

# COMMERCIAL COMBINED PROPOSAL FORM

for Commercial Fisheries (and Clubs if appropriate) to include Buildings & Contents, Plant and Equipment, Business Interruption, Money Carried all associated risks



Please answer all the questions in this Section in **BLOCK CAPITALS**

Name of Proposer (and Trading Name)

Address

Post Code

Telephone Number

Situation of Premises (if different from above)

Post Code

Telephone Number

Full Description of Business

Number of years established at these Premises

Years

Other Interested Parties (please specify)

Period of Insurance

from

to

(at Midnight)

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**Proposers should complete the General Questions, the relevant parts of the Proposal and the declaration. Where space is insufficient please give supplementary information in the area provided at the end of this Form**

Disclosure: You are obliged to disclose all material facts which are likely to influence our acceptance or assessment of the risks proposed for insurance. Should you have any doubt as to whether or not a fact is material you should disclose it. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. This is for your own protection as omission or mis-statement may mean that your policy will not provide you with the cover you require or may affect the settlement of claims or make the policy invalid. You are not required to disclose convictions regarded as "spent" by virtue of The Rehabilitation of Offenders Act 1974.

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## GENERAL QUESTIONS

1. Have you or any partner, director or principal shareholder in The Business either in a domestic or business capacity

(a) ever been refused insurance or had any special terms or conditions imposed by an insurer YES  NO

(b) during the last five years sustained any loss or had any claim made against you, whether insured or otherwise, in connection with any of the types of insurance for which cover is required YES  NO

© ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind (eg involving fire, fraud, theft or handling stolen goods) YES  NO

If the answer to any of the above is YES please give full details below

**GENERAL QUESTIONS** (continued)

2. Have you or any principal in the business or any company in which you have had an interest been declared bankrupt, the subject of bankruptcy proceedings or made any arrangement with creditors YES  NO  If YES please give full details below

3. Are the Buildings at the Premises or any part of them (incl Outbuildings) unoccupied or occupied any anyone other than you YES  NO

4. Please give details of the occupation of all parts of the Premises detailing the type of goods or services from the Premises

5. Are the Buildings at the Premises

(a) built of brick, stone or concrete and roofed with slates, tiles, metal or concrete, asbestos or slabs composed entirely of incombustible mineral ingredients YES  NO

(b) in an area which is subject to flooding or in an exposed position or close to any rivers, stream or other water courses YES  NO

© in a good state of repair and free from damage or any defect of any kind YES  NO

(d) Heated only by fixed oil, electricity or gas installation (but not LPG) YES  NO

6. Are the Buildings at the Premises detached from other Buildings YES  NO   
If NO please give a brief description of the business conducted from adjoining Buildings

7. In respect of the Building please state (a)

Number of Storeys	
Whether the floors are concrete or timber	

(b) whether there are any Flat Roofs If YES please state construction, age and condition YES  NO

© (i) age of the electrical installation years  
(ii) when lasted inspected by a qualified electrician.....  
(iii) whether an IEE certification has been issued YES  NO   
(if YES please attach a copy to this Proposal Form)

(d) quantities of liquids/substances with a flash point of below 32 degrees centigrade kept or used at the Premises

(e) what the storage arrangements are for said liquids/substances

(f) number and type of Fire Extinguishing Appliances sited at the Premises

Number:                      Type: Water  CO2  Dry Powder  Hose Reels  Others (specify)

(It is warranted under this Policy that Fire Extinguishing Appliances are maintained in full working order under Contract)

8. In respect of the Buildings (a) are all external doors protected by Five Lever Mortice Deadlocks YES  NO
- (b) are all windows protected by at least one key operated lock or by bars or grilles YES  NO   
(if the answers to these questions is NO please give details below)

9. Are the Premises protected by an Intruder Alarm YES  NO

If YES please state

- (a) Installer NACOSS approved YES  NO

- (b) date of installation (c) is the system maintained under Contract by the Installer YES  NO

- (d) Method of Alarm Signalling Bells  Central Station  REDCARE  Private line to Police Station

### MATERIAL DAMAGE

1. Please indicate Cover required; (a) Fire and Perils  (b) Fire, Perils and Theft  (c) Fire, Perils, Theft and Accidental Damage

