

# Proposal Form

## Important Notice

You must give full and true answers to all questions. If you do not so, your insurance cover may not protect you in the event of a claim. You should keep a record of all information supplied to AXA Insurance (including copies of correspondence)

**Correct values at risk must be advised to us. If you request inadequate sums insured we will reduce the amount we pay you in the event of a claim.**

A copy of this Proposal can be supplied on request, within a period of 3 months after its completion.

A copy of the Policy is available on request.

## Law Applicable to Contract

You are free to choose the law applicable to this contract. Your policy will be governed by the law of England and Wales unless you and we have agreed otherwise.

1. Full Name of Proposer(s) and Business .....
2. Trading Name (if different from above) .....
3. Business Address (including postcode) .....
4. Telephone Number .....
5. Fax Number .....
6. E-Mail .....
7. Web Site .....
8. Cover Required from (dd/mm/yyyy) .....
9. Are you currently or have you been within the last 5 years a member of the British Association for Print & Communication? .....
10. Description of your business .....
11. Describe the key processes involved in your business including the types of machines used and materials worked with .....

## If you answer yes to any of the following questions, please supply details in the space provided

12. Do you specialise in any printing service or supply to a particular client type?
13. Do you carry out any activities other than printing?
14. Do you undertake any manual work away from your premises other than collection and delivery?
15. Does your business export any goods or have you ever exported goods or do you anticipate exporting any goods to the USA or Canada?
16. Are you involved in any publishing activities?

Question Number	Details
12	
13	
14	
15	
16	

## General Questions

1. How long have you been in business:

a) at the premises to be insured? .....

b) at any other premises? .....

**If you answer yes to any of the following questions, please supply details in the space provided**

2. Please confirm the name of your existing insurance company and policy number if known .....

3. Have you or any of your Directors or Partners ever been convicted or charged with (but not yet tried) a criminal offence other than a motoring offence?

4. Have you or any of your partners or directors either personally or in connection with any business in which you have been involved been:

a. previously held insurance for any of the covers to which this Proposal relates at these premises or elsewhere?

b. held any insurances (in respect of the covers to which this Proposal relates) which have subsequently been

i) declined?

ii) terminated?

iii) refused renewal?

iv) subject to special terms?

c. ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

d. ever been the subject of a recovery action by H M Revenue and Customs?

e. had within the last five years any losses whether insured or not or had any claims made against you in this or any existing or previous business (please state date, amount and circumstance below)?

Question Number	Details		
3 4a-d 4e	Date of Occurrence		
	Brief Details		
	Cost of Claim		

*Please note we reserve the right to apply to your existing Insurers for confirmed claims experience*

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**If you answer yes to any of the following questions, please supply details in the space provided**

5. Have you undertaken a General Risk Assessment?
6. If yes, do you have a written Health & Safety policy?
7. Do you or your sub-contractors handle or use:
  - a. radioactive substances or devices?
  - b. explosives or dangerous substances?
  - c. asbestos or silica or materials containing asbestos or silica?
  - d. any other materials giving rise to dust or fumes?
8. Do you handle or use plant or processes which create noise levels likely to exceed 85 decibels?

If yes, please give details of arrangements to carry out regular measurements and the precautions taken below

Question Number	Details

## Premises Details

1. Describe your type of premises .....  
.....
2. Approximate size in square feet .....  
.....
3. Does your storage of stock of raw materials and finished work occupy more than 25% of your factory floor area? .....  
.....
4. Age of premises .....  
.....
5. Number of storeys .....  
.....
6. Construction of walls .....  
.....
7. Construction of roof .....  
.....
8. Construction of floors .....  
.....
9. Within the construction of your buildings are you aware of any of the following being present:
  - a) Composite Panels
  - b) Sandwich Panels
  - c) Combustible Linings
10. Have there been any incidents of flooding to your premises or in the surrounding area? .....  
.....
11. Is there any evidence of any subsidence to your property or cracking to any building? .....  
.....

If yes, please complete the supplementary subsidence proposal form provided on pages 9 & 10 of this form

12. Is cover required on any outbuildings or temporary buildings such as portakabins or any contents within these?

If yes, please give details of construction of these and the nature and value of the contents therein

.....  
.....

13. Normal working hours

.....

14. Are you the sole occupants of the premises?

15. Please provide details of tenants in any adjoining premises and the construction of dividing walls

.....  
.....

16. Describe the heating system in place i.e. gas

.....

17. Do your premises contain any portable heating devices such as space heaters and the like?

If yes, please provide details

.....

## Fire Safety

1. Do any smoking restrictions apply at your premises?

If yes, please provide details

.....

2. Are all inks and other flammables, such as cleaning fluids, kept in a secure metal cabinet when not in use?

If no, please provide details

.....

