



SAGIC

Insurance that changes lives

Commercial Insurance Proposal Form

The Salvation Army General Insurance Corporation Limited

To enable us to provide you with the right insurance quotation, we need you to complete all the questions in this form. Your insurance policy will be based on the information you provide and you will be asked to sign a declaration at the end that the information is correct.

If there is insufficient room on the form to answer the questions fully, please use a piece of paper for the remaining answers and submit it with this form. If you have any doubts as to whether or not to disclose an item of information, then you should advise us of it. It is better to tell us too much than too little. If you are having difficulty, please telephone your friendly broker or a member of our staff for advice.

YOUR DETAILS

Name of the proposer:

Correspondence Address:

Post Code:

Contact number:

E-mail:

Web site:

GENERAL QUESTIONS:

Date you wish your Insurance to start:

Description of Business

How many years have you been in business?

<input type="text"/>	Years	<input type="text"/>	Months
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Company registration number:

	YES	NO
Are the premises solely used for the business activities described above?	<input type="checkbox"/>	<input type="checkbox"/>
Are your Premises Licensed for the sale of Alcohol and/or Cigarettes & Tobacco?	<input type="checkbox"/>	<input type="checkbox"/>
Does the business use any concessionaires/sub-contractors?	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL QUESTIONS**YES NO**

Have you or any director or partner in any business:

ever been convicted of, or is there any prosecution pending for any criminal offence?
(excluding motor convictions or offences which are spent under the
Rehabilitation of Offenders Act 1974)

ever been subject to a County Court Judgment?

ever been declared bankrupt or insolvent?

ever had an HSE intervention or prosecution or Notice of intended intervention or
prosecution?

ever had any insurance policies Declined, Terminated, Refused Renewal or Subjected
to any Special Terms?

If you have answered YES to the above please provide further details:

Have you had within the last five years any losses whether insured or not or had any claims made against
you (for this or any existing or previous business)?

(If YES, please complete below or on the Claims Experience Section)

COVER REQUIRED:

Please tick the cover you require in your quotation:

Buildings Contents Terrorism Liability **BUILDING(S):****The following should be answered for all of your properties**

Risk Address:	Address	Post Code	Sums Insured

Total Buildings Sums Insured (Rebuild cost):

Do you require Accidental Damage on your Buildings?

Are your premises:

likely to be left unoccupied for more than 30 days at a time?

 situated outside Great Britain, Northern Ireland, the
Islands and the Isle of Man?

	YES	NO
Are your premises: undergoing any structural alterations/renovations?	<input type="checkbox"/>	<input type="checkbox"/>
not secured by a 5-lever mortise deadlocks or a multi point locking system on all external doors?	<input type="checkbox"/>	<input type="checkbox"/>
not secured by key operated locks on windows	<input type="checkbox"/>	<input type="checkbox"/>
not secured by an burglar alarm system	<input type="checkbox"/>	<input type="checkbox"/>
not in a good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>

SUBSIDENCE:

Do you require Subsidence Cover on your Buildings? (If you have answered NO move to CONSTRUCTION questions)	<input type="checkbox"/>	<input type="checkbox"/>
Has the property or any adjacent property previously suffered damage from subsidence, heave or landslip?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any visible signs of cracking?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Property erected on made up ground?	<input type="checkbox"/>	<input type="checkbox"/>
Are there trees within 5 metres of the property?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any elm, poplar or willow trees within 10 metres of the property?	<input type="checkbox"/>	<input type="checkbox"/>
Has the property been previously underpinned or monitored for movement?	<input type="checkbox"/>	<input type="checkbox"/>

CONSTRUCTION:

Are the walls built with any material other than brick, stone or concrete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the roof of your premises made of anything other than slates, tiles, metal or concrete?	<input type="checkbox"/>	<input type="checkbox"/>
Is your premises in an area susceptible to storm or flooding?	<input type="checkbox"/>	<input type="checkbox"/>
Has your premises ever suffered from flooding?	<input type="checkbox"/>	<input type="checkbox"/>
Is your building listed or built before 1851?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any part of your building which has a flat roof?	<input type="checkbox"/>	<input type="checkbox"/>

If Yes what percentage of the roof area is flat? %

If you have answered YES to any of the above questions please give full details:

If you have answered YES to any of the above questions please give full details:

Please use additional sheets if required

YOUR CONTENTS:

Do you require Accidental Damage on your Contents?

YES

NO

Total Contents Sums Insured:

£

(Please provide a breakdown per property on the additional information page)

TERRORISM COVER:**LIABILITY COVER:**Property Owners Liability: £1 Million £2 Million £5 Million Limit of Indemnity**GENERAL LIABILITY QUESTIONS**

Does your trade or business involve the discharge of effluent, fumes or anything of a noxious nature?

Do you have any facilities for mooring, berthing, loading or unloading water-borne craft or work underwater or underground?

Are the premises in a good state of repair?

Is your machinery and plant (including mechanically propelled plant) properly fenced, guarded and good order and where appropriate inspected in accordance with statutory requirements?

Do you handle, use, store or transport any of the following?

a) asbestos or silica or materials containing these substances

b) isocyanates

c) dioxins

d) radioactive substances or other sources of ionising radiation

e) acids, gases, chemicals, explosives, or other toxic, dangerous or waste substances

Do you work on or in aircraft or on aircraft operational areas, railways, water borne craft, off-shore or nuclear installations, petro-chemical works or power stations?

Do you use oxy-acetylene or similar welding or flame cutting equipment, angle grinders, blow lamps or blow torches, flame guns, hot air guns or other heat producing equipment?

Is there a written Health and Safety Policy in place, which is regularly updated, and are all employees aware of its content?

Are you aware of the requirements of the Health and Safety at Work etc. Act 1974 and do you complete workplace risk assessments in accordance with Section 3 of the Management of Health and Safety at Work Regulations 1999?

Has any prosecution, prohibition notice or improvement order been made against you under any Health and Safety legislation during the last 5 years?

Do you undertake work outside the UK?

	YES	NO
Do you offer professional advice or services or undertake any form of treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Does your work involve noise levels in excess of 85db?	<input type="checkbox"/>	<input type="checkbox"/>
Does your work involve heights greater than 5 metres or depths or more than 1 metre?	<input type="checkbox"/>	<input type="checkbox"/>
Does your work involve any tank cleaning, steel erection, scaffolding or demolition?	<input type="checkbox"/>	<input type="checkbox"/>

Declaration by the Proposer(s)

I/We consent to SAGIC and its agents processing any data required to administer this proposal and any resulting insurance.

I/We declare that the above proposal, any other information we supply at SAGIC's request and this declaration shall be the basis of the contract between me/us and SAGIC and that to my/our knowledge and belief the above particulars are true and complete in every respect and that no material fact has been suppressed or withheld. If the above statements and particulars are in the handwriting of any person other than the undersigned such person shall be deemed to be my/our Agent for the purpose of completing this form.

I/We understand that any change in information must be notified immediately and no cover exists until such change has been approved by Insurers.

Name of person completing this form

Signature

Position in business

Date

WHEN YOU HAVE COMPLETED THE APPLICATION FORM PLEASE RETURN IT TO:

Registered Number: 101071 England. Member of Association of British Insurers (ABI) and the Financial Ombudsman Service (FOS).

Authorised by the Prudential Regulation Authority (PRA) and regulated by the Financial Conduct Authority (FCA) and Prudential Regulation Authority

SAGIC (The Salvation Army General Insurance Corporation Limited) is wholly-owned by The Salvation Army. The Salvation Army is a Christian Church and a Registered Charity.

Agent:

