



## COMMERCIAL COMBINED PROPOSAL FORM

Please complete all details in **BLOCK LETTERS** and **BLACK INK**.

For the purpose of this document, “Premises” shall mean “the location(s) used by You for the purposes of the *Business*”. This *Proposal*, *Your Policy*, *Your Schedule* (including any *Schedule* issued in addition or substitution) and any *Endorsements* shall be considered as one legal document. We strongly recommend that *You* read the *Policy* (to include the *Schedule* and any *Endorsements*) to ensure that *You* understand it and that it accords with *Your* wishes.

See <https://www.matrixunderwriting.co.uk/policies-and-summaries/>

### **IMPORTANT NOTICE**

Failure to disclose material facts or circumstances could result in *Your* policy being invalidated.

Material facts and circumstances are those which the Underwriter may wish to know in deciding whether to underwrite the risk and/or the terms upon which to underwrite the risk. They may be relevant either to the physical risk or to the personal background and characteristics (including financial) of *You* and/or any director, partner, officer and/or principal of *Your Business*. It is important that *Your Business* should have a system in place to ensure that all material facts and circumstances are disclosed.

Should *You* be in any doubt as to whether information is accurate or material, *You* should discuss it with *Your Agent*. If in doubt, *You* should disclose it. We are keen to work in partnership with *You* to avoid any misunderstandings.

### **Privacy Notice**

Matrix Underwriting Management Ltd are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our Privacy Policy - <http://www.matrixunderwriting.co.uk/privacy-policy/>. If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the Database'). This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis. The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants'): to identify which insurer (or insurers) was (or were) providing employers' liability cover during the relevant periods of employment; and to identify the relevant employers' liability insurance policies. The Database will be managed by the ELTO. The Database and the data stored on it may be accessed and used by the Claimants, their appointed representatives, insurers with potential liability for UK commercial lines employers' liability insurance cover and any other persons or entities permitted by law. By entering into this insurance policy you will be deemed to specifically consent to the use of your insurance policy data in this way and for these purposes.

Proposers Full Name(s):	
Trading as:	
<i>Business/Trade</i> Description:	
Employers Reference Number (ERN):	
Address of <i>Premises</i> to be insured	
Postcode:	

**About You:**

1. How long have <b>You</b> been in business?	At these <i>Premises</i> :	
	Elsewhere:	
2. Have <i>You</i> ever traded in another name?		
3. Have any Insurers ever:		
a) declined <i>Your</i> proposal?		
b) refused to renew or cancelled <i>Your</i> policy?		
c) imposed special conditions?		
4. Have <i>You</i> or any director, partner, officers or principal of the proposer been the subject of a County Court Judgement, bankruptcy order or an individual voluntary arrangement with creditors or been a director, partner or principal officer of any company which has been the subject of Liquidation, Receivership, Examinership, or Winding Up or Administration Order, or Administrative Receivership, or which became insolvent during that time?		
5. Have <i>You</i> or any director, partner, officer or principal of the proposer been the subject of an investigation by any taxation authority?		
6. Have <i>You</i> or any director, partner, officer or principal of the proposer been convicted of, cautioned or have a prosecution pending for any criminal offence (other than motoring offences)?		
7. Have <i>You</i> or any director, partner, officer or principal of the proposer ever been:- a) investigated or prosecuted for any breach of the Factories Act, Health and Safety at Work Act, Control of Substances Hazardous to Health Regulations, Health and Safety Executive regulations, Employment Law or current legislation applicable to <i>Your Business</i> or trade? b) served with a Prohibition Notice under the Health and Safety at Work Act or other health and safety regulations?		
<b><i>If Yes, to any of the above, please give details in the Space provided for additional information at the end of this Proposal:</i></b>		

8. Have <i>You</i> sustained any loss or damage during the last 5 years whether insured or not at these <i>Premises</i> or any other premises owned or occupied by <i>You</i> ?	
If Yes, please give full details including approximate date of each loss or damage and the circumstances and amount involved:	

