

Supplementary Application for Property Damage

This application should be completed when there is more than one premises to be covered under your Business Insurance policy. Please ensure that all questions are answered in full. If there is insufficient space please use a separate sheet of paper.

Proposer Details

1 (a) Full Trading Title (including full names if individuals or partners)

(b) Address of additional premises (including postcode)

<input type="text"/>	<input type="text"/>
	Postcode

(c) Are the premises in sole occupation?

YES NO

If NO please give full details of all other occupants

2 **Construction and Heating**

Please provide full details of:

Construction of walls and roofs	
Sandwich Insulation Panels	
Heating	
Number of storeys	
Age of building	
Date electrical system last inspected and certified IEE (or equivalent) compliant	

3 **Property and security questions**

(a) Does the premises have:

Fire alarm

Name of Installer

Type of Signalling

YES NO

Intruder Alarm

Name of Installer

Type of Signalling

YES NO

Other Physical Security

Details

YES NO



(b) Are the premises in an area previously affected by flooding or at risk of flooding?
If YES please provide details

YES NO

(c) Is any property kept in the basement?
If YES please provide details

YES NO

(d) What times are the normal working week?

4 Please state the sums insured required for the following items

Sum Insured (£)

Buildings

Tenants improvements and decorations

Machinery, plant and other contents

Computers and ancillary equipment

Stock and materials in trade other than below

High valued stock (1) – describe:

High valued stock (2) – describe:

All other property – describe:

5 Contingencies

(a) Do you require cover for: Subsidence

YES NO

Terrorism

YES NO

If Subsidence required, has the property or any adjacent property previously suffered damage from subsidence, heave or landslip or does the building have any visible signs of cracking? Details (if YES)

YES NO

(b) Day-One Inflation Provision Required?

YES NO

Percentage Required:

 %

Declaration

I/we declare that the information given is to the best of my/our knowledge and belief correct and complete and that this proposal makes a fair presentation of the risk to insurers

If the risk is accepted I/we undertake to pay the premium when called upon to do so I/we understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes

Signature of Principal/Director/Partner:

Name

Position

Date