

Proposal form



Business Choice

Commercial insurance
for your business



Congregational

Business Choice Proposal Form

Please complete in ink and block capitals throughout.

When completing this form please refer to the business choice overview booklet for details and description of cover.

Important notice

Congregational is a trading name of Integra Insurance Solutions Ltd.

This policy is underwritten by HDI Global Specialty SE UK Branch (the underwriter) and administered by Integra Insurance Solutions Ltd.

All communications including policy information, complaints and claim notifications should be referred to Integra.

This proposal including any additional information supplied or declaration signed by you in connection with this insurance will form part of the agreement between you and the underwriter.

Unless specifically agreed in writing between you and us this contract will be subject to English Law or Scottish Law for premises located in Scotland. However, Legal Protection is governed by the law that applies in the part of the United Kingdom, Channel Islands or Isle of Man where the premises are located. Otherwise the law of England and Wales applies.

Information about the proposer

1. Name of your business including any trading name:

2. Names of Partners or Directors, if a limited company:

3. Address of your premises:

 Postcode:

4. Telephone number (day):

Mobile:

5. Email address:

6. Website address:

7. Companies House Reference Number:

8. HMRC Employer Reference Number:

9. Name and address for correspondence:

 Postcode:

10. Correspondent's telephone number (day):

Mobile:

11. Correspondent's email address:

12. Address of property to be insured in addition to, or other than, your main premises:

 Postcode:

13. Business description or trade: (please describe all your activities)

14. a. Date your business was established: D M Y
- b. How long has your business been established:
- i. at these premises? ii. elsewhere?
15. If you are just setting up business, please provide details of your previous experience in this trade and/or other businesses:
-
-
16. Other interests
- Please give the name(s) and address(es) of additional interests (such as bank, mortgagees, lessor, etc.) to be noted in the policy and the nature of their interest.
- | | |
|---|---|
| Name: <input type="text"/> | Name: <input type="text"/> |
| Address: <input type="text"/> | Address: <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> Postcode: <input type="text"/> | <input type="text"/> Postcode: <input type="text"/> |
| Telephone number (day): <input type="text"/> | Telephone number (day): <input type="text"/> |
| Nature of interest: <input type="text"/> | Nature of interest: <input type="text"/> |

Policy cover dates

17. Date you would like the insurance to commence: D M Y
18. Renewal date required, if different: D M Y

Property damage section

19. Do you require cover under this section? Yes No
- If yes, we will provide cover for insured events included as standard as shown on page 4 of the policy overview.
20. Do you wish to insure against:
- a. theft or attempted theft Yes No
- b. accidental breakage of glass Yes No
- c. accidental damage for:
- buildings Yes No
- contents Yes No
- d. subsidence Yes No



Property damage section - continued

Sums to be insured

Please complete for the main premises. If you wish to include other property in this policy, please give details on question 22.

Buildings Definition

The buildings at the premises built of brick, stone, concrete, incombustible solid or hollow building blocks or metal and roofed with slates, tiles, metal or concrete or sheets composed entirely of incombustible material unless otherwise advised to us. Buildings includes its permanent fixtures and fittings, fixed heating and lighting installations, windows, car parks, solar panels, wind turbines, satellite television receiving equipment, television or radio aerials, aerial fittings or masts, external fuel storage tanks, small outbuildings and extensions, boundary walls, fences, gates, paths, drives and paved areas and, so far as they are regarded as immovable, integral fittings and fixtures of the building all belonging to you or for which you have accepted legal responsibility.

21. Sum insured for:

- a. buildings: £
- b. permanent fixtures, fittings, tenants improvements and decorations for which you are responsible, if you are not responsible for the building: £
- c. machinery, plant and equipment including fixtures, fittings, utensils and all other contents (excluding computers): £
- d. computers and associated equipment: £
- e. stock (including property for which you are responsible) excluding target stock: £
- f. target stock (please describe) £

Target stock includes cigarettes, tobacco, wines, spirits, furs, suede or leather goods, precious metals, non-ferrous metals, jewellery, precious stones, video or audio equipment, computers, laptops and tablets, works of art, etc.

- g. i external fuel storage tanks. £
- ii contents of fuel storage tanks. £

If you have an external fuel storage tank we would expect this to be locked at all times and protected from spillage by being either double skinned or surrounded by a bund wall of a size sufficient to contain the contents of the tank. The tank should be regularly inspected and maintained to prevent spillage and you must comply with the oil storage regulations.

