

This gives only a summary of the cover provided and it does not give details of all the terms, conditions and exclusions. A full policy wording is available on request from your Insurance broker or adviser.

Property

Property

All buildings and their contents are at risk - from fire, storm and many other causes. The result may be minor but it could involve serious damage, even total destruction.

Insurance Corporation recognises that no two risks are identical and with this in mind the Property Section allows a choice:

Option A - Fire and Additional Perils

Cover automatically includes Fire, Lightning, Aircraft and Explosion to which you should consider adding any or all of the following:

- Malicious Damage, Riot and Civil Commotion
- Storm, Flood and Burst Pipes
- Earthquake

- Impact by Road or Rail Vehicles or Animals
- Leakage of Sprinkler Installations.
- Theft, subsidence, landslip and heave.

Option B - Extended Cover

This wider cover includes the full range of perils under Option A plus Accidental Damage.

Business Interruption

Following damage to your buildings or their contents your production or trading ability is likely to be interrupted and your business may be put to considerable additional expense.

Cover is available for:

- loss of Gross Profit (see below) as a result of a reduced level of trading
- reasonable expenses necessarily incurred to maintain sales and production such as the costs of renting and setting up temporary premises

resulting from loss or damage by the perils selected under the Property Section.

Remember that for full protection the amount chosen should take account of:

1. The maximum time it could take your business to fully recover financially from the most serious destruction or damage (this is the 'maximum indemnity period').
2. What the future Gross Profit would be during the maximum indemnity cause.

Cover can be extended to include loss resulting from your inability to collect outstanding accounts following loss of or damage to your business records by an insured cause.

There are alternative methods of arranging the amount of your protection - contact your usual insurance advisor for advice.

NOTE: Gross Profit can be summarised as sales less purchases adjusted for opening or closing stock.

Liability

Liability may arise both at common law and under statute and even incidents of an apparently minor nature can ultimately result in substantial court awards and heavy legal defence costs.

There is a £10 million limit for the indemnity afforded in respect of EMPLOYERS' LIABILITY claims (£5 million in respect of an act of Terrorism), and for PUBLIC AND PRODUCTS LIABILITY claims the limit you require can be selected from the amounts shown on the proposal.

The cover provided includes:

- liability for damage to leased or rented premises
- liabilities you might incur from Employees using their own motor vehicles on your business
- liability for financial loss suffered by other parties which does not result from injury or damage but arises, for example, from escape of poisonous gas or toxic fluids causing production to be suspended in nearby businesses
- indemnity to Employees and directors against legal costs for actions brought against them as a result of business activity.

Money

Cover is for loss of money whilst in transit, on the premises or in the home of a director or Employee.

You can select the limits you require for:

- money in transit
- money on the premises during Business Hours
- in safe outside Business Hours.

There are fixed limits for cash out of safe overnight or in the home and also crossed cheques and other non-negotiable money.

Cover includes personal injury and damage to clothing and personal effects as a result of robbery or hold-up.

Goods in Transit

In most businesses goods need to be collected or delivered and during transit they can be lost or damaged.

Cover is available for accidental loss of or damage to goods during inland transit in your own vehicles or when sent by hauliers, rail or post. If required, a restricted form of cover is available for damage by fire or collision, overturning or derailment of the vehicle or train.

"All Risks"

Business machinery and other valuables

Cover is available for loss of or damage to:

- business machines - (e.g. computers, dictating machines, cash registers etc.)
- exhibition displays

- scientific apparatus
 - specified valuables - e.g. trophies, pictures or other works of art.
- Whilst within or away from the premises insured.

Deterioration of Refrigerated Stock

Cover is available against deterioration of contents as a result of breakdown of or damage to freezers or refrigerators, provided the freezers or refrigerators are less than 10 years old.

Glass

Cover is for the cost of replacement and can be extended to include damage to blinds, signs, intruder alarms foil and contents of windows.

Personal Accident

Accidents resulting in serious injury or even death can happen at any time, whether at work, at home or on holiday.

Cover enables you to reduce the financial effects of such accidents on your business. It can be arranged for individual key personnel or

for groups of employees according to your needs and can apply on a 24 hour worldwide basis or be limited to accidents in the course of employment.

A policy book with full policy wording is available on request.
PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>	Broker/Agency
Broker/Agent	<input type="text"/>	<div style="border: 1px solid black; height: 100px;"></div>
Quote Ref	<input type="text"/>	
OFFICE USE ONLY		
Policy No	<input type="text"/>	
Authorised	<input type="text"/>	

Proposer Details

Name of Proposer

Trading name

Postal address
 Postcode:

Telephone no. Website address

Directors' or partner's full names (where not shown above)

Period of Insurance: From: To:

Business Details

Full description of business

Please tick the appropriate boxes to show which of the following activities your business carries out.