**About Occupancy:**

9. Is the building <b>You</b> occupy detached?	
a) if Yes how far away is the nearest Building to Yours?	
b) if No please explain what your neighbours do:	
10. Are <b>You</b> the sole occupier of <i>Your Premises</i> ?	
11. Are your <i>Premises</i> left unoccupied consecutively for a period of 30 days or more?	
If <b>Yes</b> , please provide full details of other tenants and nature of use by other tenants:	
12. Is any burning of waste carried out at the <i>Premises</i> ?	
If <b>Yes</b> , please provide full details:	
13. Is any recycling carried out at the <i>Premises</i> as a trade or business?	
If <b>Yes</b> , please provide full details:	

**About Safety Regulations:**

14. Has the whole of the electrical installation at the <i>Premises</i> been inspected every 5 (five) years by a contractor approved by the National Inspection Council for Electrical Installation Contracting (NICEIC) or Electrical Contractors Association (ECA) or SELECT (in respect of Scotland)?	
If Yes, has an electrical certificate been issued by the registered contractor within the last 5 (five) years and have all C1 or C2 defects been rectified by the registered contractor?	

**About Protections:**

15. Are the <i>Premises</i> occupied at night?	
If Yes, please confirm by whom:	
16. Give details and type of how each of the following are protected (including, but not limited to, shutters, grilles, types of locks etc): If you don't have any of the item concerned please state " We don't have these"	
a) Each outer door	
b) Doors and other access points to <i>Your</i> part of the <i>Buildings</i> if <i>You</i> are NOT the sole occupier	
c) Front windows	
d) Rear and side windows:	
c) Cellar flaps or other basement entries	
d) Display or Show windows	
e) All skylight, fanlights or roof openings	

17. Are the <i>Premises</i> protected by a NSI or SSAIB approved intruder alarm?	
If Yes, please answer the following questions:	
a) Make and when installed	
b) Method of signaling: e.g. Bells, Red Care, Dual Comm etc	
c) The grade of the alarm system	
d) Does the signal go through to a NSI or SSAIB approved alarm receiving center?	
e) Do <i>You</i> receive Level 1 Police Response for the <i>Premises</i> ?	
f) Is the Alarm system under your sole control?	
g) Does the Intruder Alarm cover the entire <i>Premises</i> to be insured, including all <i>Buildings</i> and the perimeter?	
h) Is the Intruder Alarm annually maintained under contract with a security company accredited by the SSAIB or NSI?	
18. Is any of the property to be insured protected by a safe, strong room, high security store or cage?	
If Yes, please give details of such protection and nature of property contained therein:	
19. Are there any other protections not included above? e.g. CCTV etc	
If Yes, please give details:	
20. Is there a Fire Alarm installed and operational?	
If Yes, please answer the following questions:	
a) Make and when installed	
b) Method of signaling	
c) The grade of the alarm system	
d) Is the System <i>Your</i> sole control	
e) Does the Fire Alarm cover the entire <i>Premises</i> to be insured	
f) Is the Fire Alarm annually maintained under contract?	
21. Give details of any installed and operational fire protections (including, but not limited to, extinguishers, hoses, sprinklers, etc.):	

**About the *Buildings*:**

22. Please give the following details of the <i>Buildings</i> :	
a) approx Year built	
b) Have any part of the <i>Buildings</i> been structurally altered or extended?	
c) Is the <i>Building</i> , or any part thereof, a heritage protected building (including but not limited to Grade I, II* or II listed or in Scotland and Northern Ireland Grade A, B and C including sub-categories)	
d) Number of storeys	
e) Construction of external walls	
f) Construction of roof	
g) Method of heating (including details of any bottled gas heaters, paraffin heaters, exposed flame heaters, or electric radiant bar heaters)	
h) Are any of the <i>Buildings</i> timber-framed?	

