

# PROPERTY OWNERS PROPOSAL



The Prospectus should be read before completing this Proposal.  
Please answer questions in **BLOCK CAPITALS**.

1. Full name of Proposer		
2. Description of Business		
3. Full Postal Address		
	Post code	
4. From which date do you wish this insurance to commence?		

## ASSESSING YOUR SUMS INSURED

Guidance is provided in the Prospectus of the basis of payment on which claims will be settled and how your sums insured should be arrived at. Please refer to these notes, as in the event that any sums insured do not represent the full cost to reflect the basis of payment, your claim may be proportionately reduced.

## Section 1 – Buildings and Contents

1. Address of Premises to be insured: (if more than 5 please complete on a separate sheet)

Premises A	Post Code
Premises B	Post Code
Premises C	Post Code
Premises D	Post Code
Premises E	Post Code

2. Sum Insured – Buildings and Landlords Contents (if required)  
(if more than 5 premises please complete on a separate sheet)

Premises	A	B	C	D	E
Buildings	£	£	£	£	
Landlords Contents	£	£	£	£	

3. Do you wish your sums insured to be protected from the effects of inflation by:

(a) Index Linking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) 'Day One'?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to question 3(b) is Yes, please state percentage uplift required:

4. What is the occupation and number of your tenants at each of the Premises? You must indicate if any of the buildings in whole or in part are unoccupied.  
(if more than 5 premises, please complete on a separate sheet)

Premises A		Number:
Premises B		Number:
Premises C		Number:
Premises D		Number:
Premises E		Number:

5. Is cover required to include accidental loss, destruction or damage?  Yes  No

6. Is cover required to include subsidence, ground heave or landslip?  Yes  No

If Yes, please answer the following questions in connection with subsidence, ground heave or landslip for all buildings at the above Premises:

- (a) Are there any special features regarding the foundations of the buildings?  Yes  No
- (b) Have the buildings been extended?  Yes  No
- (c) Are there any cliffs, quarries, hills or similar features nearby?  Yes  No
- (d) Are there or have there been any local mining operations, underground railways, wells, streams, sewers or other underground activity such as salt extraction nearby?  Yes  No
- (e) Is the property near a river, sea or reservoir?  Yes  No
- (f) Has any damage been sustained to the buildings in the past or is there any evidence of damage in connection with the structure or its foundations?  Yes  No
- (g) Are you aware of any damage that has been experienced in the locality?  Yes  No
- (h) Have the buildings been constructed on made up ground?  Yes  No
- (i) Are there any trees growing in the vicinity of the building which could effect the foundations?  Yes  No
- (j) Has any insurer ever declined or imposed any special terms on the buildings for subsidence, ground heave or landslip?  Yes  No

If the answer to any of questions 6(a) – (j) is Yes, please provide details?

If you are in possession of a structural or consulting engineers' report for any of the buildings, please attach a copy to this Proposal.

7. Please indicate in the boxes: (if more than 5 premises, please complete on a separate sheet)

	A	B	C	D	E
(a) if the buildings are being used for the purpose (P) they were built or if they have been converted (C)					
(b) approximate date buildings were constructed					
(c) how many storeys (including basement) are contained within the buildings					

8. Are all the premises:

- (a) built solely of brick, stone, concrete or metal and roofed with slate, tile, concrete, metal or asbestos?  Yes  No
- (b) in a good state of repair and will be so maintained?  Yes  No
- (c) free from undue exposure to storm or flood or damage by any other cause?  Yes  No
- (d) artificially heated only by fixed apparatus fuelled by electricity, natural gas or oil piped into the premises from external bunded oil tank?  Yes  No

If the answer to any of questions 8(a) – (d) is No, please provide details?

9. Are all premises subject to regular inspection (including roofs, gutter and downpipes) and are all defects remedied immediately?  Yes  No
10. Are there any passenger or goods lifts, escalators, steam boilers, pressure plant or similar machinery on the premises?  Yes  No
- If Yes, are these regularly inspected to comply with statutory regulations?  Yes  No

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**OPTIONAL COVER – Sections 2 – 4 are insurable at your option.**

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**Section 2 – Rental Income**

- Is cover required?  Yes  No
- If Yes, please answer the following questions:
1. Is cover required to include accidental loss, destruction or damage?  Yes  No
2. Is cover required to include subsidence, ground heave or landslip?  Yes  No
3. What Maximum Indemnity Period is required?
4. What Rental Income sum insured is required?
5. Is the automatic increase provided of 50% adequate?  Yes  No
- If No, please state increase required:

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**Section 3 – Property Owners Liability**

- Is cover required?  Yes  No
- If Yes, please advise the Limit of Indemnity required (please tick appropriate box)
- £1,000,000     £2,000,000     £5,000,000
- Who is responsible for repairs to the buildings under the terms of the lease?

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**Section 4 – Employers Liability**

- Is cover required?  Yes  No
- If Yes, please complete the following:

Description of Staff	Number of Employees	Annual Payroll
Clerical and Managerial		
other (please specify duties)		

## GENERAL INFORMATION

1. How long have you been in business?

2. Have you or any director or partner:

(a) had any previous insurance for the cover you now require?  Yes  No

If Yes, please state insurers name:

(b) ever been declared bankrupt, been a director of a company which has gone into liquidation, or been convicted of arson, criminal deception, fraud, forgery, theft, robbery, handling stolen property, any crime of violence or with any other offence against property?  Yes  No

(c) had any insurance cancelled, refused or subjected to special terms?  Yes  No

(d) in the last five years suffered any loss, or been subject to a claim from a third party or employee, in respect of any of the insurances now being applied for?  Yes  No

If the answer to any of questions 2(b) – (d) is Yes, please provide details:

4. Are there any material facts relating to the insurance to which this Proposal refers that should be disclosed to insurers?  Yes  No

(A material fact is one which is likely to influence an insurers' judgement and acceptance of your proposal. If there is any doubt as to whether or not a fact is material, it should be disclosed).

If Yes, please provide details:

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## DECLARATION

I declare that the statements and particulars in this Proposal, together with any information supplied by the Proposer or on the Proposer's behalf will form the basis of the contract between the Proposer and Insurers.

I confirm that AUA INSURANCE will be immediately advised of any alteration in material facts.

I agree that any information provided to Insurers regarding the Proposer for the purposes of accepting insurance and handling any claims may, if necessary, be divulged to third parties, provided it will be processed by Insurers in compliance with the provisions of the Data Protection Act 1998.

Signature

Date



Registered in England No 789566 Registered Office St Helen's 1 Undershaft London EC3A 8ND  
AUA INSURANCE is a business name of Allied Underwriting Agencies Limited

10.07