

Proposal Form

Wholesale Market Traders Insurance



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London
EC3N 3AX

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IMPORTANT NOTE

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance.

Please complete in **BLOCK CAPITALS** and tick where indicated, use additional sheets if necessary.

Applicant Details**1****Name of applicant(s) ***

(Please list all parties to be insured, the policy will be issued in the name or name(s) you state)

2**Trading name of establishment to be insured**

3**Are you trading within a market or exhibition ***

4**Name of market/s or exhibition/s you are trading within ***

5**Legal trading status (i.e. sole trader, limited company etc) ***

6**Business description ***

7**Description of goods / services offered ***

8**Postal address ***

Postcode Telephone Email Website **Date upon which the insurance is to commence ***

Note: this insurance will not be, or continue to be, in force until this application form has been accepted by the company.

Applicant Details (continued)

9 Full address(es) of premises where insurance is to be effected *

10 General description of the premises to be insured *

Sections of Cover - Material Damage

1 Sums to be insured (Please mark as £0 if cover is not required)

(a) Buildings *

Include the buildings of the premises, landlords fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires, and associated control gear and accessories on the premises and extending to the public mains but only to the extent of your responsibility, yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred i.e. architects' and surveyors' fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Business contents *

Tenants improvements including port-a-cabins, chillers, freezers, fixtures & fittings, plant, machinery, forklift truck and all other contents

(c) Computer equipment *

Static computer equipment, business machines and CCTV equipment

(d) CCTV equipment *

(e) Portable computer equipment *

Laptops and all other portable computer equipment

Cover Required

(f) Glass * - £2,000 **automatic cover included** Yes No

(g) Debris Removal * - £5,000 **automatic cover included** Yes No

(h) Book Debts * - £100,000 **automatic cover included** Yes No

(i) Stock in trade *

(i) Meat, Fish, Fruit Vegetables, Floral

(ii) All other stock

(iii) Wines and spirits

(iv) Audio and visual equipment: radios, televisions, computers and cameras etc.

(v) Clothing

(vi) Non ferrous metals

(vii) Cigarettes and tobacco

Sections of Cover - Material Damage (continued)

Sums to be insured (Please mark as £0 if cover is not required)

(j) Deterioration of Stock – Frozen Food *

£

Provide detail below on refrigeration units

Description of unit (including make and reference number)	Year of make	Maintenance contract in force? (for units that are over 15 years old)	Limit per unit
			£
			£
			£
			£

(k) Specified Items *

Yes No

Complete this if you require 'all risks away from the premises' for specified items. The extended cover will only apply to Contents insured under the Property Damage section.
e.g. tools, display equipment etc

Description of property	Location (UK, Europe)	Sum Insured
		£
		£
		£
		£
		£

Property Damage - Supporting Questions

If Building cover is selected:

1

Are the external walls and roof coverings of each premises to be insured constructed solely of brick, stone, concrete, slates tiles?

Yes No

If 'No' please give details

2

Is the property on a site which has suffered from flooding at any time in the past ten years?

Yes No

If 'Yes' please give details

Property Damage - Supporting Questions (continued)

3 Does the building incorporate any basement area used for storage? Yes No

If 'Yes' please give details

4 Please give details of the occupation of any adjoining premises

5 Please tick if any of the following covers are required

- | | |
|-------------------|--------------------------|
| Sprinkler leakage | <input type="checkbox"/> |
| Subsidence | <input type="checkbox"/> |
| Accidental damage | <input type="checkbox"/> |
| Terrorism | <input type="checkbox"/> |

6 Questions on subsidence cover

(It may be necessary to complete a separate subsidence questionnaire)

(a) Is the property currently insured against subsidence, heave, landslip or settlement? Yes No

(b) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement? Yes No

(c) Has the property been underpinned or provided with other means of structural support? Yes No

If 'Yes' to (a), (b), or (c) please give details

If Contents cover is selected:

1 In addition to the market preventions, are the premises protected by an intruder alarm or fire alarm? Yes No

If 'Yes' please give details of the alarm system(s) and attach a copy of the specification(s)

2 Is the premises under surveillance by Closed Circuit Television Cameras (CCTV)? Yes No

Money (with assault extension)**1** Is cover required? Yes No

If 'Yes' complete questions 2 to 5 below. If 'No' please proceed to Goods in transit section

2 Cash

a) Please state the maximum cash in transit by you or your employees to & from the bank or post office, or in a bank night safe (maximum £20,000)

£

b) Please state the maximum cash on the premises during business hours (maximum £20,000)

£

c) Please state the maximum cash in locked approved safe(s) out of business hours

£

d) Please state the maximum cash not in a locked safe on the premises out of business hours

£

e) Please state the maximum cash in the homes of principles and authorised employees

£

Make of safe	Model	Age	Location and how fixed	Maximum contained
				£
				£

3 Is money carried by a security company? Yes No

If 'Yes' please give the following details

a) Name of company

4 Personal Accident Assault extension**Cover Required**

Automatic cover included :

 Yes No

(i) Death or Permanent Disablement £25,000

(ii) Temporary Total Disablement £250 per week. Max 104 weeks

5 Fidelity Guarantee**Cover Required**

Automatic cover included :

 Yes No

(i) 30% of cash limit or £7,500 whichever is the lesser

Business Interruption

This section covers your general business stock whilst in transit by road vehicles operated by you or a haulier, parcel post, courier or rail.