3. What arrangements are in place for housekeeping at the premises and removal of waste?

.....  
.....

4. Are all fire extinguishers wall mounted and maintained at least every 12 months by a recognised company?

5. Do your premises have a fire alarm system?

If yes, is it a manual or automatic system?

.....

If automatic, describe detection equipment and method of signalling

.....  
.....

6. Do your premises have a sprinkler system?

If yes:

- a. Age of system
- b. Type of system
- c. Water supply details
- d. Frequency of maintenance visits
- e. Does it have an alarm connection to the Fire Brigade?

.....  
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.....  
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.....

7. How far are your premises from the nearest Fire Brigade?

.....

8. Do they operate full time, retained or daytime manned?

.....

## Security

1. Describe security in place on your final exit door including details of the construction of the door i.e. timber, aluminium, UVPC etc.

.....  
.....

2. Describe construction of and security on all other exit doors including fire exits

.....  
.....

3. Describe security, if any, in place on accessible windows/skylights

.....  
.....

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4. Do your premises have a working intruder alarm system?

a) Is this system installed and maintained by a NACOSS approved company?

b) What form of signalling does the system have?

5. Are your premises in an area protected by close circuit television?

If yes, please provide details

6. Do you have any individual security devices fitted to your computer equipment such as lockdown devices or security cages etc?

7. Please provide details of any other security in place such as roller shutter protection or ram raid protection

### Legal Expenses

**If you answer yes to any of the following questions, please supply details in the space provided**

1. Standard Cover is based on a maximum limit any one claim of £50,000. Would you like us to consider a higher amount?

YES/NO

2. Standard Cover is based on a limit of £500,000 for all claims in the aggregate in any one period of insurance. Would you like us to consider a higher amount?

YES/NO

3. Has any insurer ever refused Commercial Legal Expenses Insurance, imposed terms or declined to renew a Commercial Legal Expenses Insurance Policy?

YES/NO

4. Has there been more than one dispute or legal proceeding to which this Insurance would apply during the last three years?

YES/NO

5. Has there been ANY legal or tax dispute which has incurred costs in excess of £5,000? Is there any enquiry, cause, event or circumstance which, to your knowledge, may give rise to a claim being made under this insurance?

YES/NO

6. Are there more than 10 properties and/or leases to which this insurance would apply?

YES/NO

Question Number	Details

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## Ratings Information

- 1. Sum Insured on Buildings £ .....
- 2. Sum Insured on Tenants Improvements £ .....
- 3. Sum Insured on Stock and Work in Progress £ .....
- 4. Sum Insured on artwork, transparencies, positives, negatives, scans and plates etc £ .....
- 5. Sum Insured on Computer Equipment £ .....
- 6. Sum Insured on Laptops £ .....

**(Computer Equipment is defined as File Servers, Raster Image Processors, Personal Computers, Apple Computers, Sun Spark Stations and other Desktop Electronic Equipment of a portable nature).**

- 7. Do you have any individual items of computer equipment with a new replacement value in excess of £7,500 which don't have entrapment devices?

If yes, please provide details of each item and their value: .....

.....

.....

.....

.....

.....

.....

.....

- 8. Sum Insured on All Other Contents £ .....
- 9. What is the basis of valuation All Other Contents? .....

- 10. Loss of rent / rent payable Cover £ .....

- 11. Estimated Annual Turnover for the current financial year
 

<b>UK</b>	£
<b>USA/Canada</b>	£
<b>Rest of World</b>	£

- 12. Estimated Gross Profit (do not deduct wages and salaries i.e. turnover less purchases) £ .....

- 13. Wages to clerical/sales and administration personnel including Directors £ .....

- 14. Wages to all other employees £ .....

- 15. Wages to employees engaged in Inching & Crawling activities (please only complete if Inching & Crawling cover is required) £ .....

- 16. Please provide details of any other material information that might affect the underwriters assessment of this risk: .....
- .....
- .....
- .....

## Sections Operative

(Please refer to your written quotation for cover details)

- |                                    |        |
|------------------------------------|--------|
| 1. Property Damage including Glass | YES/NO |
| 2. Selected 'All Risks'            | YES/NO |
| 3. Business Interruption           | YES/NO |
| 4. Employers Liability             | YES/NO |
| 5. Public/Products Liability       | YES/NO |
| 6. Financial Loss                  | YES/NO |
| 7. Money                           | YES/NO |
| 8. Goods in Transit                | YES/NO |
| 9. Occupational Accident Cover     | YES/NO |
| 10. Libel and Slander              | YES/NO |

### Optional Covers

- |  |        |
|--|--------|
| 1. Breach of Copyright & Confidentiality | YES/NO |
| 2. Inching & Crawling Cover              | YES/NO |
| 3. 24 Hour Personal Accident Cover       | YES/NO |

If you have not given full and true answers to all the questions asked on this Proposal, your insurance may not protect you in the event of a claim. If you wish to disclose something that has not been disclosed elsewhere in this Proposal, please use the box provided here.