l) Does the <i>Building</i> contain any composite panels?	
J) Construction of all floors and stairs	
k) Does the <i>Building</i> contain any basements or cellars?	
l) Is there any property stored in a basement or cellar?	
m) Have there been any cases of Flood at the <i>Premises</i> or within a 250 metre radius of the <i>Premises</i> ?	
n) Are there any rivers, streams or tidal waters or watercourses within a 250 metre radius of the <i>Premises</i> ?	
o) Have <i>You</i> been informed that the <i>Premises</i> are in a potential flood risk area?	
<b>If Yes, to any of the above, please give details in the Space provided for additional information at the end of this Proposal:</b>	
p) Are there any areas of flat roof on the <i>Building(s)</i> ?	
If Yes, please answer the following questions:	
(i) What is the flat roof made of?	
(ii) What percentage of the total roof area is flat?	
(iii) When was the flat roof last inspected by a competent contractor?	
q) Is the <i>Building</i> wind and weather proof, in a good state of repair and maintained to keep it in a good condition?	
23. Is the heating system linked to a thermostat which automatically activates the heating system when the temperature falls below 6°C (six degrees Celsius)?	
24. Are all water tanks, apparatus or pipes within the <i>Premises</i> fully lagged?	

25. Is there a mortgage or other charge against the <i>Property</i> to be insured which should be noted on the <i>Policy</i> ?	
If Yes, please provide name and address of interested party/parties and nature of their interest:	

#### **SUBSIDENCE QUESTIONNAIRE**

26. Is Subsidence, Ground Heave or Landslip cover requested?	
If Yes, please answer the following questions:	
a) (i) Do the <i>Premises</i> (including <i>Outbuildings</i> ) have any signs of <i>Damage</i> which may be attributable to subsidence, ground heave or landslip?	
(ii) Are any of the <i>Buildings</i> being monitored for subsidence, ground heave or landslip, or have they ever been monitored for subsidence, ground heave or landslip, or been the subject of subsidence, ground heave or landslip?	
b) Have the <i>Premises</i> (including <i>Outbuildings</i> ):	
i) ever been the subject of a survey which mentions settlement or movement of <i>Buildings</i> ? If Yes, please enclose a copy	
ii) ever been flooded as a result of broken or damaged underground drains, or are <i>You</i> aware of any extensive underground drainage problems within the last 10 (ten) years?	
c) Are there any trees or shrubs (which are more than 10 (ten) feet tall) within 20 (twenty) feet of any <i>Building</i> ?	
d) Has the structure of the <i>Premises</i> (including <i>Outbuildings</i> ) been extended within the last 20 (twenty) years?	
e) Has any neighbouring property been subject to any occurrence of subsidence, ground heave or landslip?	
f) Have the <i>Premises</i> (including <i>Outbuildings</i> ) been subject to any river or coastal erosion?	
<b>If Yes, to any of the above, please give details in the Space provided for additional information at the end of this Proposal:</b>	

**If cover is required for Employers, Public or Products Liability please answer the following questions:**

27. a) i) Total Estimated Annual Turnover for the forthcoming year			£
ii) State % of Turnover arising from overseas work (excluding USA/Canada)			%
ii) State % of Turnover arising from overseas work (excluding USA/Canada)			
State % Turnover arising from USA/Canada			%
b) Total estimated annual wages, salaries and other earnings for the forthcoming year split between:			
LOSC= Labour only Sub-Contractor, BFSC= Bona Fide Sub Contractor	Employees	LOSC	BFSC
i) Clerical	£	£	£
ii) Warehousemen	£	£	£
iii) Drivers	£	£	£
iv) Woodworking Machinists	£	£	£
v) work performed at height (above 2m)	£	£	£
vi) Heat work away from own premises	£	£	£
vii) other manual work on own premises	£	£	£
viii) other manual work away from own premises	£	£	£
c) Total number of principals and Employees			
d) State what machinery, if any, is used:			
e) Describe any hazardous processed or substances used:			
f) What work, if any, is performed away from <i>Your Premises</i> (excluding collection/delivery)?			
g) Describe any work involve use of heat away from Your premises:			
h) Describe any work at height: including the maximum height <i>You</i> may work at.			
i) Do You undertake any work on or at any of the following locations or premises:			
i) fineries, bulk storage or production premises in the oil, gas or chemical industries?			
ii) offshore structures and work underground or underwater?			
iii) aircraft, hovercraft, aerospace systems or watercraft?			
iv) railways or airports?			
j) i) are all Products are sourced from within the European Union, Australia, United States of America or Canada			
ii) if any Products are sourced elsewhere do they have an EU Product Safety accreditation?			
<b>If Yes, to any of the above, please give details in the Space provided for additional information at the end of this Proposal:</b>			