1 Is cover required? * Yes No

If 'Yes' complete questions 2 and 3 below.

2 Please provide details of the type of goods to be sent

Good in Transit

3 Estimated annual carryings

Please complete the tables (a) and (b) as applicable.

Note: the estimated figures you supply allow us to provisionally assess the premium we require. When the policy is renewed you should tell us the actual figure so that we may make the necessary premium charge or refund and create a new estimate for the year ahead.

a) If you require cover for goods carried in your own vehicles please complete the following

Estimated annual carryings

Limit required any one vehicle (including trailer)

b) If you require cover for goods carried other than in your own vehicles please complete the following

Carrier	Limit	Type	Estimated annual carryings
Hauliers	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>
Parcel	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>
Rail	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>
Couriers	<input type="text" value="£"/>	<input type="text"/>	<input type="text" value="£"/>

Business Interruption

1 Is cover required? *

Yes No

If 'Yes' complete questions 2 and 3 below. If 'No' please proceed to Liabilities section.

2 Please advise the annual sum(s) to be insured and the maximum indemnity period(s) required below.

Note: the maximum indemnity period should represent the time it would take to get your organisation back to normal trading after a loss. Where your maximum indemnity period exceeds 12 months we will increase your annual sum insured proportionately.

Item	Is cover required?	Sum insured	Maximum indemnity period
<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="£"/>	<input type="text" value="Months"/>

The sum insured should represent your anticipated annual revenue, gross profit or rent receivable, allowing for any anticipated expansion of your business. You should not include any costs you would not incur whilst your organisation is not operating. Our standard gross profit wording takes into account purchases (less discounts) and bad debts. Please specify below any other working expenses to be excluded.

Item	Is cover required?	Sum insured	indemnity period
Additional cost of working only (e.g. no revenue cover)	<input type="radio"/> Yes <input type="radio"/> No	<input type="text" value="£"/>	<input type="text" value="Months"/>

The sum insured should cover all your additional costs in continuing to operate for the duration of the indemnity period, e.g. the cost of moving to and operating from temporary premises and moving back again once repairs are complete.

Business Interruption (continued)

Note: the following cover is only suitable for businesses where no reduction in income can be expected following a loss.

Item	Is cover required?	Sum insured	indemnity period
Additional increase in cost of working	<input type="radio"/> Yes <input type="radio"/> No	£	Months

The sum insured should represent the additional costs likely to be incurred during the maximum indemnity period which are over and above the amount of gross profit, revenue, or rent you have saved.

3 Extensions required?

The policy offers cover for unspecified suppliers. The maximum paid for any claim, including payments to suppliers, is the sum insured

(a) Do you require cover for specified suppliers Yes No
(interruption caused by insured events at the premises of a named supplier)

If 'Yes' please give suppliers' name and address

What percentage of your gross profit or revenue would be affected? %

Liabilities

1 Is cover required? * Yes No

If 'Yes' complete questions 2 to 17 below. If 'No' please proceed to Legal expenses section

2 Please indicate the cover(s) required by ticking the box(es) where applicable

Cover Limit of Indemnity

Employers' liability	£10,000,000	<input type="checkbox"/>
Public and Products liability	£5m	<input type="checkbox"/>
	£10m	<input type="checkbox"/>

(For products liability this will be the maximum amount payable any one period of insurance)

3 Wageroll information

Note: the following allows us to provisionally assess the premium we require. When the policy is renewed, you should tell us the actual figure so that we can make the necessary additional premium charge or refund and create a new estimate for the year ahead.

The estimate for wages, should include total remuneration by way of overtime, value of board and lodgings, housing accommodation, bonuses or other payments in kind or money. No deduction from such total remuneration should be made in respect of National Insurance, Income Tax, and Holidays with Pay or Contributory pensions.

Please give details of the estimated salaries, wages and other payments for the next 12 months for each of the following

Category	Staff count	Annual wages etc
Principles / partners, directors, clerical, sales and management employees (no manual work)	<input type="text"/>	£ <input type="text"/>
Employees using hazardous machinery	<input type="text"/>	£ <input type="text"/>
All other employees	<input type="text"/>	£ <input type="text"/>

Liabilities (continued)**4 Do you use sub-contractors?** Yes No

If 'Yes' complete the table below

Numbers	Annual Payments made to them	Description of work
	£	
	£	
	£	

Please give details of how you ensure that sub-contractors have adequate liability insurance

5 Do you undertake work or visits away from the premises? Yes No

If 'Yes' does this involve:

a) Any work outside the UK? Yes No

If you answered 'Yes' please give details and indicate the approximate proportion of work away wages:

	%	Nature of work
(a)	%	
(b)	%	
(c)	%	
(d)	%	

6 Do you use (or have you used in the past) any of the following in your business?**a) Power driven machinery (other than hand tools)?** Yes No**b) Lifts, cranes or power operated lifting equipment, steam or other pressured vessels?** Yes No

If you answered 'Yes' to questions (a) or (b) please give details and indicate the approximate proportion of work away wages:

7 Health & Safety• **Do you have a written Health & Safety Policy?** Yes No• **Is responsibility for Health & Safety issues designated to a Senior Manager?** Yes No

If 'No' please give details of arrangements

8 Are you registered with the appropriate bodies to comply with legislation? Yes No

e.g. Local Authorities, Factories Act 1961, Health & Safety at Work etc Act 1974

Liabilities (continued)**9 Product description**

- a) Please state fully the type of products you are involved with and any associated services you provide

- b) Do you issue brochures, pamphlets, or other literature describing the products you are involved with? (If yes please provide copies) Yes No

- c) Identify who will be the final user e.g. food industry, domestic use

- d) Do you alter any product or its packaging, labelling or instructions that is not produced by you? Yes No

- e) Do you put your own name, trademark, logo or other distinguishing mark on any product that is not produced by you? Yes No

If 'Yes' to (d) or (e) please give details below

- f) Do you have a quality control system and keep records for at least 10 years of all goods and materials supplied to you? Yes No

10 Please state your turnover for each of the following territories

Territory	For the next 12 months (estimated)
United Kingdom	£ <input type="text"/>
Exports to the USA & Canada (Note: the policy excludes these)	£ <input type="text"/>
Exports to the rest of the world	£ <input type="text"/>

11 Of your turnover please state what percentage relates to goods

(i) imported from outside the European Union

 %

(ii) obtained by you from within the European Union

 %
12 Have you accepted

- a) Additional liabilities by agreement or contract with any customers, suppliers or sellers? Yes No

- b) Restrictive contract conditions limiting recovery rights from suppliers or sellers? Yes No

If 'Yes' please give details below

General Questions

1 Have you ever traded under another name? * Yes No

If 'Yes' please give details

2 Are you now or have you previously been insured in respect of any of the risks to which this application relates? * Yes No

If 'Yes' please advise name of insurer(s) and policy number(s)

3 In respect of the risks to be insured whether at these premises or elsewhere has any
(a) loss, damage, injury or liability arisen during the past five years whether insured or not? * Yes No

(b) company or underwriter declined to issue or renew a policy or imposed special terms? * Yes No

If 'Yes' please give details below

4 Have you or any director, partner, employee or representative ever been
(a) prosecuted under the Factories Act or the Health and Safety at Work etc. Act or any similar legislation? * Yes No

(b) served with a Prohibition Notice under the Health and Safety at Work etc. Act? * Yes No

If 'Yes' to either (a) or (b) please give details

5 Have you or any director, partner, employee or representative ever
(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence? * Yes No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved? * Yes No

(c) had any County Court Judgments made
(i) against you in a personal capacity? * Yes No

(ii) against any organisation, company, business or firm in which you have been involved as a trustee, director or partner or in a similar capacity? * Yes No

If 'Yes' to any of the above please give details

General Questions

6 Disclosure of additional material facts

Please read the paragraph about material facts which appears at the head of this application form. If there are any material facts that have not been covered by the questions set out above you must disclose them to us. Please use the box below or continue on a separate sheet.

7 Have you been supplied with a summary of cover in respect of this insurance? * Yes No

Law Applicable

It is our intention to apply the relevant law of the United Kingdom, the Channel Islands or the Isle of Man relating to the address of the Insured as shown in the Schedule. If there is any dispute as to which law applies, it shall be English Law.

Declaration

This declaration must be signed and dated on behalf of all the parties to be insured under this policy. In the event of joint insured's we have allowed for more than one signature.

I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf (by an LRO Insurance representative) in connection with this Insurance are true and complete.

I/We agree to accept a policy in the Company's usual form for this class of business.

Name *

Position *

Signature Date *

Name *

Position *

Signature Date *

FOR OFFICE USE ONLY

Initials Date *

Property & Associated Perils

Buildings

Liability

Professional Indemnity

Motor Fleet

Personal Accident

Individualised Corporate Solutions

Specific Niche Products

Risk Management

Trade Credit Insurance

For further information on any of our products, please speak to your insurance broker.

Or visit us at
www.lroinsurance.co.uk



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