- h. Other: (please describe)
-
-
- £

22. other property - there may be other buildings or contents which you wish to insure under this policy. If so, give full details.

Description	Construction	Use	Sum insured
			£
			£
			£
			£
			£

23. a. Do you keep any property to be insured in a basement? Yes No
- b. If yes, provide details, including values and stillage arrangements:

Extended cover

24. Do you require cover under this section? Yes No

This section provides "all risks" cover for specified items within the territorial limits which includes England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man.

a. If you require cover please list the items

Description	Sum insured
	£
	£
	£
	£
	£

Money

25. Do you require cover under this section? Yes No

Refer to the policy overview for details of insured events and table of limits.

26. If cover is required above these limits, provide details below:

27. Provide details of the maximum amount of cash held in a locked safe outside of business hours:

Make and model of safes	Maximum held
	£
	£
	£

28. Please describe the precautions you take to prevent loss of your money:

a. at your premises:

b. whilst in transit:

c. in private dwellings:

d. other:

Business Interruption

29. Do you require cover under this section? Yes No

a. If yes, indicate the cover required, annual sum(s) to be insured and the maximum indemnity period(s):

Insured Event	Cover required (please tick)	Sum insured	Indemnity period (months)	Declaration linked (please tick)
Gross profit	<input type="checkbox"/>	£		<input type="checkbox"/>
Gross revenue	<input type="checkbox"/>	£		<input type="checkbox"/>
Rent receivable	<input type="checkbox"/>	£		N/A
Gross rentals	<input type="checkbox"/>	£		N/A
Increase in cost of working	<input type="checkbox"/>	£		N/A
Additional increase in cost of working	<input type="checkbox"/>	£		N/A

30. If insured event gross profit is required, state the Specified Working Expenses:

Specified working expenses include packaging, carriage, freight and bad debts unless advised otherwise.

31. Do you require business interruption cover for the following extensions?

Extension	Cover required (please tick)	Limit
Prevention of access	<input type="checkbox"/>	£
Loss of telephone, electricity, gas or water	<input type="checkbox"/>	£
Incidents at the premises	<input type="checkbox"/>	£
Specified suppliers	<input type="checkbox"/>	£
Unspecified suppliers	<input type="checkbox"/>	£
Property stored	<input type="checkbox"/>	£
Transit	<input type="checkbox"/>	£
Specified customers	<input type="checkbox"/>	£
Unspecified customers	<input type="checkbox"/>	£

Details of the above extensions may be found in the overview booklet.



Liabilities

32. Do you require cover under this section? Yes No

If yes, state which of the undernoted covers are required and the limits of indemnity to apply:

Liability cover	Cover required (please tick)	Limit of indemnity
a. Employers liability	<input type="checkbox"/>	£
b. Public liability	<input type="checkbox"/>	£
c. Products liability	<input type="checkbox"/>	£

33. Do you undertake work away from your own premises, other than collection or delivery? Yes No

If yes, answer the following questions:

a. What is the nature of work away from the premises? (describe fully)

b. Does the work away from your premises involve the application of any heat processes? Yes No

i. If yes, provide details:

34. Please give estimates of wages and salaries for the next 12 months:

Description	Estimated number of people	Wages of working principals/partners	Wages of all others
Clerical staff, commercial travellers and managerial staff not involved in manual work		£	£
Manual work away from your own premises		£	£
All other work (describe below)		£	£
a		£	£
b		£	£

Include all payments to working directors, partners, trustees, other officials, labour only sub-contractors (including people supplied by them), self-employed people and people hired or borrowed in addition to your own employees including any unpaid volunteers.

35. Is products liability cover required? Yes No

If yes, please answer the following questions:

a. Give details of the products for which cover is required and supply copies of your brochures, catalogues and sales material:

b. Give below estimates of the turnover for the next 12 months, for:

i. the UK: £

ii. exports to USA/Canada: £

iii. exports to rest of the world: £

Total: £

Liabilities - continued

c. Have you directly, or indirectly to your knowledge, exported goods to the USA or Canada in the past 5 years?

Yes No

If yes, provide:

i. details of such goods:

ii. turnover of these goods in the last 5 years:

Year	Turnover
	£
	£
	£
	£
	£

d. Are any of your goods (including those supplied by you over the last 10 years):

i. known to be harmful to health? Yes No

ii. known to be for aviation, marine, nuclear or offshore use? Yes No

If yes to i or ii above, provide details:

e. Are records kept to whom you supply products to and also the source of components or raw materials used?

