

Office Policy Proposal

You can complete this form on-screen and e-mail it to your insurance broker or adviser. Simply click the cursor to the right of 'trading name' below then use the 'tab' key to move through the form. Alternatively, print out the form, complete it manually and post or fax it to your insurance broker or adviser.

Company or trading name		
Names of any wholly owned subsidiary companies		
Contact name		
Address		
Town/City		
Telephone	Fax	Post code
E-mail	Website address	
Full description of business		

1 Is the building in which your office is situated:

use cursor to select appropriate boxes

- a Occupied solely as offices? Yes No
- b Built of brick, stone or concrete and roofed with slates, tiles, concrete, metal or asbestos? Yes No
- c In a good state of repair and will it be so maintained? Yes No

If you have answered 'NO' to any of these questions, please provide further information here:

2 Is any work undertaken other than clerical duties?

Yes No

If 'YES' please provide further information here:

3 Cover required

Your Barbican Office policy automatically includes cover for Money, Employers' Liability and Public and Products Liability. Please insert the values you require for the following:

Office contents	£	
Book Debts	£	
12 months Income	£	
Indemnity Period Minimum 12 months, maximum 36 months		months

Your 12 months Income figure will be proportionately increased to reflect a longer Indemnity Period

Excess Please select the level required	£ 150 standard <input type="checkbox"/>	£250 <input type="checkbox"/>	£500 <input type="checkbox"/>	Other £ <input style="width: 80px;" type="text"/>
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4 Extensions to basic cover

- a Buildings
Cover can be extended to include your office buildings and/or tenants improvements.
Do you require this extension? Yes No

Please state amount of cover required Buildings

Tenants Improvements

- b Terrorism
Cover can also be extended to include terrorism. Do you require this extension? Yes No
- c Subsidence
Cover can also be extended to include subsidence. Do you require this extension? Yes No

5 General questions

Have you or any principal in the business or any company in which you or such principal have or have had an interest

- a Ever been refused insurance or had any special terms or conditions imposed by any insurer? Yes No
- b Sustained any loss or had any claim made against you whether insured or otherwise, in respect of any of the insurances required at this or any previously occupied office during the last 5 years? Yes No
- c 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
- d Been declared bankrupt, the subject of bankruptcy proceedings or of any voluntary or mandatory insolvency or winding up procedures? Yes No
- e Ever held insurance for the risks currently proposed for? Yes No

If you have answered 'YES' to any of these questions, please provide further information here:

Date from which cover is required D/M/Y

Disclosure

You are not required to disclose convictions regarded as 'spent' by virtue of any rehabilitation of offenders legislation. Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us. We recommend you keep a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or will perhaps invalidate the policy. We reserve the right to decline any proposal.

Data Protection

By accepting this insurance you consent to Barbican using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with relevant Data Protection legislation. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Important – Office Policy Statement of Fact

By accepting this insurance you confirm that the facts contained in the proposal form are true. These statements, and all information you or anyone on your behalf provided before we agree to insure you, are incorporated into and form the basis of your policy. If anything in these statements is not correct, we will be entitled to treat this insurance as if it had never existed. You should keep this Statement of Fact and a copy of the completed proposal form for your records.

Signature if submitting hard copy

Name

Date D/M/Y



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St Peter Port Guernsey GY1 1BR
Telephone +44 (0)1481 750400
www.barbicaninsurance.co.gg

Return completed form to

BROKER/ADVISER DETAILS

Use stamp or insert contact details above