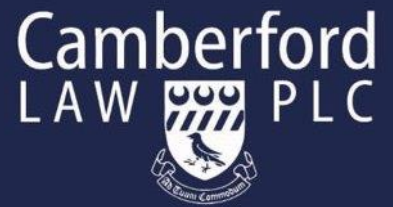


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INNOVATIVE INSURANCE

PROPOSAL FORM

Unoccupied Property Insurance

Underwriting Agent . Lloyd's Broker

Registered Office: 50 Fenchurch Street, London. EC3M 3JY. Registered No. 608819 in England and Wales
Authorised and Regulated by the Financial Conduct Authority : FRN 121476

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1. IMPORTANT INFORMATION

1.1 Important Information

Please answer all of our questions.

Completing this form does not oblige us to agree to provide insurance to you, nor you to accept any quotation(s) we offer.

Should we accept your proposal, our acceptance will be based on the information presented to us being a fair presentation of you, your property and your business.

It is important that you understand that Insurers may treat policies as if they had never existed and decline all claims if you provide false or misleading information, withhold important information or fail to advise of any change to the information you have provided.

Please note that 'You' or 'Your' in the context of these questions and this proposal means the person(s) named as Proposer and/or any other director or partner of the named Proposer.

Unless you advise us otherwise, policy documents will be issued by email.

1.2 Data Protection – How we will use your Data

The Basics:

Camberford Law plc, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberfordlaw.com/privacy

Contact Details

Camberford Law plc
Data Protection Officer
50 Fenchurch Street
London
EC3M 3JY

2. CONTACT INFORMATION

2.1 Name of insurance broker (if any) making this declaration of facts:

2.2 Name of person providing information within this form:

2.3 Contact Email:

2.4 Contact Telephone Number:

3. PROPOSER DETAILS

3.1 Proposer(s):

Full name of Proposer including trading name. Also include any/all subsidiary companies to be insured.

--

3.2 Individual Name(s):

Please list the names and date of births of all Directors and/or Partners of the Proposer(s):

Name:	Date of Birth:

3.3 Correspondence Address:

Full postal (correspondence) address:

Post Code:

3.4 Years Established:

Number of years the proposer has been established:

--

3.5 Years Experience:

Number of years experience of the proposer within your business activities:

--

3.6 FCA Classification:

Please complete the following information which we must have for regulatory classification.

Does the Proposer’s annual turnover exceed EUR 2,000,000?	YES/NO
What is the total number of full time employees of the Proposer?	

4. BUSINESS ACTIVITIES

4.1 The Business description for the proposed policy will be **Ownership and/or management of the buildings** plus any activity you state as part of the business within the Liability part of this form.

If this is not an accurate reflection of your business, or you require a different business description, please state this in the box below:

4.2 Ownership of the Buildings

Is your ownership of the buildings part of your trade, business, or profession?

YES/NO

4.3 Domicile of Proposer

Are you registered in and domiciled in the United Kingdom?

YES/NO

5. GENERAL QUESTIONS

5.1 Please read the following questions and state if they are true in respect of this proposal.

Have you, or any Director of your company, ever:

Had a proposal for insurance declined?

YES/NO

Had special conditions imposed onto an insurance policy or a policy cancelled?

YES/NO

Had a claim rejected by an insurer?

YES/NO

Had any criminal convictions (other than minor motoring offences) that are not yet spent or do you have any prosecution pending?

YES/NO

Been the subject of a County Court Judgement (or Scottish equivalent) or been declared bankrupt or insolvent or placed under administration?

YES/NO

Had an arson or suspected arson event, whether insured or not, at any property owned in part or in full by You or which you have occupied at the time of such event?

YES/NO

5.2 Financial Status and History of the proposer:

Are you currently a company or partnership trading at a loss or a company or individual(s) with debts that you may not be capable of servicing?

YES/NO

5.3 **Current Insurance** Present Insurance Broker:

Please provide Present Insurer:

details of your current Insurer: Renewal Date:

Premium:

£

5.4 Please use the box below to detail any further information

6. PREMISES

6.1 Please list the full address of any Premises to be insured:

(if property is not being insured, please still list the locations from which you trade)

Premises 1:

Post Code:

Premises 2:

Post Code:

Premises 3:

Post Code:

Premises 4:

Post Code:

7. INSURANCE PRODUCTS

7.1 PROPERTY DAMAGE

7.1.1 Ownership

If you are NOT the owner of all the premises to be insured, please state your interest:

7.1.2 Interested Party

If you require any interested party to be noted, please state details:

7.1.3 Age of Buildings and Number of Storeys (please complete the table to confirm the Age and number of storeys in respect of each premises to be insured)