Yes No

i. If no, advise to what extent records are kept

--

f. Do you manufacture or design products: Yes No

If yes:

i. What do you do to ensure that product safety is fully considered at the design stage?

ii. Do you retain copies of all relevant British or European Standards and mandatory requirements relating to the products?

Yes No

iii. Are new products safety tested before production begins? Yes No

iv. How often do you carry out a safety review of existing products and re-test them?

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v. Are permanent records kept of design, development and safety testing? Yes No

g. Do you have a quality control programme? Yes No

If yes, attach a copy.

i. If no, what steps do you take to control quality?

h. Are records kept relating to complaints made by customers and are such records regularly reviewed to identify safety defects? Yes No

i. Are your products supplied with appropriate instructions and warnings? Yes No

i. If no, what is the reason for this?

j. Do you put your own name, trademark, logo or other distinguishing mark on products which are not produced by you? Yes No

i. If yes, do you ensure that such products are clearly marked with the actual producer's name?

Yes No

k. If you manufacture or assemble goods (or they are manufactured or assembled on your behalf), do you ensure that the contract terms with your suppliers indemnify you in respect of defects in their goods?

Yes No

l. Have you ever been prosecuted or served with a prohibition notice, a notice to warn or a suspension notice under the Consumer Rights Act 2015 or any other legislation connected with the safety or quality of goods?

Yes No

i. If yes, please provide details:

Personal accident

36. Do you require cover under this section? Yes No

Accidental bodily injury resulting in:	Benefits payable for an insured person aged 16-80
Death	£10,000
Permanent total disablement	£10,000
Loss of limb	£10,000
Loss of sight	£10,000
Loss of speech	£10,000
Temporary total disablement for a period not exceeding 104 weeks	£100 per week

37. Is cover required for personal accident assault only? Yes No

If yes, state the benefits required:

a. Death: £

b. Temporary Total Disablement: £ per week



Goods in transit

38. Do you require cover under this section? Yes No

If yes, please provide:

a. A full description of property to be insured:

b. The maximum value of your goods in transit by:

i. road, rail, sea or air carrier: £

ii. any one of your own vehicles/trailers: £

c. The maximum value which could be lost or damaged in any one event: £

39. a. For vehicles you own or operate, give the following information:

Make	Body (saloon, van etc)	Registration number	Maximum value per vehicle
			£
			£
			£
			£
			£

b. Are they fitted with alarms, immobilisers or any other protective device? Yes No

If yes, provide details

40. If you require cover on your own unspecified vehicles, please state:

a. The number of vehicles: the maximum value in any one: £

b. The maximum value of property in all your vehicles at any one time: £

Frozen food

41. Do you require cover under this section? Yes No

If yes, provide the following details:

Make/Model of freezer	Year of manufacture	Frozen food sum insured
		£
		£
		£
		£
		£

All refrigeration units over 10 years old must be subject to a manufacturers' guarantee or warranty or subject to a maintenance agreement with a competent refrigeration engineer.

Fidelity guarantee

42 Do you require cover under this section? Yes No

a. If yes, indicate the cover required:

(tick if required)

for all employees and volunteers or

for named employees/volunteers

Full name of employee/volunteer	Nature of tasks carried out	Limit of indemnity required	
		any one loss	total limit for all losses
		£	£
		£	£
		£	£
		£	£
		£	£
		£	£

43. For all employees who have responsibility for money, accounts or goods:

a. Are written references obtained from former employers for three years prior to their employment?

Yes No

i. If no, describe procedure:

44. Do you have minimum standards of control in place and are all employees informed of their duties and responsibilities and expected to comply with them? Yes No

45. Do you carry out internal and external auditing and do the auditors undertake at least one full audit annually?

Yes No

Boilers, plant and computer equipment

46. Do you require cover under this section? Yes No

If yes, indicate the cover required:

Item	Cover required? (please tick)	Description of equipment	Sum insured
Boilers	<input type="checkbox"/>		£
Plant	<input type="checkbox"/>		£
Computer equipment	<input type="checkbox"/>		£



Engineering

Cover can be arranged for other forms of engineering risks and inspection. A further proposal form may be required.

47. Do you want us to provide a quotation? Yes No

If yes, provide brief details on the equipment requiring cover:

Act of terrorism

We can arrange cover for your property against damage arising from acts of terrorism.

48. Do you want us to provide a quotation? Yes No

Terrorism cover may be required under the terms of a lease.

