

SPECIAL NOTE: For the purposes of this Insurance "Theft" means theft accompanied by an actual forcible and violent entry of or exit from the premises.

Please ensure that all questions are answered fully and accurately.

YOUR DETAILS

1. Name of Proposer in full (please show trading name if different)

2. Address for Correspondence

Tel. Nos. E-mail:

3. Business

4. Period of Insurance

From: To:

5. Address(es) of premises containing property to be insured (if not as above)

FULL DESCRIPTION OF PROPERTY TO BE INSURED

The sums to be insured under 1,2 and 3 should represent the full value of the property as claims will be settled in the proportion that the sum insured bears to the full value at the time of the loss.

If you wish to insure the property on a basis other than the full value, would you please indicate your requirements in the box below in respect of each of the items 1, 2 and 3.

Note: If more than one premises, please show the sums to be insured separately for each premises.

- 1. Stock and materials in trade and work in progress belonging to you or held by you in trust or on commission for which you are responsible, consisting of:

	Sum to be Insured

Maximum value of any single article

- 2. Business furniture, fixtures, fittings, machines, plant and appliances; patterns, models, moulds, plans and designs belonging to you or for which you are responsible and alterations and decorations made by you as a tenant for which you are responsible.

Sum to be Insured

Total value of computer equipment included in the Sum to be Insured under 2.

- 3. Other property, not included in 1 and 2 above, consisting of:

	Sum to be Insured

Total Sum to be Insured (1,2 and 3):

- 4. If you wish to bear the first part of any loss (an excess), please indicate the amount:

DETAILS OF YOUR PREMISES AND SECURITY ARRANGEMENTS

1. a) Nature of premises containing the Property to be insured - e.g. shop, factory, workshop, warehouse, offices, etc.

b) How long has the Proposer occupied the premises?

c) To what extent will the premises be left without a responsible person therein?

i) by day?

ii) by night?

2. Will a complete record of stock received and sold be kept?

Yes

No

If "No", how would the exact amount of a loss be ascertained?

3. Is an intruder alarm installed? (If more than one premises, please use a separate sheet)

Yes

No

If "Yes", give details under a), b) and c) below

a) name of alarm installation company

b) which parts of the premises are alarm protected?

c) is there a maintenance contract in force?

Yes

No

4. Do you employ security staff when your premises are closed for business?

Yes

No

If "Yes", please give details

5. Briefly describe the security devices (e.g. type of locks, shutters, etc. and provide makes of locks if possible) which are used on:

a) external doors

b) front windows

c) other external windows

d) skylights

e) any other external openings (e.g. trap door), comprising:

6. Are all external doors, windows and other openings fastened and locked when your premises are closed for business? Yes No

If "No", please provide details of your security arrangements

7. Will articles of value be secured in a safe when the premises are closed for business? Yes No

If "Yes", give brief details under a), b) and c) below

a) about the safe:

Manufacturer	Model	Date of Manufacture, if known	Weight, if known	Is it built into or fixed to the Structure of the Premises?

b) of key security - will all keys to the safe be removed from the premises when closed? Yes No

c) of the nature and minimum value of the items placed in the safe:

INSURANCE AND PREVIOUS LOSS HISTORY

1. Have you previously insured against "Theft" or "All Risks"? Yes No
If "Yes", please give name(s) of insurers

2. During the last 5 years, have thieves ever entered or attempted to enter these or any other premises occupied by you? If "Yes", please provide details Yes No

Date	Amount of Loss	Property Lost	Circumstances

3. Has any insurer in respect of the risks to which this proposal relates ever
- a) declined a proposal, refused renewal or terminated an insurance? Yes No
- b) required an increased premium or imposed special conditions? Yes No

If "Yes" to either a) or b), please give details

4. Have you, or any director or partner in the business, ever been convicted of or charged (but not yet tried) with theft, or a related offence, or any other offence against property? Yes No

If "Yes", please provide details

DECLARATION

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/we agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a Policy in the Company's usual form for this class of business.

Signature Date

(Signing this form does not bind the Proposer to complete the Insurance)