	Premises 1	Premises 2	Premises 3	Premises 4
Year Built				
Number of Storeys				

7.1.4 Premises Type

Are the buildings, have they been, or will they be:

	Premises 1	Premises 2	Premises 3	Premises 4
A private dwelling/ residential building	YES/NO	YES/NO	YES/NO	YES/NO
A mill	YES/NO	YES/NO	YES/NO	YES/NO
An office(s)	YES/NO	YES/NO	YES/NO	YES/NO
A religious building	YES/NO	YES/NO	YES/NO	YES/NO
A pub or nightclub	YES/NO	YES/NO	YES/NO	YES/NO
A school	YES/NO	YES/NO	YES/NO	YES/NO
A flat	YES/NO	YES/NO	YES/NO	YES/NO
A shop	YES/NO	YES/NO	YES/NO	YES/NO
Used for any other commercial or industrial	YES/NO	YES/NO	YES/NO	YES/NO
Park home situated on registered park home site	YES/NO	YES/NO	YES/NO	YES/NO
OTHER	YES/NO	YES/NO	YES/NO	YES/NO

7.1.5 **Premises Type.** Are the buildings:

	Premises 1	Premises 2	Premises 3	Premises 4
Semi-detached	YES/NO	YES/NO	YES/NO	YES/NO
Detached	YES/NO	YES/NO	YES/NO	YES/NO
Terraced	YES/NO	YES/NO	YES/NO	YES/NO

7.1.6 **Occupancy.** Is any part of the premises occupied?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.7 **Listed.** Please state if the buildings are of listed status?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO
If YES, Grade:	If YES, Grade:	If YES, Grade:	If YES, Grade:

7.1.8 **Construction.** Please state the construction of external walls and roof:

	Premises 1	Premises 2	Premises 3	Premises 4
Roof				
Walls				

7.1.9 **Compliance with Policy Conditions.**

Please confirm if the following are true in respect of this proposal:

The supply of gas and electricity to the building is disconnected except where it is required for maintaining fire or intruder alarms or central heating.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

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7.1.9 Compliance with Policy Conditions.

Cont/...

During the period 1st November to 1st April inclusive, either:

- i) The mains water supply is disconnected and all pipes and tanks drained, OR
- ii) Is maintained in a fully functional state and set to operate at a minimum temperature of 60 Fahrenheit and with any loft hatch or other access to loft space remaining open.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

All fastenings and protections are and will be activated and in actual and complete operation whenever the building is left unattended by you, your representative, builder, or other contractor employed by you or on your behalf?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

You or your representatives inspect the building internally and externally at least once every 7 days and keep a written, dated, and signed record of such inspections.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

You or your representatives inspect the buildings and will report to underwriters immediately if you become aware of any attempt to enter it illegally or if the building is damaged in any way.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

The buildings and the area outside of it that is owned by you or under your control, is kept clear of all loose combustible material.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

All letterboxes and similar openings are sealed to prevent the insertion of material.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

All accessible windows are secured by key operated window locks and all final exit doors must be secured by a minimum of 5 lever mortice deadlocks.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

All accessible windows and all final exit doors are boarded, shuttered, or grilled.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

You will notify us prior to contractors' attendance in or around the buildings and you will ensure that contractors sign an inspection record at least once every 7 days to confirm that the building remains secure.

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.10 **General Conditions.** (please answer the following questions in respect of this proposal)

You will ensure that the buildings (and contents if applicable) are maintained in sound condition and you will take all reasonable precautions to prevent any claims.	YES/NO
You will protect the buildings (and contents if applicable) from loss or damage.	YES/NO
You will ensure that any loss or damage incurred is limited to the minimum safely possible.	YES/NO
You will allow us to examine your buildings if we request to do so.	YES/NO
You will not take any action that could prejudice or prevent our ability to fully consider or investigate loss or damage without our consent.	YES/NO
You will ensure that all persons insured under this policy keep to all conditions of it.	YES/NO

7.1.11 **Other Security and Risk Management**

(please complete the table to provide details of the security protections in effect at each premises)

	Premises 1	Premises 2	Premises 3	Premises 4
Is an Intruder Alarm operative?	YES/NO	YES/NO	YES/NO	YES/NO
Does a Caretaker reside full time in the building?	YES/NO	YES/NO	YES/NO	YES/NO
Is Manned Security in place at the building?	YES/NO	YES/NO	YES/NO	YES/NO

7.1.12 Are any of the buildings to be insured more than 5 miles from the nearest full time Fire Station OR Police Station

	Premises 1	Premises 2	Premises 3	Premises 4
Fire Station	YES/NO	YES/NO	YES/NO	YES/NO
Police Station	YES/NO	YES/NO	YES/NO	YES/NO

7.1.13 **Adjacent Buildings.** Please confirm the occupancy of attaching (adjacent) buildings.

