

## Commercial Combined Fact Find

### 1. Business

Business name: .....

Business description (this will be used on your policy document): .....

Address – Property 1: .....

Address – Property 2: .....

Address – Property 3: .....

#### Employers Tax Reference Number (ERN)

From 1st April 2012 it became a requirement for the ERN of the client to be provided to Employers Liability insurers. Insurers then have a limited time to provide this information to the Employers Liability Tracing Office. Further information can be obtained from [www.elto.org.uk](http://www.elto.org.uk).

**Please note:** An ERN contains 2 or 3 numbers, then between 1 and 4 letters, and then a minimum of 4 and a maximum of 12 numbers.

ERN number(s):

N	N	N	/	L	L	L	L	N	N	N	N	N	N	N	N	N	N	N	N
N	N	N	/	L	L	L	L	N	N	N	N	N	N	N	N	N	N	N	N

Website address: .....

Date business was established: .....

Are you a limited company?  Yes  No If 'yes', please add your Registered Company Number: .....

If the business has been established less than 3 years please detail the experience of the current directors within the industry including the companies they have worked for and details of any managerial experience.

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.....

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Have any of the directors or partners of the business ever been prosecuted for any H & S issue?  Yes  No

Have any of the directors or partners of the business ever been convicted or charged with any criminal offence other than a motoring offence?  Yes  No

Have any of the directors or partners of the business ever been declared bankrupt and/or been a director of a Company which has gone into liquidation, administration or receivership?  Yes  No

If the answer is 'yes' to any of the above then please give full details below.

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## Commercial Combined Fact Find **continued**

### 2. Business activities

#### Please describe your business activities

Work undertaken and processes: .....

.....

.....

Machinery used: .....

Details of products supplied: .....

.....

.....

Details of any exports: .....

.....

.....

Details of work away from premises: .....

.....

What height do they work to externally: .....

#### Construction of premises

Details of the construction of the premises (including walls, floors and roofs): .....

.....

.....

Details of composite panels: .....

#### Fire controls/management

Number of storeys: ..... Age of property: .....

Is there multi-tenure?  Yes  No

If 'yes', please provide details of the other companies including their business activities: .....

.....

.....

Method of heating: .....

Details of any flammables stored and/or used in the process: .....

.....

Details of any heat processes: .....

Details of hazardous substances used: .....

Does the client strictly adhere to the COSHH Regulations?  Yes  No

Fire extinguishers: ..... Annually maintained?  Yes  No

Type of fire alarm installed: ..... How often tested: .....

Date of last NICEIC certificate: ..... Pat Testing annually?  Yes  No

Previous survey requirements: .....

Completed satisfactorily?  Yes  No

## Commercial Combined Fact Find **continued**

### Physical security

External doors/windows & other physical protection: .....

.....

Perimeter fencing/gates: .....

Bollards, shutters, bars etc: .....

### Alarms & CCTV

NACOSS approved alarm installed?  Yes  No

CCTV installed?  Yes  No

How often is the alarm tested? ..... How often is the alarm maintained? .....

Type of alarm signalling: ..... Police response level: .....

Is the CCTV recorded and kept for more than 7 days?  Yes  No Is there 24 hour security?  Yes  No

### Health & Safety

Details of the H&S Policy: .....

.....

Outside consultants used?  Yes  No

Who is responsible for it and their position within the company? .....

.....

Details of risk assessments undertaken for the premises: .....

.....

Is health & safety training provided for all employees?  Yes  No Are records kept on staff files?  Yes  No

Details of Trade Association memberships, accreditations/awards: .....

.....

### 3. Cover details

Current Insurer: .....

Last year's premium: .....

Broker Holding/Attacking? ..... Quote Deadline: .....

Target premium: .....

