

COMMERCIAL PROPERTY DECLARATION

Full name including any trading name

Correspondence Address

Risk Address

Tel.No.

Postcode

Tel.No.

Postcode

E-mail

~~XXXXXXXXXX~~E-mail

Sum Insured/Declared Values		Construction of Buildings	
	Sum Insured/Declared Values		Description
Buildings		Walls (eg brick)	
Is Day One Uplift Required?	Yes No	Floors (eg concrete)	
Property Owners Liability		Roof (eg slate)	
Full Terrorism required?	Yes No	Age of premises	
Engineering required?	Yes No	Is the property purpose built?	Yes No
		Number of storeys	

If Engineering cover is required, please advise:-

Number of Lifts

Number of Boilers

Any Window Cleaning Equipment

Inception/start Date

Full details/business activities of all occupants

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Subsidence

Is the property free of any sign of damage by Landslip, Subsidence, Settlement or heave and in a good state of repair? Yes No

If No, please provide further details overleaf

Explanatory Notes

Building/Contents – It will be assumed that the Sums insured represent the reinstatement value. If not, provide details:-

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General Questions

Note: the following questions are to be answered in respect of you and all directors, or partners in the business proposed.

1. Please give the full names of all directors (if a limited company) or partners (if a partnership)

2. In respect of the covers proposed, 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 been insured during the last 5 years Yes No

If Yes, please provide details

Name of Business (es)	Name of Insurer (s)

b) ever had

- | | | |
|--|-----|----|
| i) any proposal or Insurance declined, cancelled or refused? | Yes | No |
| ii) renewal refused? | Yes | No |
| iii) special terms or conditions imposed? | Yes | No |

If Yes to i), ii) or iii), please provide details

c) sustained any loss or damage or incurred any liability during the last 5 years which has or could have resulted in a claim? Yes No

If Yes, please provide details (if in accordance with any earlier submission, please attach a copy)

Date	Details	Amount Paid/Outstanding

3. Either personally or in any business capacity, have you or any director or partner in the Business proposed ever been

- | | | |
|--|-----|----|
| a) convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? | Yes | No |
| b) declared bankrupt or the subject of bankruptcy proceedings? | Yes | No |
| c) a director or partner in any business 6 months prior to or at any time or and/or after the appointment of a Receiver or Liquidator or dissolution through Insolvency? | Yes | No |

If Yes to a), b) or c), please provide details

4. Are your books regularly audited? Yes No

MATERIAL FACTS

Failure to disclose a material fact (any fact likely to influence the Company's acceptance or assessment of this proposal) will render this insurance voidable. If you are in any doubt about facts which might be considered material you should disclose them

5. Are there any other material facts you should disclose? Yes No

If Yes, please provide details

DECLARATION

I/We declare that the best of my/our knowledge or belief the particulars and statements any any additional information provided are true and complete and this aforementioned Declaration shall be the basis of the contract between me/us and the Insurers. I/We agree to accept the Insurers standard form of Policy and endorsements for this Insurance

Signature:	Date:
Name:	Position: