

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 Owners Combined is specially designed for owners, including head lessees, mortgagees or managing agents (if insuring in the name of principals) of tenanted business or industrial premises.

Cover for Buildings is provided on an 'Accidental Damage' basis to help protect a Policyholder's interests and avoid potential difficulties with tenants following a loss. Cover can be restricted to 'Fire and Perils only' on request. Liability to the Public arising out of ownership of the Buildings you insure can be included.

Optional covers are also available for:

- Rent
- Glass
- Employers' Liability

We are confident that Property Owners Combined will cater for the needs and requirements of most commercial property owners, although, if required, cover can be tailored to suit your individual needs or reflect specific lease stipulations.

**NOTE:** Property Owners Combined is not suitable for Property Developers, or for owner occupied blocks of flats for whom more appropriate policies are available. Our professionals version of the policy is more suitable for portfolios of property.

## 1. Buildings & Rent

**A. Buildings** - Your buildings' fixtures and fittings are insured against accidental damage including damage following theft involving forcible entry or exit.

Cover also includes:

- Removal of Debris
- Architects', Surveyors' and Consultants' Fees
- Public Authority costs
- Trace and access provision
- Accidental Damage to fixed sanitaryware, external blinds and signs, underground pipes and cables and radio, satellite and television aerials
- Replacement of locks following theft of keys up to £500
- A Terrorism Exclusion applies.

**B. Rent** - (if selected) - Covers any loss of rent resulting from insured damage to your Buildings within the period you select and up to the time the premises are fully tenanted and your rental income is fully restored to normal.

In addition, Rent cover includes:

- Reasonable Expenses incurred to maintain rental income
- Service Charges (if included in your Rent Sum Insured)
- Denial of Access to your Buildings following Damage to nearby property by an insured event
- Limit of Liability of up to 200% of your Rent Sum Insured to cater for increases in rent after the insurance year but during the Period of Rent selected.
- A Terrorism Exclusion applies

## 2. Owners' Liability to the Public

Protection is provided against your legal liabilities as a property owner for:

- Injury to persons other than your Employees
- Damage to third party property
- Up to a limit of £2 million (higher limits are available).

It is important to select and maintain adequate Sums Insured or you may find any claim you make is not settled in full. The notes below will help you in calculating your initial Sums Insured and Index-linking will assist you to maintain them at the correct level. Please note that the rent Sum Insured is not index-linked.

## Buildings

Your sums Insured should represent a calculation of the full rebuilding cost (**not market value**) without any deduction for wear, tear and depreciation but include:

- landlord's fixtures and fittings
- boundary walls, gates fences and outbuildings
- additional professional expenses: architects', surveyors', consultants' and legal fees

- cost of debris removal
- additional costs necessary to comply with Public Authority requirements as a result of Damage

If in doubt, a professional assessment is advisable.

## Rent (if selected)

**Annual Rent** should represent your rental income over the next 12 months (and any separate service charges) for each premises to be insured and should include any increases you anticipate over that period.

**Period of Rent** should represent the maximum time you consider it is likely to take to rebuild your premises following the most serious Damage plus any additional time taken before they are fully re-let.

**NOTE:** In your policy, your Rent Sum Insured on each Building will be determined by multiplying Annual Rent by the Period of Rent selected.

Cover will be provided subject to a maximum limit of 200% of the Rent Sum Insured to cater for any rent reviews/increases **after** the current Period of Insurance.

## Remember

You should reconsider the adequacy of your Sums Insured whenever you refurbish or extend your premises or increase the Rent.

## WHAT TO DO NEXT

Just complete the Proposal Form and, if required, Monthly Premiums Application and return it to your usual Insurance Broker or Adviser.

**A. GLASS**

Cover is provided for:

- **Breakage of Fixed Glass** including its framework, lettering or any intruder alarm foil attached to it.
- **Boarding up costs** pending replacement of glass.

**B. EMPLOYERS' LIABILITY**

Protection is provided against your legal liabilities for personal injury to employees up to a £10 million limit any one occurrence (limited to £1.5 million in respect of any occurrence involving an act of Terrorism).

**IMPORTANT**

**1. EXCESS**

The first £100 of each claim is excluded under the following Sections:

- Buildings and Rent but increased to £1,000 in respect of subsidence, landslip and/or heave.
- Glass.

Premium discounts are normally available if higher excesses are selected.

**2. INDEX LINKING**

To help you maintain adequate levels of protection, Sums Insured on the Buildings Section will be automatically increased in accordance with a relevant Index. Any resulting increase is provided free of charge until the next renewal of the Policy when your renewal premium will be based on the amended sums insured.