General questions

If there is insufficient space in any of the boxes below, provide additional information on page 17.

49. Are the buildings to be insured:

a. constructed solely of brick, stone or concrete and roofed with pitched slates, tiles, concrete, metal or slabs incombustible materials? Yes No

If no, provide details of the buildings construction:

b. all in a good state of repair? Yes No

If no, provide details:

c. unusually exposed to damage by storm, flood or inundation from the sea because of their location?

Yes No

If yes, provide details:

d. on a site which has suffered from flooding at any time in the last 10 years? Yes No

If yes, provide details including date and extent of damage suffered:

e. free from:

i. visible damage? Yes No

ii. a known history of or any ongoing damage as a result of subsidence, landslip, heave or structural movement? Yes No

iii. a known history of or any ongoing cracking, bulging/bowing of the walls? Yes No

iv. underpinning? Yes No

v. previous or on-going monitoring or investigations for subsidence, landslip, heave or structural movement? Yes No

If no, to any of the above, provide details:

f. unoccupied and not in use for any purpose? Yes No

If yes, provide details:

g. heated solely by fixed heating appliances fuelled by electric or gas from a mains supply or fuelled by oil supplied from an external tank? Yes No

If no, provide details:

h. constructed using any non-ferrous metals? Yes No

If yes, provide details including an approximate value for this part of the construction and details of protection in place:

i. provided with fire extinguishing appliances which are inspected and maintained under an annual service contract with a reputable supplier? Yes No

j. protected by a system of automatic water sprinklers? Yes No

k. fitted with thief resistant locks on all external doors, minimum 5 levers to BS 3621, and key-operated locks on all external opening accessible windows? Yes No

l. protected by an intruder alarm system? Yes No

If yes:

i. is the system subject to a maintenance agreement? Yes No

ii. please state the name of the alarm company and method of signalling:

company:

method of signalling:

Signalling may be bells only, digital communicator, Telecom Red Care, direct line.

50. Please provide details of additional security precautions you have installed in relation to computers and associated equipment:

General questions - continued

51. Are the premises wholly and entirely occupied by you for your business activities at least once per week?

Yes No

If no, provide details of how often the premises are used:

52. Are the premises used solely for your business and not for any other business or commercial purpose?

Yes No

53. Do you hire out, loan or lend any parts of the premises to any organisation or persons who are not directly connected to your business? Yes No

a. If yes, provide details:

b. Do you ensure that organisations have their own liability insurance in force? Yes No

If no, provide details:

54. Do the following, or any part of them, have a national or local listing or planning requirement which could mean that the building must be reinstated in its original, or substantially the same, form in the event of damage?

a. buildings Yes No

b. other Yes No

If you have answered yes to a. or b, provide details of the listing or planning requirement in force:

55. Please state the age of the buildings to be insured at your premises:

56. Do you or any of your employees, authorised officials or workers, in connection with your business activities:

a. participate in any hazardous activities? Yes No

b. participate in any other similar activities? Yes No

If you have answered yes to a. or b, or are unsure whether an activity is hazardous, provide details:

57. Have any of the premises occupied or to be insured under this proposal suffered from flooding at any time?

Yes No

If yes, provide details including date and extent of damage suffered:

58. Do you have documented child and vulnerable adult protection policies in force? Yes No

If no, detail reasons and/or other safety measures undertaken by your business:

59. Have you or any trustee, Director, Partner or any other official ever been refused insurance or had any special terms, restrictions or conditions imposed by any insurer in connection with any of the risks to be insured under this policy?

Yes No

If yes, provide details:

60. Have you or any trustee, Director, Partner or any other official ever been convicted of (or charged with but not yet tried for) a criminal offence other than a driving offence or received an official police caution? Yes No

If yes, provide details:

Your duty of fair representation

61. Do you know of any other facts or circumstances which might reasonably be seen to have an influence upon the underwriter in deciding whether or not to accept the risk proposed or the rating or terms of acceptance?

Yes No

If yes, provide details:

It is essential that you provide us with a fair presentation of the risks we are accepting when applying for cover. It is also important that you advise your intermediary or the church department of any changes which occur during the period of insurance which may alter information provided. If you are in doubt as to whether you need to disclose information to us then this should be declared. This means you may need to make enquiries with all officials and advisers to ensure that you have declared all necessary information.