#### Covers Required

**Material Damage:**  Yes  No Excesses £ .....

**Business Interruption:**  Yes  No Excesses £ .....

**Goods in Transit:**  Yes  No Excesses £ .....

**Money:**  Yes  No Excesses £ .....

**Public Liability:**  Yes  No Excesses £ .....

**Products Liability:**  Yes  No Excesses £ .....

**Employers Liability:**  Yes  No Excesses £ .....

**Specified All Risks**  Yes  No Excesses £ .....

**Other (please specify):** .....  Yes  No Excesses £ .....

**Commercial Combined Fact Find continued**

**4. Sums insured**

**a. Material Damage – Fire, Perils, AD, Theft, Subsidence**

<b>Sums insured</b>	<b>Property 1</b>	<b>Property 2</b>	<b>Property 3</b>
Buildings:	£ .....	£ .....	£ .....
Tenants improvements:	£ .....	£ .....	£ .....
Stock/GIT/WIP:	£ .....	£ .....	£ .....
Stock in the open:	£ .....	£ .....	£ .....
General contents:	£ .....	£ .....	£ .....
Computers:	£ .....	£ .....	£ .....
Rent payable:	£ .....	£ .....	£ .....
Please select 12, 18, 24 or 36 months:	..... months	..... months	..... months
Wines, spirits & tobacco:	£ .....	£ .....	£ .....
Other (please specify):	.....		
	£ .....	£ .....	£ .....
Other (please specify):	.....		
	£ .....	£ .....	£ .....

**b. Business Interruption**

<b>Sums insured</b>	<b>Indemnity period</b>
Estimated gross profit:	£ ..... Months
Gross revenue:	£ ..... Months
Increase cost of working:	£ ..... Months
Additional cost of working:	£ ..... Months
Gross rentals:	£ ..... Months

**Extensions: sum insured for each of the following – £25,000 (automatically included)**

Unspecified Suppliers, Failure of Public Supply, Unspecified Customers, Denial of Access, Storage Sites, National Lottery, Property In Transit, Notifiable Disease, etc, Contract Sites, Outstanding Debit Balances

Please advise if you require a higher limit: £ .....

**c. Goods in Transit**

<b>Sums insured</b>	<b>Vehicle limit</b>	<b>Maximum any one loss</b>	<b>Estimated annual carryings</b>
Number of own vehicles: .....	£ .....	£ .....	£ .....
Are carriers used? <input type="checkbox"/> Yes <input type="checkbox"/> No	£ .....	£ .....	£ .....
Describe goods carried: .....			
.....			
.....			
.....			

**Commercial Combined Fact Find continued**

**d. Money (automatically included)**

In premises out of hours: £250	In premises/business hours: £4000	In premises out of hours in a locked safe: £1000
In transit: £4000	Private dwelling: £500	In bank night safe: £4000
Annual carryings: £ .....	PA assault: £10,000 / £100 p/w	
Details of the safe installed: .....		
.....		

**Please amend if higher limits are required**

**e. Employers Liability**

**Employers Liability Indemnity Limit – £10,000,000**

<b>Wageroll estimates</b>	<b>Number of employees</b>	<b>Estimated wageroll</b>
Non manual	.....	£ .....
Premises manual	.....	£ .....
Woodworking machinists: .....	.....	£ .....
Manual work away: .....	.....	£ .....
Drivers: .....	.....	£ .....
Other (please specify): .....	.....	£ .....
Other (please specify): .....	.....	£ .....

**f. Public/Products Liability – LOI required**       **£2.0m**       **£5.0m**

	<b>Annual estimates</b>
Turnover – excluding USA/Canada	£ .....
Turnover – USA/Canada	£ .....
Wages – manual work away	£ .....
Payments – BFSC	£ .....
Wages – heat work away	£ .....
Wages – drivers	£ .....
Total annual turnover	£ .....

**g. Specified All Risks**

<b>Item description</b>	<b>Geographic limit – Premises UK, EU, Worldwide</b>	<b>Sum insured</b>
.....	.....	£ .....
.....	.....	£ .....
.....	.....	£ .....
.....	.....	£ .....

