



SHOPS

Proposal Form
November 2004 Edition



Be Life Confident

Completing the Proposal Form

To apply for the Shops Insurance Policy, complete this Proposal Form in BLOCK CAPITALS using a ball-point pen (blue or black ink).

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 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 Part F, 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.

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

Section 1 – Buildings and Contents

1 Buildings (Optional)

a) What is the replacement value of your Buildings?

Sum Insured

£

b) If you want the additional inflation protection of Day One Average please indicate what percentage you require

+15%

+20%

+25%

+35%

2 Contents

a) Replacement value of Trade Contents including Landlord's fixture and fittings and interior decorations for which you are responsible but excluding stock in trade

£

i) Please state the value of electronic office equipment included in item (a) above

£

ii) Is any item of electronic office equipment valued in excess of £5,000?

Yes

No

If 'Yes', please list these with their values on the Additional Information Section.

b) Stock in trade (including goods in trust) excluding property in (c), (d) or (e) below

£

c) Wines and spirits

£

d) Tobacco, cigarettes and cigars

£

e) Video tapes, DVD's and CD's

£

f) Any other property – please specify

£

Section 2 – All Risks on Specified Items (Optional)

1 Do you require cover provided by this section

Yes

No

Please specify items

Sum Insured

£

£

£

£

£

£

£

Section 3 – Business Interruption and Loss of Accounts Receivable

a) Cover is automatically provided for loss of Gross Profit for an amount three times the total of Section 1, Part 2 and Section 2 above or £500,000 whichever is the greater.

If you need to increase this as the automatic cover is insufficient state the extra amount required.

£

b) The Standard Indemnity Period is twelve months.

If you wish to increase this please indicate the period you require.

24 months

36 months

c) Accounts Receivable – cover is automatically included for £10,000.

If you wish to increase this as the automatic cover is insufficient state the extra amount required

£

Section 4 – Loss of Licence

The automatic cover is £100,000. If you wish to increase this please state the extra amount required.

£

Section 5 – Public and Product Liability / Employers Liability

1 Employers Liability

- a) Please enter the total number of full time and part time employees

The limit of Indemnity is £10,000,000.

<input style="width: 50px; height: 20px;" type="text"/> Full Time	<input style="width: 50px; height: 20px;" type="text"/> Part Time
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2 Public Liability

- a) Please state the estimated annual turnover of your business for the next 12 months'

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

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No
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If 'Yes', please indicate the limit required.

£																			
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Section 6 – Computer Breakdown (Optional)

- 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?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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- b) Do you back-up Computer Records at least every seven days?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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- c) Do you store duplicate software and Computer Records away from the premises?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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Description	Make	Model No	Date of Manufacture (DD/MM/YYYY)	New Replacement Value
				£
				£
				£
				£
				£
				£
				£
				£
				£
				£

PART B – General Questions

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

1 Are the premises:-

- a) Built entirely of brick, stone or concrete and roofed with slates, tiles, concrete, metal, asbestos or any other non-combustible material?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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- b) Self contained with a lockable entrance door?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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- c) In your sole occupation?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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- d) In a good state of repair?

<input style="width: 30px; height: 20px;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> No
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- e) Occupied overnight?

<input style="width: 30px; height: 20px; background-color: #f4a460;" type="checkbox"/> Yes	<input style="width: 30px; height: 20px;" type="checkbox"/> No
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- f) Please indicate the type of floors in the building

<input style="width: 30px; height: 20px;" type="checkbox"/> Concrete	<input style="width: 30px; height: 20px;" type="checkbox"/> Timber
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2 Do you keep stock in a basement?

Yes No

If 'Yes', please state nature of stock and value, and minimum height of storage above floor level

3 Are any trade or manufacturing processes conducted in the premises?

Yes No

4 Will any of your products be supplied directly or to your knowledge indirectly to USA or Canada?

Yes No

5 Do you engage in wholesale trading?

Yes No

6 Is your machinery and plant (including mechanically propelled plant) properly fenced, guarded and in good order and where appropriate inspected in accordance with statutory requirements?

Yes No

7 Are your premises within a modern enclosed Shopping Centre?

Yes No

If 'Yes', which of the following features are present:-

Fire alarm

Yes No

24 hour security

Yes No

Sprinkler installation

Yes No

**8 Are the premises:-
Within an area protected by Closed Circuit T.V. cameras?**

Yes No

If 'Yes', is the installation constantly monitored by security personnel?

Yes No

9. Does security at your premises meet the Company's Minimum Standard of Security detailed in the Policy Booklet?

Yes No

If 'No', cover for theft will not be in force until written confirmation of compliance is received by the Company

10 Are the premises protected by an intruder alarm?

Yes No

If 'Yes', please give details of:-

a) Alarm company and maintenance arrangements

b) Method of signalling

c) Any previous false alarms

11 If you hold a licence to sell alcoholic drinks:-

a) Has there been opposition to renewal or transfer of the licence within the last five years?

Yes No

b) Is there any intention to apply for a transfer of the licence within the next 12 months?

Yes No

c) Have you or the licence holder ever had an application for the renewal or transfer of the licence refused?

Yes No

12 Work away: Do you work away from the premises (other than catering)?

Yes No

13 ATM: Does the premises contain an ATM?

If Yes, please answer the following

a) Are you responsible for insuring the machine?

Yes

No

If Yes, please state Sum Insured

b) Are you responsible for insuring the money within the ATM?

Yes

No

c) Who is responsible for filling the ATM?

d) What security devices protect the ATM?

PART C – Optional Extensions (Only Complete If Required)

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

1 Subsidence: Do you require cover for subsidence?

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? (If 'Yes' please attach a copy of the report)

Yes

No

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 Hairdressers treatment: The limit of indemnity is £1,000,000. Do you require cover?

If 'Yes'

a) Number of operatives

b) Describe fully all treatments undertaken

c) Give names of hair dyes and cold permanent wave preparations used

d) Are all appliances periodically examined?

e) By whom and at what intervals?

3 Ear piercing Liability: The limit of indemnity is £1,000,000. Do you require cover?

If 'Yes'

a) Number of operatives

4 Theft by Employees: Do you require cover for theft by Employees?

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

5 Terrorism: Do you require cover for Terrorism?

Yes

No

6 Dispensing Error Extension: The limit of indemnity is £100,000. Do you require cover? Yes No

7 Do you require increased Freezer Contents cover beyond the standard limit of £2,000 (maximum cover available £5,000 in total)? Yes No

If 'Yes' please advise additional cover required

8 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

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

If you have ticked 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 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? Yes No

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

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) 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

e) 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

PART F – Declaration

If you have not given full and true answers to all questions asked on this Proposal, your insurance cover may not protect you in the event of a claim.

If you wish to disclose something that has not been disclosed elsewhere on 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 Ltd (IDS Ltd). The aim is to help us to 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 a 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 the Policy.

Data Protection Act

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 services, we may also share your name and address with:

other AXA companies based 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 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 any material fact, which is information that may influence the Company in the acceptance and terms provided, has been disclosed and recorded.

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.



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