2. Do you wish to insure against Limited Perils only YES  NO  If YES please state Perils to be insured

3. Do you wish to amend the standard Policy Excess of £250 YES  NO  If YES please indicate the amount of Excess required £

4. Do you require Subsidence insurance YES  NO

- (a) are the Premises free from any damage caused by Subsidence, Landslip or Heave from any cracks to external walls and without any history of damage YES  NO

- (b) are the neighbouring Properties or the immediate area in which your Premises are sited free from from any signs of damage by Subsidence, Landslip or Heave and without any history of change YES  NO

5. Please state the Sum Insured required in respect of

- (a) Buildings (based on full new rebuild costs including an allowance for architects, surveyors and consulting engineers fees, removal of debris and public authority costs) £

- (b) Machinery, plant, fixtures and fittings and all other contents (other than below) – based on full replacement value of all property owned or held in Trust BUT EXCLUDING Business Equipment separately insured under the All Risks – Business Equipment Section £

- (c) Computers and ancillary equipment pertaining thereto and used in conjunction therewith £

- (d) Stock (excluding goods and material in trade) £

- (e) Tenants improvements and decorations £

- (f) Any other Property – please specify £ \_\_\_\_\_.

TOTAL £ \_\_\_\_\_.

6. (a) Wines and Spirits £ (b) Cigarettes & Tobacco £ (c) Precious & Non Ferrous Metals £

- (d) Photographic Equipment £ (e) Audio/Visual Equipment £ (f) Video tapes, Discs & CD's £

### BUSINESS INTERRUPTION

1. Please indicate Cover required; (a) Fire and Perils  (b) Fire, Perils and Theft  (c) Fire, Perils, Theft and Accidental Damage

**BUSINESS INTERRUPTION** Continued

2. Please indicate Basis of Cover (a) Gross Profit  (b) Gross Revenue  (c) Increased Costs of Working

Notes: The Sum Insured for (a) or (b) above should represent the anticipated Gross Profit/Revenue during the maximum Indemnity period beyond the year of Insurance.

The Sum Insured for © above should represent the anticipated cost, which would be incurred in re-establishing the Business following Interruption.

3. Please state Sum Insured required £

Notes: The maximum Indemnity Period should be the greatest length of time during which the Business could be interrupted or disrupted following physical damage to the Property.

4. Please state the maximum Indemnity Period required 12 months  18 months  24 months

5. Is Cover to include interruption following damage

(a) at Suppliers and/or Customers premises YES  NO  If YES please state

Whether Supplier or Customer	Name and Address	% of Profit or Monetary Limit required

(b) to nearby property preventing access or use of your Premises YES  NO

(c) to Public Utilities Premises YES  NO

**ALL RISKS - BUSINESS EQUIPMENT**

Please indicate against each item the Description, Make, Model, the Territorial limits and the Sum Insured

The choice of Territorial Limits are A. The Premises only B. Anywhere in the UK C. Anywhere in the UK/Europe D. Anywhere in the World

Description, Make, Model	Territorial Limits	Sum Insured

**MONEY**

Notes: Cover is automatically provided for

- (i) up to £500,000 for crossed cheques, giro cheques, postal orders and other non negotiable items
- (ii) up to £250 for other money not in a locked safe in the Premises outside Business Hours
- (iii) up to £500 in your dwelling house or that of any partner, director or employee

When answering the following questions the term **MONEY** should EXCLUDE cross cheques, cross giro cheques, cross postal orders or money orders, crossed bankers and/or giro drafts, unexpired units in franking machines, stamped national insurance cards, national savings certificates, premium bonds, credit card vouchers and VAT purchasing invoices.

- 1. Please state (a) the estimated total amount of money carried to and from the Bank during the year ie estimated annual carryings £
- (b) the limit to apply to any single loss of money (this should represent the maximum loss which could be sustained at any time either in the Premises during Business hours, or in transit or in a bank night safe £
- (c) details of safes and strong rooms and the amount of money contained therein out of Business hours in respect of which insurance is required

The Premises	Make, Model and/or Name of Safe	Amount of Money

**MONEY Continued**

2. Is the transit of Money carried out by a specialist security Company YES  NO  If YES  
 (a) does the security Company accept full liability for all Loss of Money in their custody YES  NO   
 (b) can such Money be excluded from this insurance YES  NO  If NO  
 (c) please state the estimated annual carryings by the security Company £
3. Is cover required in respect of Personal Accident and/or Injury as a result of robbery YES  NO
- If YES and you require Personal Injury benefits larger than £5,000 for Death and Permanent Disability and £50 per week for Temporary Total Disability please state amount required Capital amount £  
 Per Week £

**GLASS**

Note: Cover under this Section automatically includes damage to (a) sanitary ware, fixed sinks, wash basins, lavatory pans and cisterns (c) neon and other fixed signs (c) damage to lettering and alarm foils (d) damage to framework and (e) damage to goods on display.