Premises 1	Premises 2	Premises 3	Premises 4

7.1.14 **Unoccupancy Reason.** Please state why the buildings are unoccupied?

Premises 1	Premises 2	Premises 3	Premises 4

7.1.15 **Unoccupancy Period.** For how long have the premises been unoccupied prior to this application?

Premises 1	Premises 2	Premises 3	Premises 4

7.1.16 **Intentions for the Property.** Please answer the following for each premises.

	Premises 1	Premises 2	Premises 3	Premises 4
Has planning permission been sought?	YES/NO	YES/NO	YES/NO	YES/NO
Has planning permission been obtained?	YES/NO	YES/NO	YES/NO	YES/NO
Are the buildings to undergo structural changes or be demolished?	YES/NO	YES/NO	YES/NO	YES/NO

7.1.17 **Premises Condition.** Do you know, or are there any signs of, malicious damage (for example graffiti) or attempted or actual illegal entry to any of the premises to be insured?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.18 **Premises Condition.** Are the buildings in a good state of repair?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.19 **Subsidence.** (please answer the following questions in respect of this proposal)

Are all the premises free from signs of damage which may be attributable to Subsidence, Landslip, or Heave?.

YES/NO

Is any premises being monitored or has it previously been monitored for Subsidence, Landslip or Heave – or actually incurred damage from Subsidence, Landslip or Heave?

YES/NO

7.1.20 **Flood.** Is any premises in a flood plain or area that has previously flooded?

Premises 1	Premises 2	Premises 3	Premises 4
YES/NO	YES/NO	YES/NO	YES/NO

7.1.21 **Sum Insured**

Please confirm the sum insured required for buildings and, if applicable, contents. You must ensure that these represent the full cost of replacement or reinstatement.

Buildings are defined as:

The building situated at the risk address shown and being built of brick, stone or concrete and the external surface of the roof constructed of slates, tiles, concrete, asphalt or of any entirely incombustible mineral ingredients; Interior decorations and landlords fixtures and fittings; Outbuildings including garages, fixed fuel tanks, swimming pools, tennis courts, drives, patios, terraces, and walls all owned by you or for which you are legally responsible.

Contents are defined as:

Your contents at the risk address shown but excluding money, any financial instrument, jewellery, gold, silver, metal, platinum objects/ornaments, furs, collections of any type, articles of a brittle nature, hi-fi, stereo, television and any other audio visual equipment and any other items permanently fitted to the buildings.

SUM INSURED				
	Premises 1	Premises 2	Premises 3	Premises 4
BUILDINGS	£	£	£	£
CONTENTS	£	£	£	£

7.1.22 **Cover Level**

Please select the level of coverage that you wish to have noting that:

“Full Cover” means the full range of causes covered within our policy:

- Fire, lightning, explosion or earthquake
- Water or oil leaking from any fixed tank appliance or pipe
- Theft or attempted theft
- Storm tempest or flood
- Vandalism or malicious persons including riot civil and unrest, strikes or labour or political disturbances
- Impact by animal, road vehicle, train, aircraft, or other flying objects as specified in the document of insurance

“FLEA Cover” will result in a lower premium with the perils covered restricted to Fire, Lightning, Explosion and Aircraft

Note: Flood coverage is only granted under the **“Full Cover”** option and where acceptable within our post code risk acceptance criteria

Note: Subsidence coverage is granted under **“Full Cover”** and **“FLEA”** but only where acceptable with our post code risk acceptance criteria.

	Premises 1	Premises 2	Premises 3	Premises 4
FULL COVER	YES/NO	YES/NO	YES/NO	YES/NO
FLEA COVER	YES/NO	YES/NO	YES/NO	YES/NO

7.2 PROPERTY OWNERS LIABILITY

7.2.1 Property Owners Liability

Please state the Limit of Indemnity required for Property Owners Liability:

£1 Million	YES/NO
£2 Million	YES/NO
£5 Million	YES/NO

8. CLAIMS HISTORY

8.1 Claims History

Have you or any of your Directors or Partners, or any company of which any of you have been a director, or any partnership of which any of you have been a partner, sustained any loss or damage or had a claim made against you during the last 5 years?

YES/NO

IF YES please complete table below:

Date of Claim	Claim Type	Total Claim Amount	Status
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED
			OPEN/CLOSED

9. DECLARATION

9.1 Additional Information

In the box below, please state any additional information necessary to provide; insofar that it increases a risk or might otherwise be relied on by us to make a fair and reasonable assessment of your proposal.

9.2 Declaration

Do you confirm that the statements made and questions answered on behalf of the proposer are to the best of your knowledge and belief true and complete?

YES/NO

Signed:

Date: