



Please complete this form as fully as possible. When complete press File > Save As. Save a copy to your local network before emailing back to Chris.Clark@integrogroup.com

Client Details and General Information

Full Client Name	
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Address	
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Postcode	
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Company name	
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Status of entity	eg. Partnership
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Number of partners	
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Title 1 First name 1 Surname 1	
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Title 2 First name 2 Surname 2	
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Title 3 First name 3 Surname 3	
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Title 4 First name 4 Surname 4	
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Title 5 First name 5 Surname 5	
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Address	
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Previous insurer	
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Description	
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Select any of the following that apply to any proposer, director or partner of the Trade or Business or its Subsidiary Companies if they have ever, either personally or in any business capacity		Yes	No
	had any convictions or criminal offences which are not spent under the Rehabilitation of Offenders Act or has any prosecutions pending ?	<input type="checkbox"/>	<input type="checkbox"/>
	been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings ?	<input type="checkbox"/>	<input type="checkbox"/>
	had a proposal refused or declined ?	<input type="checkbox"/>	<input type="checkbox"/>
	had an insurance cancelled ?	<input type="checkbox"/>	<input type="checkbox"/>
	had a renewal refused ?	<input type="checkbox"/>	<input type="checkbox"/>
	had special terms imposed ?	<input type="checkbox"/>	<input type="checkbox"/>

Select all of the following that apply to any proposer/director/partner of the business/practice		Yes	No
	been declared bankrupt/insolvent ?	<input type="checkbox"/>	<input type="checkbox"/>
	been the subject of bankruptcy proceedings ?	<input type="checkbox"/>	<input type="checkbox"/>
	had a proposal refused or declined ?	<input type="checkbox"/>	<input type="checkbox"/>
	had a renewal refused ?	<input type="checkbox"/>	<input type="checkbox"/>
	had an insurance cancelled ?	<input type="checkbox"/>	<input type="checkbox"/>
	had special terms imposed ?	<input type="checkbox"/>	<input type="checkbox"/>
	has non-motor convictions or criminal offences ?	<input type="checkbox"/>	<input type="checkbox"/>
	has non-motor prosecutions pending ?	<input type="checkbox"/>	<input type="checkbox"/>

Material facts		Yes	No
	Any losses or incidents giving rise to losses in the last 5 years ?	<input type="checkbox"/>	<input type="checkbox"/>

	You or any contractors on your behalf undertake or have undertaken in the last 10 years, any form of work with Asbestos? ?including sampling, treatment, maintenance and/or repair ? <input type="checkbox"/> <input type="checkbox"/>
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Number of subsidiary companies	
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Turnover (next twelve months) (£)	
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Wageroll (next twelve months) (£)	
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Number of employees	
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All employees (inc. LOSC, trainees, apprentices) paid below PAYE threshold	
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Employer PAYE No	
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Period of Insurance

Effective Date	
Term End Date	

Scope of Cover

Sections covered by this Questionnaire

The following risks are covered in this questionnaire:

- Core Premises Cover Sections
- Other Package Sections

Core Premises Cover Sections :

Trading name (if different from that under Proposer Details)	
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Premises address	
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Year established at this address	YYYYYY
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Location	
-----------------	--

Listed building	
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Trade	
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Contingencies	
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Occupancy	
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Material facts		Yes	No
	The business is not self-contained with its own means of access	<input type="checkbox"/>	<input type="checkbox"/>
	The premises is in an area with a history of flooding	<input type="checkbox"/>	<input type="checkbox"/>
	The property is of non-standard construction [walls not built only of brick, stone or concrete or roofed only with slates, tiles or concrete]	<input type="checkbox"/>	<input type="checkbox"/>
	The property or adjacent property has suffered from, or shows any visible signs of damage from subsidence, landslip or ground heave	<input type="checkbox"/>	<input type="checkbox"/>
	The proposer is not the sole occupant [if other than offices or private dwellings]	<input type="checkbox"/>	<input type="checkbox"/>

Building roof is flat or partially flat

Building wall material 1

Wall construction percentage 1

Building wall material 2

Wall construction percentage 2

Building wall material 3

Wall construction percentage 3

Flat roof percentage

Building roof material 1

Roof construction percentage 1

Building roof material 2

Roof construction percentage 2

Building roof material 3

Roof construction percentage 3

Building floor material 1

Floor construction percentage 1

Building floor material 2

Floor construction percentage 2

Building floor material 3



Floor construction percentage 3

Number of storeys where floor is of wooden construction

Intruder alarm

Alarm type

Accreditation of intruder alarm

Maintenance contract accreditation

Police response

Does the alarm incorporate confirmable technology

Under the sole control of proposer

Additional security details

Access control method during business hours

Contents

Excess (£)

Specified Items

Item description	Contents item type	Sum insured (£)

Specified Item

Method of adjustment

Specified Item

Method of adjustment

Unspecified Contents

Sum insured (£)

Business Interruption

Cover basis

Business interruption sum insured (£)

Indemnity period (months)

Money

Amend standard cover/limits

Money in Bank Night Safe

Sum insured (£)

Money in Safe out of Hours

Money outside business hours, in safe (£)

Money in Transit

Sum insured (£)

Other Package Sections

Liabilities

Employers Liability

Indemnity limit (£)

Public Liability

Indemnity limit (£)

Is any work away carried out other than collection and delivery

Number of employees working away

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