



OFFICES

Proposal Form
November 2004 Edition



Be Life Confident

Important Notice

To apply for the Offices Insurance Policy, complete this Proposal Form in BLOCK CAPITALS using a ball-point pen (blue or black ink). Insurance begins when AXA Insurance has accepted your application.

You must give full and true answers to all questions. If you do not do 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 the Sums Insured you request are not adequate this will result in the amount that we pay you in the event of a claim being reduced.

If the space provided is inadequate or you tick a shaded box please supply full details using the Additional Information Section

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.

AXA Insurance UK plc is authorised and regulated by the Financial Services Authority.

Law Applicable to Contract

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

PART A – Business and Cover Details

1 Insured's Name in full (Block Letters)	<input type="text"/>
2 Postal Address	<input type="text"/> <input type="text"/> <input type="text"/>
3 Postcode	<input type="text"/>
4 Telephone number	<input type="text"/>
5 Address of property to be insured (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/>
6 Postcode	<input type="text"/>
7 Telephone number	<input type="text"/>
8 Business	<input type="text"/>
9 Insurance required from	<input type="text"/> to <input type="text"/> (DD/MM/YYYY)
10 Please detail any membership to Industry, Trade or Accreditation Body	<input type="text"/>
11 Do you wish to pay the premium by instalments? If "Yes" please complete the budget plan application	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1 – Buildings and Contents

Please see Summary of Cover for details of cover. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s).

<p>1 Buildings (Optional)</p> <p>a) What is the replacement value of your Buildings?</p> <p>b) If you want the additional inflation protection of Day One Average please indicate what percentage you require</p>	<p>Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">£</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p> <input type="checkbox"/> +15% <input type="checkbox"/> +20% <input type="checkbox"/> +25% <input type="checkbox"/> +35% </p>	£																			
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<p>2 a) Replacement value of Trade Contents including landlord's fixtures and fittings and interior decorations for which you are responsible excluding stock in trade</p> <p>i) Please state the value of electronic office equipment (excluding computer equipment) included in item (a) above</p> <p>ii) Is any item of electronic office equipment valued in excess of £5,000? If 'Yes', please list these with their values on the Additional Information Section</p> <p>iii) Please state the value of computer equipment included in item (a) above</p> <p>iv) Is any item of computer equipment valued in excess of £5,000? If 'Yes', please list these with their values on the Additional Information Section</p> <p>b) Any other property – please specify</p>	<p>Sum Insured</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">£</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">£</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">£</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">£</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	£																				£																				£																				£																			
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SECTION 2 – All Risks on Specified Items (Optional)

1) Do you require cover provided by this section Yes No

Please specify items

	Sum Insured																			
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SECTION 3 – Business Interruption and Loss of Accounts Receivable

a) The automatic Cover is three times the total of Section 1, Part 2 and Section 2 above or £250,000 whichever is the greater.
If you need to increase this as the automatic cover is insufficient state extra amount required.

b) The Indemnity Period is twelve months.
If you wish to increase this please indicate the period you require.

c) Accounts Receivable – the automatic cover is £10,000.
If you need to increase this as the automatic cover is insufficient state extra amount required.

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	<input type="checkbox"/> 24 months <input type="checkbox"/> 36 months																				
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SECTION 4 – Public and Product Liability / Employers Liability

a) Public Liability

Please state the estimated annual turnover of your business for the next 12 months

£

The limit of indemnity is £2,000,000. Do you wish to increase this?

Yes No

If 'Yes', please indicate the limit required.
(Maximum £5,000,000)

£

b) Employers Liability

Please enter the total number for full time and part-time employees

Full Time Part Time

The Limit of Indemnity is £10,000,000

SECTION 5 – Computer

a) Is all Computer Equipment the subject of a maintenance contract which provides a minimum service of on call remedial and/or corrective maintenance at inclusive costs?

Yes No

b) Do you back-up Computer Records at least every seven days?

Yes No

c) Do you store duplicate software and Computer Records away from the premises?

Yes No

Description	Make	Model No	Date of Manufacture (DD/MM/YYYY)	New Replacement Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	£ <input type="text"/>
Total				£ <input type="text"/>

PART C – Optional Extensions (Only Complete If Required)

If you tick a shaded box please give details. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s). Please see Summary of Cover for details of these options.

