



NATURESAVE COMMERCIAL COMBINED NEW RISK ADDRESS PROPOSAL FORM

Policy Number:

The Insured:

Contact (if different):

Correspondence Address: Postcode:

Telephone Number: Email:

Risk Address: Postcode:

Date of move:

1. Protections of the premises:

a) Are the Premises occupied at night? **NO**
If YES, by whom?

b) Details of fire protections (eg. fire alarm, extinguishers, hoses, sprinklers if anything)

c) Details of how each of the following are protected (e.g by shutters, grilles, types of locks, etc.)
If any of the access points are not applicable to the Premises, insert n/a as appropriate.

i) each outer door

ii) doors and other access points to your part of the building if you are NOT the sole occupier

iii) cellar flaps or other basement entries

iv) show windows

v) all skylight, fanlights or roof openings

d) Is there a burglar alarm? **NO**
If **YES** state

i) Make and when installed

ii) whether bell only, 999, central station, RedCare, Paknet connection

iii) whether under your sole control

iv) whether maintained under contract (state whether N.A.C.O.S.S approved)

e) Is any of the property to be insured protected by a safe, strongroom, high security store or cage? **NO**
If YES give details of such protection and nature of property contained therein.

f) Are there any other protections not included above? **NO**
If YES give details

- g) Do you keep stock records? **NO**
 If YES give details
- i) how often are they written up?
- ii) where are they kept?
- iii) do you keep duplicate copies elsewhere?

2. Details of the Buildings:

- a) Age
- b) Construction of external walls
- c) Construction of roof
- d) State of repair
- e) Method of heating
- f) Number of storeys
- g) Construction of floors
- h) Are you the sole occupier of the building? **YES**
 If NO state the nature of use by other tenants
- i) Have there been any cases of FLOOD at the premises or in the neighbourhood? **NO**
 If YES give details
- j) Are there any rivers, streams or tidal waters in the neighbourhood? **NO**
 If YES give:
 i) the approximate height of the GROUND FLOOR above the high water mark
 ii) approximate distance therefrom
- k) Are any goods stored in a basement or cellar? **NO**
 If YES give details including height stored above the floor

3. Cover required:

- Fire and Special Perils only or **YES**
 Fire and Special Perils including Theft **NO**
 Subsidence **NO**

If Subsidence Cover required:

1. a) Do the premises (including outbuildings) have any signs of damage which may be attributable to subsidence, landslip or heave? **NO**
 b) Are any of the buildings being monitored for subsidence, landslip or heave, or have they ever been monitored for subsidence, landslip or heave, or been the subject of subsidence, landslip or heave? **NO**
2. Have the premises (including outbuildings):
 a) ever been the subject of a survey which mentions settlement or movement of buildings? **NO**
 If YES, enclose a copy.
 b) ever been flooded as a result of broken or damaged underground drains, or are you aware of any extensive underground drainage problems within the last 10 years? **NO**
3. Are there any trees or shrubs (which are more than 10 feet tall) within 20 feet of any building? **NO**
4. Has the structure of the premises been extended within the last 20 years? **NO**
5. Has any neighbouring property, after enquiry, been subject of any occurrence of subsidence, heave or landslip? **NO**

If answer **YES** to any of the above, please provide full details.

TO BE COMPLETED IN ALL CASES

IMPORTANT NOTICE

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Quotation are true and complete and that I/we have disclosed all material facts that ought to be communicated to the Insurers.

I/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Quotation and this Declaration shall be the basis of the contract of the insurance between the Insurers and Myself/Ourselves.

Name: _____ Position: _____

Signature: _____ Date: _____

Law Applicable to Contract: If the proposer shown on the Proposal Form is a private individual or a sole trader then they are free to choose the law applicable to this Insurance Contract. This Contract will be subject to English Law (or Scottish Law where applicable).