Before signing the declaration, please read the notices on this page about the Claims and Underwriting Exchange Register and Data Protection Act.

Question Number	Details

## Claims and Underwriting Exchange Register

Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us check information provided and also to prevent fraudulent claims. When we deal with your request for insurance we may search the register. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

You can ask for more information about this.

You should show this notice to anyone who has an interest in property insured under this policy.

## Data Protection Notice

AXA Insurance UK plc is a member of the AXA Group. To set up and administer your policy we will hold and use information including sensitive information (sensitive personal information may include such things as criminal convictions and health information) about you supplied by you. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area. By signing this form you consent to such use of your personal data including sensitive data.

AXA Insurance UK plc may send details of their other products and services.

To enable them to send you details of their products and services, we may share your name and address with:

- other AXA companies within the European Economic Area
- other carefully selected companies outside the AXA Group.

You may be contacted in writing or by telephone/fax. If you do not wish to receive such details, tick the relevant box(es).

# Proposal Form

## Declaration

- I/We declare that the premises (including any glass to be insured) are not specially exposed to any of the covers for which insurance is required, and that they are and will be maintained in a good state of repair.
- I/We declare that all security devices will be in operation on the premises out of business hours.
- I/We declare that the statements made by me or on my behalf are to the best of my knowledge and belief, true and complete.
- I/We agree to accept a policy in the company's usual form for this class of insurance.
- I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief and if full and true answers have not been given this insurance may not protect me in the event of a claim
- I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and terms provided, has been disclosed and recorded. If you are in any doubt about whether a fact is material, you should disclose it, since failure to do so could invalidate your policy or result in a claim being repudiated.

Signature of Proposer

.....

Name

.....

Position in Company

.....

Date

.....

Signing this form does not bind you to complete the insurance.

BREACH OF CONFIDENTIALITY

**Section for Print Protect Commercial Combined Policy**

Full Name Of Proposer And Business

I/We declare that:

- **the Proposer has never been refused confidentiality insurance or had it terminated by an insurer or been required to accept special conditions and/or increased premium.**
- **No claims have been made against the Proposer or any predecessors in business or any partner, principal, director, consultant or employee for breach of confidentiality.**
- **the Proposer (including any partner, principal, director, consultant or employee) is not aware, after enquiry, of any circumstances which may give rise to a claim being made under the insurance or otherwise affect the insurer’s assessment of this risk.**
- **the above statements made by me/us or on my/our behalf are true and complete and will form part of the contract between me/us and the insurer. I/we agree to accept a policy in the insurer’s usual form for this class of business.**
- **the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.**
- **any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.**

Signature: .....

Name in Block Capitals: .....

# Proposal Form

## Subsidence

### Disclosure

When completing this proposal please remember it forms part of your application for insurance. Any facts or information known to you which are likely to influence the assessment or acceptance of the proposal must be disclosed. If you are in any doubt about what you consider needs to be disclosed you should inform us of this for your own protection as failure to disclose may invalidate your insurance.

Name of proposer(s):

Address of the property to be insured:

1.

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2.

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3.

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4.

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Postcode

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Age of property to be insured:

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### Questions (please ✓ appropriate box(es) )

For the purpose of the following questions "property" is understood to mean the property to be insured

1. Has the property suffered from subsidence or heave in the past?

Yes

No

If yes please provide details of each item and their value below.

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2. When the property was purchased did you obtain:

(a) Structural Report?

Yes

No

(b) Valuer's Report?

Yes

No

If yes please attach a copy

3. To the best of your knowledge and belief was the property erected on made up ground? For example, filled pit(s) or rubbish tip(s)?

Yes

No

4. Are there any trees/shrubs over 3 metres in Height (including any on adjoining property) within:

(a) 10 metres

Yes

No

(b) 20 metres

Yes

No

If yes please provide details of age/species/height (Insured or adjoining property).

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## Proposal Form

### Subsidence

5. Is there any visible evidence of cracks in the walls of:

(a) Your property? Yes  No

If 'Yes', please tick the box which states the width of the cracks:

0-2.5mm

2.5mm-5mm

more than 5mm

(b) Any outbuilding(s) and/or garage(s) Yes  No

If 'Yes', please tick the box which states the width of the cracks:

0-2.5mm

2.5mm-5mm

more than 5mm

6. To the best of your knowledge and belief has the property been underpinned? Yes  No

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