1. Please indicate cover required

A	All Glass <input type="checkbox"/>	B	External Glass only <input type="checkbox"/>	Sum Insured	£
	Automatic Covers	(a)	Sanitary ware		£
		(b)	External Signs		£
		(c)	Lettering and Alarm Foils		£
		(d)	Frames and Framework		£
		(e)	Goods on display		£
			Total Sum Insured		£

**GOODS IN TRANSIT**

NOTE: Standard Goods in Transit cover excludes furs, jewellery, precious stones, precious metals, pictures, paintings, works of art, bullion, explosives and goods of a dangerous nature unless specifically requested.

1. Please describe fully the nature of all goods to be insured in transit.

Note: If cover is required in respect of tobacco, wines, spirits, clothing, non-ferrous metals, photographic equipment, audio/visual equipment, computers, computer games, computer software, video tapes, cassettes, disc or audio tapes then

Please state maximum value £

2. Premium discounts are normally available for excesses above the minimum of £100 – is an increase required YES  NO

If YES then please state the excess required £

**IN RESPECT OF PROPERTY IN TRANSIT BY YOUR OWN VEHICLES**

3. Please state (a) the estimated total value of property in transit during the next 12 months £

(b) the maximum value of any one load £

(c) the total number of business vehicles used

**GOODS IN TRANSIT** Continued

4. Are business vehicles fitted with alarms, immobilisers or other protective devices YES  NO

If YES please give details

IN RESPECT OF PROPERTY IN TRANSIT BY ROAD CARRIERS, RAIL OR POST

5. Please state (a) the estimated total value of property in transit during the next 12 months £  
 (b) the maximum value of any one consignment by (i) rail, road carrier £  
 (ii) post £

Are there written contract conditions applying in respect of road and rail transits YES  NO

If YES please advise what conditions of carriage apply

**DETERIORATION OF REFRIGERATED STOCK**

If you have refrigerated or frozen stock in machines (up to 10 HP) which are less than 15 years old and you wish to include deterioration of such stock due to failure of these machines then

1. Please state

Description, Make and Model of Refrigerator/Freezer	Age	Sum Insured

2. Are all refrigerators/freezers the subject of a current manufacturers guarantee or warranty or a maintenance contract with a competent refrigeration engineer YES  NO

**BOOK DEBTS**

1. Please state (a) the maximum amount of debit balances likely to be outstanding at any one time including an allowance for expansion of business, seasonal variations, inflation and VAT but deducting an allowance for bad debts £

(b) the address where records are kept (if different from the main premises)

Complete if applicable

(c) at what intervals are accounts rendered .....

2. Are records kept within a safe, strong room or fire resisting cabinets YES  NO

3. Are details of accounts on a computer YES  NO

(a) are any duplicated records kept YES  NO

if YES please specify where such duplicates are kept .....

(b) how often are duplicate records updated Daily  Weekly  Monthly  Other?.....

4. What proportion of payments are made by you by bankers order, direct debit, standing orders or other such methods of payments which does not involve application to the customer for payment .....%

**LOSS OF LICENCE**

- 1. Please indicate whether cover is required following the loss of
  - A. Liquor Licence
  - B. Entertainment Licence
  - C. Liquor and/or Entertainment Licence
- 2. Please state your estimate of the depreciation in value of the Premises and/or Business as a consequence of the loss of licence £
- 3.
  - (a) have the Premises been closed during normal licensing hours during the past 12 months YES  NO
  - (b) within the last 5 years has there been any opposition to the granting, renewal or transfer of the licence, any notice, caution or complaints been given or made or any convictions of the licence holder YES  NO
  - (c) has there been any disqualification or other circumstances or accident which might prejudicially affect the licence or be likely to prevent renewal thereof being obtained YES  NO
  - (d) is there any intention to apply for a transfer of the licence within the next 12 months YES  NO

**COMPUTER BREAKDOWN**

Note: This section covers costs following the Breakdown of your computers. Computers for which you do not have a full maintenance contract in force with either the manufacturers or specialist engineers are excluded from this section.

