

Contractors Own Premises 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:

.....

Date business was established:

Is this a Phoenix Company? Yes No

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.

.....

.....

.....

.....

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 been previously involved with a management buyout?	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
--	-----	----

Have any of the directors or partners of the business got any CCJ's?	Yes	No
--	-----	----

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

.....

.....

.....

.....

.....

2. Business activities

Please describe the use of your premises, eg office

.....

.....

.....

Contractors Own Premises Fact Find **continued**

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

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

Contractors Own Premises Fact Find **continued**

3. Sums insured

a. Material Damage

Sums insured	Property 1	Property 2	Property 3
Buildings:	£	£	£
Tenants improvements:	£	£	£
General contents:	£	£	£
Stock:	£	£	£
Stock in the open:	£	£	£
Non ferrous metals:	£	£	£
Computers:	£	£	£
Tools:	£	£	£
Other (please specify):		
	£	£	£
Other (please specify):		
	£	£	£
Do you want sprinkler leakage cover?	Yes No		
Do you require subsidence cover?	Yes No		
Is Terrorism Cover required?	Yes No		

b. Business Interruption

Sums insured

Estimated gross profit	£
Gross rentals	£
Cost of document replacement	£
Outstanding debit balances	£
Increased cost of working	£
Additional increased cost of working	£
Indemnity period for any of the above Months

c. Goods In Transit

Own vehicles

Any one load	£
Number of vehicles

Third party carriers if applicable

Limit any one load	£
Estimated annual carryings	£

Contractors Own Premises Fact Find **continued**

d. Glass

Would you like to include damage to signs, if so what sum insured £

e. Specified All Risks

Item description	Geographic limit – Premises UK, EU, Worldwide	Sum insured
.....	£
.....	£
.....	£
.....	£

5. Last 5 years claims history

Type of claim: Paid £ Outstanding £

Description of claim:
.....

Type of claim: Paid £ Outstanding £

Description of claim:
.....

Type of claim: Paid £ Outstanding £

Description of claim:
.....

Please outline any Post Loss actions taken as a result of previous claims

Description:

Description:

Description:

Contractors Own Premises Fact Find **continued**

Notes – please add any additional information here

This image shows a full page of white paper with horizontal dotted lines. The lines are evenly spaced and run across the width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the page.

Signature (Signed by or on behalf of the proposer):