Manufacturing Wholesaling Repairing or Servicing Retailing Installing Construction

What is your estimated turnover for the next 12 months? £

General Questions

1. How long have you or any partner or director been in this business at your existing or any previous premises? yrs mths

2. Have you or any partner or director ever been declared bankrupt or insolvent? Yes No

3. Have you or has any director or partner been charged with or convicted of arson or any offence involving arson or dishonesty of any kind? Yes No

4. In respect of any of the risks which you now wish to insure against

a) have you or has any director or partner (whether with this business or a previous one) held insurance in the last 5 years? Yes No

b) has any previous insurer refused to provide cover or renew a policy, or imposed special terms or conditions? Yes No

c) have you or has any director or partner (whether with this business or a previous one) ever been fined or given an improvement or prohibition order under the Health and Safety at Work Act 1974, the Consumer Protection Act 1987, the Environmental Protection Act 1990 or other health and safety legislation or any similar Channel Islands' legislation? Yes No

d) have you or has any director or partner (whether with this business or a previous one) suffered any loss, destruction or damage, made a claim, or had any claim made against you or them during the last 5 years? Yes No

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION, INCLUDING PREVIOUS INSURERS, POLICY NUMBERS, TRADING INTERESTS, AND DATES AND AMOUNTS PAID OR OWED FOR ANY CLAIMS.

5. Do any of the buildings you occupy have walls that are not made of brick, stone or concrete, or roofs that are not made of slate, tile, concrete, metal or asbestos? Yes No
6. Are your premises in good repair and is your equipment and machinery properly fenced, guarded inspected and maintained and are your walls, gates and fences in good order? Yes No
7. Do you have lifts, cranes, hoists, boilers, steam containers or other pressure vessels?
If 'YES', are they inspected to make sure they meet all legal requirements? Yes No
8. Does any other business occupy or work from your buildings? Yes No
9. Do you use burning equipment at or away from your own premises, or do you use any other process which involves the application of heat? Yes No
10. Are your premises heated (totally or partly) by a paraffin, waste oil or LPG (Liquified Petroleum Gas) appliance or system? Yes No

Property (Complete this section if you require this cover)

11. What level of cover do you require? (See Summary of Cover)

Fire, Lightning, Aircraft and Explosion

Do you wish to include any of the following?

Riot and civil commotion Malicious Damage Earthquake Storm Storm and Flood

Burst Pipes Impact (third party vehicles) Impact (own vehicles) Leakage of Sprinkler Installations

Theft Accidental damage Subsidence landslip and heave

12. Give the address of the property you are insuring. If you are insuring more than one property, please give full addresses (including postcodes), and sums insured for each address in the Additional Information section.

13. Are your premises alarmed? Yes No

If 'YES', type of alarm (intruder/fire/type of signalling (e.g. bells only, central station) and the manufacturer's name?

Do you have an annual maintenance contract for the alarm? Yes No

14. Please state the Sums Insured you require

a) **Buildings** total rebuilding cost including debris removal and professional fees

b) **Specified Goods**

- tobacco, cigarettes & cigars
- wines and spirits
- video equipment, cassettes or discs, computer or video games
- jewellery and precious metals or stones

c) **Stock**

- Metals that do not contain iron
- Other excluding specified goods above

d) **Business Equipment**

- fixtures, fittings, fixed glass, external blinds and signs and all other contents which you are legally responsible for (excluding computer equipment and software)
- computer equipment and software

15. Please give the name and address of any Company or person(s) who has a financial interest in the buildings or business equipment if this has to be noted on the policy.

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

Business Interruption (Complete this section if you require this cover)

16. Do you require cover for business interruption? Yes No

Cover will usually follow that chosen for Property.

(If you require more restrictive cover, please detail your requirements under the Additional Information section).

17. a) What maximum Indemnity Period do you require? 12 months 24 months 36 months

b) State your estimated Gross Profit during the next 12 months

This figure will be increased proportionately for any extended Indemnity Period - please tell us if this does not meet your needs.

18. Do you require cover for outstanding debit balances? Yes No

If 'YES', state the sum to be insured

Important note – Your Policy will contain a condition that you should keep a quarterly record of the total amount you are owed and that a copy of this is kept away from your premises.