The Buildings Sums Insured will also continue to be index-linked after a loss to cater for any inflation during the rebuilding or repair period.

Each year, your renewal notice will provide a summary of your updated Sums Insured and will invite you to confirm that they are correct.

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

Premium <input style="width: 80%;" type="text"/>	Broker/Agency	
Broker/Agent <input style="width: 80%;" type="text"/>	<div style="border: 1px solid black; height: 100px;"></div>	
Quote Ref <input style="width: 80%;" type="text"/>		
<b>OFFICE USE ONLY</b>		
Policy No <input style="width: 80%;" type="text"/>		
Authorised <input style="width: 80%;" type="text"/>		

**Proposer Details**

Full Name of Proposer

Postal Address

Postcode:

Telephone No.  Website address

Directors/Partners' Full Names (where not shown above)

Business: Property Owner and no other activity for the purposes of this policy

Period of Insurance: From:  To:

**General Questions** (Fully complete in all cases)

1. Are any of the buildings (or part of the buildings) you wish to insure
  - a) Built **other than** of brick, stone or concrete with roofs **other than** of slate, tile, concrete, metal or asbestos? Yes  No
  - b) In the course of construction or undergoing (or scheduled to undergo) any process of structural alteration, renovation or repair? Yes  No
  - c) Currently untenanted or vacant or expected to become so in the foreseeable future? Yes  No
  - d) Used for a purpose other than that for which they were built? Yes  No
  - e) Inspected at least annually for the purpose of detecting defects and are they in and will they be maintained in a good state or repair? Yes  No
2. Have you, or has any director or partner been convicted of, or is any prosecution pending for, arson or any offence involving dishonesty of any kind (e.g. fraud, theft or handling of stolen goods), or any other criminal offence? Yes  No
3. Have you or any director or partner ever been declared bankrupt or insolvent? Yes  No
4. Indicate how long you or any director or partner has been in business at your existing and any previous premises.
5. In respect of any of the risks against which you now wish to insure
  - a) Have you or any director or partner (whether under a current or any previous trading name or interest) held insurance in the last 5 years? Yes  No
  - b) Has any previous insurer declined a proposal, refused to continue with or renew a policy or imposed special terms or conditions? Yes  No
  - c) Have you or any director or partner (whether under a current or any previous trading name or interest) incurred any loss destruction or damage or made any claim or had any claim made against you during the last 5 years? Yes  No

If you have ticked any of the shaded boxes please give details in the Additional Information Section including name(s) and address(es) of previous insurers, policy numbers, trading interests and dates and amounts paid or outstanding in respect of any claims.

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

**Buildings and Rent** (complete in all cases)Cover required: Accidental Damage  Standard 

1. State the address of each of the Premises to be insured (including Postcodes).

Premises	Address	Postcode
1		
2		
3		
4		

2. State the name and address of any person or other party having a financial interest in the Buildings to be noted on the Policy.

3. In respect of each Premises state sum(s) to be insured on Buildings, Rent details (if Rent cover is required), and the trade/business of each occupier(s).

(See guidance notes on 'How to Calculate your Sums Insured').

Premises	Buildings	Annual Rent	Period of Rent (months) min 12 mths/max 36 mths	Trade or Business of Occupier(s)
1	£	£		
2	£	£		
3	£	£		
4	£	£		

**Optional Additional Covers** (complete only those Sections required)**A. GLASS**1. Do you wish to cover accidental or malicious breakage of fixed glass at **all** the Premises covered by this policy?Yes No If '**NO**' specify those premises where fixed glass is to be covered in the Additional Information Section.**B. EMPLOYERS' LIABILITY**

1. Is cover required for injury to Employees? (This cover is limited to £10m any one occurrence)

Yes No If '**YES**' give details of all your Employees below.

Description of Employees including persons supplied to or hired or borrowed by you	Number of Employees	Estimated annual payments to Employees
Clerical and managerial		
Others (give full details of work carried out)		

## Employers Liability (complete in all cases)

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

## Additional Information

If you have ticked ANY of the shaded boxes on this Proposal Form or need to provide further information to help us to consider the Insurance (see IMPORTANT NOTE and DECLARATION below). Please give FULL details here or on a separate sheet of paper (attach details). Please state Question number clearly.

## Additional Information (continued)

### 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 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

Service User Number

Reference Number (FOR OFFICE USE ONLY)

To: The Manager Bank/Building Society

Address \_\_\_\_\_

\_\_\_\_\_

Postcode

#### 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.

Name(s) of Account Holder(s)

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Bank Sort Code

Bank/Building Society account number

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

