



## COMMERCIAL INSURANCE QUESTIONNAIRE

Please fax this form on (01473) 611458 or email [info@fiveinsurancebrokers.co.uk](mailto:info@fiveinsurancebrokers.co.uk)

Proposer	
Name:	Business Established:
	Employee No:
Business Description:	
Company Registration No:	
Current Insurers:	Survey Contact:
Current Broker:	Tel:
Current Premium:	Renewal Date:

Premises	
Risk Address(es):	
Age of Building:	
Heating:	
Construction of Walls:	
Construction of Roof:	
Are premises multi-tenure? What are other trades?	
Electrics:	Yes      No
Current IEE Certificate?	<input type="checkbox"/> <input type="checkbox"/>
Fire:	Yes      No
Fire Extinguishers	<input type="checkbox"/> <input type="checkbox"/>
Fire Alarm (Auto)	<input type="checkbox"/> <input type="checkbox"/>
Fire Alarm (Manual)	<input type="checkbox"/> <input type="checkbox"/>
Sprinklers	<input type="checkbox"/> <input type="checkbox"/>
Fire Hose	<input type="checkbox"/> <input type="checkbox"/>
No Smoking Policy	<input type="checkbox"/> <input type="checkbox"/>
Site Plan Attached:	Yes      No
	<input type="checkbox"/> <input type="checkbox"/>
(Rough Plan Sufficient):	

Protection	
ALARM DETAILS / COMPANY	
NACOSS Approved:	Yes      No <input type="checkbox"/> <input type="checkbox"/>
Signalling:	Bells      Digi-com <input type="checkbox"/> <input type="checkbox"/> Packnet      Redcare <input type="checkbox"/> <input type="checkbox"/> Other <input type="checkbox"/>
PHYSICAL SECURITY	
	Yes      No
Window Locks	<input type="checkbox"/> <input type="checkbox"/>
Bar/Grills	<input type="checkbox"/> <input type="checkbox"/>
Shutters	<input type="checkbox"/> <input type="checkbox"/>
CCTV	<input type="checkbox"/> <input type="checkbox"/>
Padlock	<input type="checkbox"/> <input type="checkbox"/>
24hr Occupation	<input type="checkbox"/> <input type="checkbox"/>

Management (Health & Safety)	
	Yes      No
Health & Safety Policy	<input type="checkbox"/> <input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/> <input type="checkbox"/>
If Yes, Examples	

All Risks (Including Subsidence)	
Buildings:	Machinery/Plant:
Stock:	Tenants Improvements:
Electronic Equipment:	Computers:
Other target goods (e.g. non ferrous metals)	Total Sum Insured:
Details:	
Excess:	

**Business Interruption**

Indemnity Period:	Months:	
Gross Profit:	Book Debts:	
Increased cost of working:		
Extensions:	Yes	No
Denial of Access	<input type="checkbox"/>	<input type="checkbox"/>
Public Utilities	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers	<input type="checkbox"/>	<input type="checkbox"/>

**Money**

Any amendments required to Package limits set below?:	
In transit / working hours	£5000
In safe / occupied pdh	£1500
In an unoccupied pdh	£500
Out of hours out of safe	£250
PA / Assault 1 unit	£10000

**Glass**

Is cover required?	If Yes, sum insured?
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**Goods in Transit**

Maximum any one consignment:
By Road / Rail / Bst:
Limit per Vehicle:
Maximum Number of Vehicles:
Please provide details of vehicle security:

**Employers' Liability**

Payroll:	Wages:
Clerical staff, commercial travellers & managerial not involved in manual work:	
Woodworking machinery, power presses, press brakes or guillitines:	
Workaway from your own premises:	
All other work:	
Bonafide sub contractors (Supply & Fix):	

**Public / Products Liability**

Limit of Indemnity:
Turnover:
Goods manufactured, assemble, altered, treated or processed by you:
Goods erected, repaired, installed or serviced by you:
Goods which you wholesale:
Goods which you retail:

**Claims Details**

Please give claims details for past 5 years:
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**Additional Information / Comments**

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Note: The answers to the above questions are treated as Material Fact and further information may be required. Any other facts known to you, which are likely to affect acceptance or assessment of the risks proposed for insurance, must be disclosed. Should you have any doubt do not hesitate to tell us. A Material Fact is one which would influence insurers acceptance of your request for insurance and the terms and conditions on which they are prepared to provide insurance cover.