Liability (Complete this section if you require this cover)

19. Do you require liability cover for injury to employees? Yes No

A £10 million limit applies per occurrence (£5 million in respect of an act of Terrorism).

Do you have any Employees based in the UK? Yes No

If 'YES' please provide in the box below the following information to supply the Employers' Liability Tracing Office with mandatory Employers Reference Number (ERN) details:

- A) Your ERN or confirmation that you are ERN exempt
- B) All your subsidiary company details (if you have any that are to be insured for Employers' Liability) together with their ERN(s) or confirmation they are ERN exempt

N.B. An ERN is often referred to as the PAYE code so it is available on correspondence with HMRC

An entity will be ERN exempt if they pay none of their employees above the minimum weekly/monthly thresholds, details of which are available from HMRC

An ERN should commence with a numeric and be of more than 3 characters but less 13

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

Liability (Continued)

20. Do you require cover for liability to the public? Yes No
- a) If 'YES', please tick the box for the level of cover you require (recommended minimum is £2 million). £1,000,000 £2,000,000 £5,000,000

- b) Do you require the cover to include claims arising out of goods you sell or supply? Yes No

Type of goods for which cover is required

Estimated annual amount of turnover of

- i) goods manufactured by you
 ii) goods sold by you as wholesalers
 iii) goods sold by you as retailers
 iv) goods serviced, maintained, repaired or tested by you

£	% of raw materials, components or goods imported from non E.C. counties	% exported to U.S.A./Canada

Do you

- i) undertake product testing before sale? Yes No
- ii) maintain a product quality control system? Yes No
- iii) conform to any independent product standard? Yes No

21. Please answer all parts of this Question.

- a) Do you handle, use or store radioactive substances or devices, chemicals, gases, explosives, asbestos, silica or material containing silica or any other dangerous substance? Yes No
- b) Do you accept, or have you accepted under contract, any liability which you would not have otherwise accepted? Yes No
- c) Do you use any process which does or could result in the escape or discharge of substances which could cause pollution or contamination to:
- i) buildings Yes No
- ii) other structures Yes No
- iii) water or land Yes No
- iv) the atmosphere Yes No
- d) Do you have any representation in the USA or Canada? Yes No
- e) Do you export, or have you exported, or do you plan to export in the future, goods directly or indirectly to the USA or Canada? Yes No

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

Liability (Continued)

22. Details of Employees.

Please provide full details of your Employees (including directors, any person supplied to or borrowed by you and labour-only contractors).

Type of work carried out	Number of employees	Total wages & other earnings	Estimated percentage relating to manual work away from your premises
Clerical and managerial (not manual work) and commercial travellers			Nil
Other Employees (specify the type of work)	1. 2. 3. 4.		
Any persons working manually abroad (specify the type of work)			
Labour-only contractors (specify the type of work)			

23. Details of sole traders and partnerships (this does not apply to limited companies).

Please provide details if you or any partner carries out manual work away from your premises.

Type of work carried out	Number of people	Total wages & other earnings	Estimated percentage of earnings relating to manual work carried out away from your premises

24. Sub-contractors (except labour-only contractors).

Do any of your activities include construction, alteration, repair, maintenance, installation or similar work away from your premises which is sub-contracted to other companies, individuals or organisations? Yes No

If 'YES', give the following details:

a) Type of work

b) Estimated annual value of sub-contracted work £

c) Do your sub-contractors indemnify you (with insurance backing) against any claims arising from their work? Yes No

25. Do you carry out exterior work on buildings which are over 10 metres in height? Yes No

26. Is any of your work carried out on oil or gas rigs or other off-shore installations? Yes No

27. Have there been any claims settled or notified in the last 10 years involving
a) Occupational illness or disease (e.g. deafness, vibration white finger, repetitive strain injury, dermatitis, lung disease, cancer or an asbestos related illness)? Yes No

b) pollution or contamination? Yes No

Money (Complete this section if you require this cover)

28. Give the following details:

a) An estimate of the money you will pay into the bank in the next 12 months (but not including crossed cheques and other non negotiable money). £

b) An estimate of the money you will withdraw from the bank, and wages and expenses if these are paid directly out of takings, in the next 12 months £

c) An estimate of the value of crossed cheques and credit company vouchers (whose source could not be identified if they were lost) which you will receive in the next 12 months £

d) If a professional money carrying company is used indicate % carried by them a) b) c)

IF YOU HAVE TICKED ANY OF THE SHADED BOXES PLEASE GIVE FULL DETAILS IN THE 'ADDITIONAL INFORMATION' SECTION

Money (continued)

29. What limits do you require for

a) Money in transit?

b) Money on the premises during business hours?

c) In safe(s) outside business hours?