Long Term Undertaking

In consideration of the underwriter agreeing to allow a discount off the premium, I/We hereby undertake from:

D M Y

to offer annually for three / five years (tick as appropriate) the insurance on the terms and conditions in force at the expiry of each period of insurance and to pay the premium in advance (or with our agreement) it being understood that:

- a. we shall be under no obligation to accept an offer made in accordance with this undertaking,
- b. the sums insured may be reduced at any time to correspond with any reduction in value.

This undertaking shall apply to any policy or policies which may be issued by us in substitution for an existing policy and the same discount shall be allowed off the premium for any such substitute policy.

Name:

Name:

Position:

Position:

Signature:

Signature:

Date: D M Y

Date: D M Y

Important notice

Your responsibility

Please ensure that the answers you have given are accurate. Failure to answer all questions honestly and to the best of your knowledge may result in the wrong terms being quoted, claims being rejected or claim settlement being reduced. In some circumstances your policy may become invalid.

It is your responsibility to make sure that the sums insured, and indemnity limits are sufficient. If not, any claim payment made may be reduced in proportion to the amount of the underinsurance.

You are advised to keep a record of all information, including copies of letters supplied for the purpose of entering into the contract. A full policy wording is available on request.

Data protection and how we use your information

The underwriters and Integra Insurance Solutions Ltd. use information provided by you to set up a general insurance quotation. We will keep information about you confidential and take appropriate security measures to safeguard all data supplied to us whether personal or non-personal. The collection and subsequent processing of your personal information, how it is held and used by us meets all relevant data protection legislation.

For further information on data protection see www.ico.org.uk or call 0303 123 1113

For the purpose of providing a quotation, administering your insurance policy and any claims made against the policy, we will from time to time share your personal information with relevant third parties such as loss adjusters, lawyers, fraud prevention and credit reference agencies as well as organisations which have a specific role laid out in law where we are permitted to disclose your personal information to them. We will never share your personal information, unless required to do so by law, without the appropriate and necessary care and safeguards being in place.

For further information on our privacy policy please go to www.congregational.co.uk/privacy-policy

Declaration

I/We the undersigned declare that to the best of my/our knowledge and belief the information given in this proposal and declaration, which I/we have read through and checked, is complete and true.

I am/We are willing to accept the insurance policy underwritten by HDI Global Specialty SE UK Branch and administered by Integra Insurance Solutions Ltd, subject to its terms and conditions.

Name:

Name:

Position:

Position:

Signature:

Signature:

Date: D M Y

Date: D M Y

Credit agreement

Please note that by signing this agreement you accept the terms and conditions of the Integra premium by instalment plan.

Unincorporated associations will qualify providing:

1. signatories are aged 18 or over and resident in the UK;
2. the insurance is an annual policy with a premium of at least £75;
3. your organisation has a current account at a bank. Most building society current accounts are also acceptable.

Name in full (BLOCK CAPITALS ONLY)

Postal address

Postcode:

Policy number (if known)

**CREDIT AGREEMENT REGULATED BY THE CONSUMER CREDIT ACT 1974.
SIGN IT ONLY IF YOU WANT TO BE BOUND BY ITS TERMS.**

You can pay in 12 monthly instalments (6% administration charge, 11.4%APR)

Signature of applicant(s)

Date of signature(s)

Signed for and on behalf of Integra Insurance Solutions Ltd.



Carlo Cavaliere, Strategic Director

Instruction to your bank or building society to pay by Direct Debit



Please complete the form and send to: Integra Insurance Solutions Ltd., Currer House, Currer Street, Bradford BD1 5BA

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode	

Service user number

2	5	4	6	2	2
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Reference (for office use only)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Instruction to your bank or building society

Please pay Integra Insurance Solutions Ltd. Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Integra Insurance Solutions Ltd. and, if so, details will be passed electronically to our bank/building society.

Name(s) of account holder(s)

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank/building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

The Direct Debit guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit, Integra Insurance Solutions Ltd. will notify you ten working days in advance of your account being debited or as otherwise agreed. If you request Integra Insurance Solutions Ltd. to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by Integra Insurance Solutions Ltd. or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.

If you receive a refund you are not entitled to, you must pay it back when Integra Insurance Solutions Ltd. asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Business Choice

Commercial insurance
for your business



Congregational

Congregational is a trading name of Integra Insurance Solutions Ltd.

Registered Office: Currer House, Currer Street, Bradford BD1 5BA
Registered in England and Wales Registered Number 06760260.

Authorised and regulated by the Financial Conduct Authority.

Financial Services Register No. 495111.

CG/BCPF/0319