**Liability Questions (Cont):**

28. a) Does the business conform to the requirements of the Health and Safety at Work Act 1974?	
b) Do you have a formal and written Health and Safety Policy?	
c) Where work away (other than collection and delivery) is involved do You:	
i) ensure that all sub-contractors continue to hold adequate insurances which indemnify You as principal?	
ii) complete and document risk assessments in relation to productions undertaken away from Your premises?	
d) Where required by Health and Safety legislation:	
i) is there is a nominated person responsible for Health and Safety?	
ii) is there is a formal and documented programme for both induction and refresher training procedures?	
iii) are all relevant risk assessments carried out and they are fully documented?	
a) have any required actions resulting from them been completed?	
e) Is all plant is properly guarded, maintained and inspected in accordance with statutory requirements?	
f) Is suitable and adequate personal protective equipment (PPE) provided to all employees?	
i) do the Employees sign to confirm receipt of PPE?	
ii) do they understand when and how it is to be used?	
iii) is the use of PPE enforced?	
g) Are accident details recorded and maintained?	
<b><i>If NO, to any of the above, please give details in the Space provided for additional information at the end of this Proposal:</i></b>	
h) Have any recommendations been made by the HSE/Factory inspector?	
If so, are there any uncompleted requirements?	
i) Have <i>You</i> ever been investigated or prosecuted for any breach of the Factories Act or Health & Safety Executive or similar regulations? If <b>YES</b> please give details below	

<b><i>Additional Information</i></b> (Continue on additional sheets if necessary, ensuring each sheet is numbered, initialed and dated)	
Quest No	Details

**I/We declare that:**

1. if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I/we also confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation
2. the information given in this form is correct and complete in every detail
3. I/we have disclosed all facts and circumstances which would be material to Our assessment of the risk, whether or not those facts and circumstances were the subject of a specific question in this proposal form, and have conducted a reasonable search of the information available to me/us in order to reveal those facts and circumstances. If there are any material facts or circumstances not specifically covered by a question on this proposal form, I/we have listed them on the Additional Information page below
4. I/we accept that if I/we have not disclosed all material facts and circumstances then Insurers may have grounds to avoid the policy from inception or renewal. Alternatively if Insurers would have imposed additional or different terms and conditions to the policy (whether or not those terms and conditions would have been acceptable to me/us) but for my/our failure to disclose all material facts and circumstances I/we accept that Insurers may treat the policy as if it had contained those terms and conditions from inception. In addition, if Insurers would have charged a higher premium but for my/our failure to disclose all material facts and circumstances, I/we accept that the value of my/our claim may be reduced proportionately in accordance with the formula set out in Schedule 1, paragraph 6 of the Insurance Act 2015 or (if this proposal form relates to variation to an existing policy) the formula set out in Schedule 1, paragraph 11 of the Insurance Act 2015
5. I/we accept and conform to the terms, conditions and exceptions of the *Policy* (a specimen of which is available on request) in the standard form issued by Us for the Insurance now proposed and I will pay the *Premiums* thereon
6. I/we consent to the information given in this form, any information the Insurers may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement as attached
7. I/we consent for my appointed *Agent* or Agency to discuss my personal information with Us on my/our behalf.
8. The person signing this Proposal Form is duly authorised to do so on behalf of the Proposer.

Signed by		Date	
Position		on behalf of	



**Additional Information** (Continued) Sheet No:

Quest No	Details