30. Do you have a safe(s) or strongroom(s) which you keep money in?

Yes

No

If 'YES', give details of the make, model, serial number and size of each plus the maximum of negotiable money (e.g. cash) they contain.

Goods in Transit (Complete this section if you require this cover)

31. Do you require cover for goods carried by vehicles or trailers owned or operated by you?

Yes

No

If 'YES', give the following details:

a) The maximum number of vehicles or trailers used to carry goods

b) Is the £1,000 standard policy limit for any one loss adequate?

Yes

No

If 'NO', what limit do you require?

c) Are the vehicles or trailers left loaded and unattended overnight?

Yes

No

(Your policy will not cover theft losses from vehicles or trailers which are left unattended overnight unless they are secured and are in a locked building or in an enclosed and locked yard).

d) Give details below of the type of goods you carry.

Important note – You must separately specify if you carry tobacco, cigarettes, cigars, wines, spirits, jewellery, precious metals and stones, video equipment, cassettes or discs, computer or video games, radios, televisions, electrical appliances, clothing or textiles.

32. Do you require cover for goods sent by professional carriers?

Yes

No

If 'YES', give the following details:

a) The estimated value of goods you will send by a professional carrier in the next 12 months (excluding goods carried in your own vehicle(s) or sent by post)

b) Is the £1,000 standard policy limit for any one loss adequate?

Yes

No

If 'NO', what limit do you require?

c) Give details below of the type of goods which you will send by carrier.

Important note – You must separately specify if you send tobacco, cigarettes, cigars, wines, spirits, jewellery, precious metals and stones, video equipment, cassettes or discs, computer or video games, radios, televisions, electrical appliances, clothing or textiles with a carrier.

If you require cover for goods sent by post, or by sea or air, or goods you receive, please ask for details.

All Risks (including Deterioration of Refrigerated Stock)

(Complete this section if you require this cover)

33. Do you require all risks cover away from your own premises for specified business machinery, equipment or valuables?

Yes No

If 'YES', state the items you wish to insure.

Item No.	Description of property	Sum Insured
		£
		£
		£

34. Do you wish to cover deterioration of refrigerated stock?

Yes No

If 'YES', please state

i) the sum insured you require (minimum £500)

£

ii) the age of your refrigerators

35. Do your freezers or refrigerators have

a) a current manufacturer's guarantee or warranty?

Yes No

b) a maintenance contract with a competent refrigeration engineer?

Yes No

c) an insurance policy covering breakdown?

Yes No

d) an inspection contract with an insurer?

Yes No

Personal Accident (Complete this section if you require this cover)

36. Give details below of the people aged between 16-65, who you require this cover for (continue on a separate sheet if necessary).

Name	Date of birth	Occupation	Amount of death benefit	Amount of Temporary Total Disablement benefit
			£	£ per week
			£	£ per week
			£	£ per week
			£	£ per week

The policy automatically provides double the amount of death benefit for loss of limbs or sight, or permanent total disablement. It also provides half of the Temporary Total Disablement benefit for Temporary Partial Disablement.

37. Do you wish to defer receiving benefit for an initial period of temporary disablement?

Yes No

If 'YES', for how many weeks

2 weeks 4 weeks

38. Are any of the people to be insured suffering from ill health or a disability?

Yes No

39. Have any of the people been involved in any accident causing disability in the last 5 years?

Yes No

Additional Information

If you have ticked any of the shaded boxes on this Proposal Form or need to provide further information to help us consider the Insurance (see the Important Note and Declaration) please give full details here or on a separate sheet of paper (attach details). Please state Question number clearly.

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special features of the risk which makes losses more likely to happen, or more serious if they do.
- Please disclose in the Additional Information section above or on a separate sheet of paper any such material information, even if you have doubts as to whether it is material or not.
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal Form is available on request. Please tick box if required.

Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We declare that the security protection at my/our premises meets the security conditions specified, or I/we will carry out any extra work necessary within six weeks from the date the insurance starts.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

 / /

This insurance will not commence until the Insurers have indicated their acceptance of the Proposal. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
- Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
- Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
- Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
 - If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

Valid from Date (as shown on card):

Expiry Date (as shown on card):

Switch Issue No. (if shown on card):

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

Option 2. Annual Payment by cash or cheque

Policy Number

Premium

BY POST to the address shown below. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number

Premium



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd
P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank Sort Code

Bank/Building Society account number

Service User Number

Reference Number (FOR OFFICE USE ONLY)

Instruction to your Bank or Building Society

Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts

