity Period | months |

ADDITIONAL COVERS

| | |
|-----------------------------------|----------|
| Is full Terrorism cover required? | YES / NO |
|-----------------------------------|----------|

| | |
|-----------------------------------------------------------------|----------|
| Is cover required for Glass? | YES / NO |
| If so, please provide additional information on type and sizes. | |

| | |
|--------------------------------------------------------------|----------|
| Is cover for Money required, If so, confirm limits required: | YES / NO |
| During Business Hours, In Transit or in Bank Night Safe | £ |
| Out of Business Hours, in a locked safe | £ |
| Out of Business Hours not in a locked safe | £ |
| At Home of Principle, Partner, Director or Employee | £ |
| Please provide details of make, model and serial no. of safe | |
| Estimated Annual Carryings | £ |
| Is Personal Accident Assault cover required? | YES / NO |
| <i>* Standard Limits are £10,000 Capital Sums : £100 p/w</i> | |

CLAIMS

| | |
|----------------------------------------------------------------------|----------|
| Have any losses arisen, whether insured or not, in last 3 years? | YES / NO |
| If so, please provide full details of date amount and circumstances. | |

ADDITIONAL COMMENTS