- 1. Please state the sum insured required on
  - (a) Computers £
  - (b) Costs of reinstatement of data £
  - (c) Increase in cost of working during interruption period £
- Indemnity Period
  - 3 months
  - 6 months
  - 12 months

**LEGAL EXPENSES**

Note: If selected you are insured against the cost of legal proceedings brought to you or against you up to a limit of £250,000 (Higher Limits available on application)

- 1 Do you require Legal Expenses cover? YES  NO

**PERSONAL ACCIDENT**

Note: Standard Limits for Proprietors, Managers, Bailiffs and other Staff

£10,000 or £5,000	Death/Loss of Limb/Eye or Permanent Total Disablement
£50 or £25 per week	Temporary Total Disablement

- 1 Do you require Personal Accident? YES  NO
- Do you wish to extend this Cover to cover Assault? YES  NO
- 2 Do you require benefits beyond the standard limits? YES  NO

If 'yes' state benefits required

- 3. Please advise the number of people to be covered
- 4 Is any person to be insured aged below 16 or over 70? YES  NO

**GENERAL QUESTIONS**

Please also advise your estimated **Annual Wage Roll** – Administration/Clerical (include Owners Drawings) £  
**Annual Wage Roll** – Manual/Exterior work £

Any Fishing from Boats **YES**  **NO**  If **YES** how many boats and are they owned by you?.....

Please advise what other Facilities apart from fishing you provide:

**Clubhouse** **YES**  **NO**  **Bar Facilities** **YES**  **NO**  **Swimming Pool** **YES**  **NO**  **Other**.....

**Do you have a Childrens Play Area** **YES**  **NO**  **If YES do you have Swings/Slides/Climbing Frames etc** **YES**  **NO**   
**or Bouncy Castles etc** **YES**  **NO**

Do you accommodate privately owned Caravans? **YES**  **NO**  Do you accommodate Campers? **YES**  **NO**

If you accommodate Caravans do you provide Electricity Hook Ups **YES**  **NO**  Do you provide Toilets, Showers etc **YES**  **NO**

Average Duration of such Holidays.....

Please advise whether you or your Staff use any Power Driven Equipment to include Chain Saws etc – **YES**  **NO**  If **YES** please detail and describe safety clothing etc worn.....

Has everyone On Site who uses Chain Saws or similar been on a LANTRA or similar Training Course **YES**  **NO**

If **NO** please provide the number of years' experience each Operative has had using such Equipment.....

Please advise if you use Sit On Powered Vehicles etc If **YES** please detail.....

Are you responsible for any Dams connected with your waters? **YES**  **NO**

**CLAIMS**

Have you have made any relevant claims in the past 5 years or have you experienced any incidents that could have led to a claim **YES**  **NO**

IF **YES** please give details below

**DECLARATION** I/we declare that the foregoing statements and particulars are true and complete and I/we have disclosed all material facts and that this Proposal shall form the basis of the contract between me/us and the Insurers. I/we agree that if any information has been given by any other person other than myself/ourselves or if any part of this Proposal has been completed by any person other than myself/ourselves that person is my/our agent for that purpose. I/we agree to accept a policy of insurance subject to the terms and conditions of the Insurers policy/policies and that the Insurance(s) will not be in force until the Proposal has been accepted by the Insurers except to extent of any official cover note which it may issue.

Signed	Print Name	Position	Date
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Please return the completed Proposal Form to:

**MEAD Sport and Leisure Limited, PO Box 1035, Smallburgh, Stalham, Norwich, NR12 9ZL**

Please call the **MEAD ANGLING HOTLINE 0800 0850 261** if you have any questions.

[www.sportsinsurancemead.com](http://www.sportsinsurancemead.com)

email: [ask@sportsinsurancemead.com](mailto:ask@sportsinsurancemead.com)

*Mead Sport and Leisure Limited has been authorised by The Financial Services Authority FSA to carry out regulated activities as an appointed representative of Golfguard Limited FSA Firm Reference Number 310410*