

Commercial Unoccupied Property Proposal Form

The acceptance of your insurance application is based on the information disclosed in this Proposal Form. You must notify Focus immediately of any incorrect information or amendments required. We will issue a replacement Proposal Form and we will advise you of any changes to your quotation or policy cover.

Please take care to answer all questions honestly and to the best of your knowledge. If you do not, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid.

Proposer Details	
Full name or trading title:	
Correspondence address:	
Address of property to be insured:	
Please confirm in what country the proposer is domiciled:	
Property Details	
Type of property (i.e. – shop, office, etc):	
What year was it built?	
If the property is listed, please advise what grade:	
Is there a lift installed within the property? If so, please confirm whether it is switched off or isolated:	
Unoccupancy Details	
How long has the property been unoccupied?	
What are the circumstances behind the unoccupancy?	
For how long do you anticipate the property to be unoccupied?	
What are your intentions for the property for the future?	
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How often is the property visited/inspected?	
Are any surrounding properties also unoccupied?	Yes No
Have any emergency services attended the property whilst it has been unoccupied? If so, please provide details:	

Refurbishment/Renovation Details

measures have been put in place as a result:

Is the property to undergo any renovation, refurbishment or redecoration during the period of the insurance? If so, please provide full details including the value of the works:

Is planning permission required?	Yes No
Has planning permission been obtained?	Yes No
What is the anticipated duration of the works?	
Is the property to undergo any structural extensions, conversions or basement work?	Yes No
Is any part of the property to be demolished?	Yes No
Construction & Maintenance Details	
Is the property in good state of repair?	Yes No
Will the property be maintained in a good state of repair throughout the period of insurance?	Yes No
What is the construction of the property?	
Floors:	
Walls:	
Roof:	
What percentage of the roof is flat?	
Are the following services switched off? Electricity: Yes \(\Bigcap \) No \(\Bigcap \) Gas: Yes \(\Bigcap \) No \(\Bigcap \) Water: Yes \(\Bigcap \) No \(\Bigcap \)	
If no, please advise why they are not:	
Has the property ever suffered from subsidence, landslip or heave?	Yes No
Are there any signs of damage to the property or surrounding properties which could be attributed to subsidence, landslip or heave?	Yes No
Is the property being monitored for movement relating to subsidence, landslip or heave?	Yes No
Has the property ever been underpinned?	Yes No
Are there any trees within 7 metres of the property which are more than 3 metres tall?	Yes No
Has the property ever been flooded? If yes, please provide full details including if any prevention	

Security Details Please provide full details of existing physical security including (but not restricted to) the following: Yes No whether all external doors are fitted with five lever mortice deadlocks or multi-point locking systems? Yes No No whether any patio doors are fitted with central locking device with key operated bolts top and bottom? Yes No whether all opening windows are fitted with window locks? Yes No whether perimeter fencing is in place? Yes No whether the property is fitted with roller shutters, grilles or bars? Yes No whether all external doors and windows at the property have been professionally boarded-up? Is the property protected by an intruder alarm? If so, please advise the type of signalling and whether it is under an annual maintenance contract with an NSI/SSAIB approved contractor? Any other additional information regarding security: **Personal/Business History** Have you, the insured or any partner, director or officer in your business: Yes No Ever been convicted of or is any prosecution pending for any offence of any kind? Yes No Ever been declared bankrupt? Yes No No Ever been involved with a company that has gone into liquidation, receivership or administration? Yes No Ever had any county court judgments or held any arrangements with creditors that are outstanding? Yes No Ever had insurance declined by any insurer? Yes No Ever had the renewal of insurance refused by any insurer? Yes No Ever had insurance cancelled by any insurer? Yes No Ever had special terms imposed by any insurer?

If you have answered Yes to any of the questions, please provide full details:

Claims Experience

Have you, the insured or any partner, director or officer in your business suffered	any loss or incurred any liability (whether insured or not)
during the past 5 years relating to the business or in a personal capacity? Please $$	e provide full details if you have.

Insurance Cov	ver Required at the sums insured provided by you are sufficient as the	ne consequences of being underinsured ca	ın be significant
Section One – Bu	uildings		
	otal cost to rebuild the property d fees such as architects, surveyors, debris removal, etc)	£	
Section Two – Co	ontents		
	ull cost of replacing as new any goods within the property are legally liable for:	£	
Please select the le	evel of cover you require:		
Fire, Lightning, Earl	thquake, Explosion, Aircraft only (FLEEA)		Yes No
Full Perils			Yes No
Standard excesses	are as follows:		
FLEEA	£500		
Full Perils	£500 all perils, increasing to £1,000 for Subsidence		
Please advise if you	u wish to increase all excesses to £5,000 in order to receive a	discounted premium	Yes No
Section Three -	Property Owners Liability		
Please advise if you	y provided with a $£2,000,000$ limit of indemnity any one loss. u wish to increase this to $£5,000,000$ (and note that an additioquired for this increase)	nal	Yes No

Any additional information relating to any answer provided on this form

Disclosure

You are reminded of the need to answer the questions fully and truthfully to the best of your knowledge. If you do not do so, your insurance cover may not protect you in the event of a claim and your insurance may be invalidated.

If you are in any doubt about whether to provide information when completing this form, please provide the information or consult your broker for guidance.

Declaration

I declare that the information given in this proposal form and any supplementary questionnaires is to the best of my knowledge and belief, correct and complete and that I have read the Disclosure section above.

I understand that the information given in this proposal form and any supplementary questionnaires does not bind me to complete the insurance and that the insurance will not be in force until this proposal has been accepted by Focus. I agree that the completed proposal and any additional information provided will be the basis of a contract between me/us and Watford Insurance Company Europe Ltd.

By signing this declaration I agree to my/our personal details and those of any persons to be insured being passed to subscribing insurers (or anyone acting on their behalf) solely for the purpose of underwriting, administration and claims handling of any policies issued following my/our completion of this proposal form.

I declare that the answers I have provided are truthful to the best of my knowledge and that I have not withheld any information which may influence the acceptance of this proposal. I understand that if any of the answers are later found to be untrue, inaccurate or intended to mislead the insurers, the insurers will be entitled to declare this insurance invalid and not pay claims in part or in full.

Signature on behalf of proposer

Date