- 1 Subsidence: Do you require cover for subsidence?** Yes No
If 'Yes'
- a) Has the property suffered from subsidence, heave or landslip in the past?** Yes No
- b) Has a structural survey recently been carried out on the property?** Yes No
- If 'Yes', please attach a copy of this report to the Proposal form.
- c) Is the property erected on made up ground (e.g. filled pits, rubbish tips and the like)?** Yes No
- d) Is the property, including detached outbuildings and garage blocks, free from evidence of cracking?** Yes No
- e) Has the property been underpinned?** Yes No
- 2 Theft by Employees: Do you require cover for Theft by Employees?** Yes No
- If 'Yes'
- a) How many people do you employ?**
- b) Do you obtain written references confirming the integrity of Employees?** Yes No
- c) Do you have a system whereby you or at least two employees check stock, money and all other business records at least monthly?** Yes No
- 3 Goods in transit: Do you require increased goods in transit cover beyond the standard limit of £2,000 (maximum cover available £4,000 in total)** Yes No
- If 'Yes' please advise additional cover required
- 4 Terrorism: Do you require cover for Terrorism?** Yes No

PART D – General Information (To Be Completed In All Cases)

If you tick a shaded box please give details. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s).

1 Is there any other party, e.g. bank, building society, whose interest should be noted in the policy?

Yes No

2 Have you or any of your partners or directors either personally or in connection with any business in which you/they have been involved:

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

If 'Yes', please advise name of insurers and policy number

Yes No

b) Held any insurance (in respect of the covers to which this Proposal relates) which has subsequently been:

i. declined?

Yes No

ii. terminated?

Yes No

iii. refused renewal?

Yes No

iv. subjected to special terms?

Yes No

c) Ever been convicted or charged (but not yet tried) with a criminal offence other than a motoring offence?

Yes No

d) Ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

Yes No

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)?

Yes No

PART E – Additional Information

Section Number

Question Number/letter

Details

Section Number

Question Number/letter

Details

Section Number

Question Number/letter

Details

Section Number

Question Number/letter

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Section Number

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Section Number

Question Number/letter

Details

PART F – Declaration

If you have not given full and true answers to all 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.

Claims and Underwriting Exchange Register

Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Limited (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 us 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 personal 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 personal data.

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

To enable them to send you details of their products and services, we may also 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 or fax. If you do not wish to receive such details please tick the appropriate box(es).

Declaration

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We understand that 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.

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.

I/We understand that if true answers have not been given that this insurance may not protect me/us in the event of a claim.

I/We understand that you will pass the information on this form and about any incident I/we may give details of to IDS Ltd so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/We have given details of, IDS Ltd may pass you information it has received from other insurers about other incidents involving anyone insured under the Policy.

I/We agree to accept the terms and conditions contained in the AXA Insurance UK plc Policy applying to this Proposal.

Signature of Proposer

Date

(DD/MM/YYYY)

Name

Position in company

Signature of Second Proposer

Date

(DD/MM/YYYY)

Name

Position in company

No cover is in force until the Proposal has been accepted by AXA Insurance UK plc.

AXA is a world leader in wealth management and financial protection. We operate in over 50 countries and serve more than 50 million customers worldwide. We cater to a wide range of needs, providing advice and guidance to our individual and corporate customers on a variety of financial products and services. In addition to Business, Motor and Home Insurance we also offer Investments, Life Assurance, Retirement Planning, Long Term Care, Asset Management, Medical Insurance and Dental Payment Plans.

With our expertise and commitment to customer service and consistent, quality care, you can rely on AXA for lasting security.



**ASK ABOUT AXA'S EXCELLENT RANGE OF BUSINESS,
HOME AND MOTOR INSURANCE PRODUCTS**

www.axa.co.uk



AXA Insurance UK plc

Registered in England No 78950. Registered Office: 5 Old Broad Street, London EC2N 1AD
A member of the AXA Group of Companies. AXA Insurance UK plc is authorised and regulated by the Financial Services Authority.
In order to maintain a quality service, telephone calls may be monitored or recorded.

WUY002R/X (01/06) (8582)

Be Life Confident