

application form

COMMERCIAL PACKAGE – SURGERIES



Version 2

To Ecclesiastical Insurance Office plc, Beaufort House, Brunswick Road, Gloucester GL1 1JZ.

Answers to the following questions and any additional details presented to the Company assist us in the assessment of the risk. You must let us know all material facts relevant to this insurance. Failure to do so could result in you not being insured and claims being refused. Material facts are those which would be likely to influence an insurer's consideration of the application. If you are in any doubt as to whether a fact is material you should include it. You should keep a record (including copies of letters) of all information supplied to the Company in connection with this insurance. A copy of this application form is available on request within three months of completion. A specimen policy document is also available.

Please complete in BLOCK CAPITALS and tick where indicated and use additional sheets if necessary.

Applicant details**1 Name of Applicant(s)**

Please clearly define all parties to be insured identifying any holding/subsidiary company relationships.

2 Trading name

3 Postal address

| | |
|----------------------|-----------|
| <input type="text"/> | |
| <input type="text"/> | |
| Postcode | Telephone |
| Email | Website |

4 Date upon which the insurance is to commence

Note: unless we have confirmed otherwise, no insurance will be in force until we have accepted this application.

Business details**1 Address of surgery to be insured**

| | |
|----------------------|-----------|
| <input type="text"/> | |
| <input type="text"/> | |
| Postcode | Telephone |

2 Please state the length of time the business has been operating under your management at

(a) this premises? (b) any other premises?

3 Is the business VAT registered?

| | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

4 Number of employees

5 Estimated annual turnover of the business

£

6 Estimated annual wagheroll

Please complete the following table

| Occupation/nature of work undertaken | Number | Estimated annual wagheroll |
|---|--------|----------------------------|
| Doctors/veterinary surgeons/dental surgeons | | £ |
| Alternative medical professional | | £ |
| Laboratory technicians | | £ |
| Dental/veterinary assistants | | £ |
| Practice nurses/dental hygienists | | £ |
| Physio/speech therapists | | £ |
| Other support staff | | £ |
| Clerical/administrative/receptionist | | £ |
| Caretaker | | £ |
| Cleaner | | £ |
| Maintenance | | £ |

7 Your business

It is most important that you give us a complete picture of your business and the activities that are carried out. Use the following box to tell us about your business

8 In the table below, please give details of the owners, principals, directors and partners of the business

Please note: in the event of a partnership, we must know the names and dates of birth of all partners. Continue on a separate sheet if necessary.

| Name | Occupation | Date of birth | Qualifications/Experience (including any current or previous business experience) |
|------|------------|---------------|---|
| | | | |
| | | | |
| | | | |

Property damage

1 Sums to be insured

(a) Buildings

 £

This is the cost of rebuilding the insured property – not the market value. Include: the buildings, including landlord's fixtures and fittings, outbuildings, walls, gates and fences, piping, ducting, cables, wires and associated control gear and accessories on the premises and extending to the public mains (but only to the extent of your responsibility), yards, car parks, roads and pavements, storage tanks, swimming pools and associated apparatus. Also allow for any fees which may be incurred eg architects' and surveyors' fees, legal charges, the cost of removing debris and of meeting EU legislation and public authority requirements.

(b) Tenant's improvements and decorations

 £

For which you are responsible.

(c) Contents

 £

Include all business contents and equipment except items to be listed in computer equipment/drugs/ 'all risks' below. Computer systems records are included up to 5% of the sum insured you select for contents.

(d) Computer equipment

 £

Include all computer equipment such as PCs, printers and scanners.

(e) Drugs, vaccines, medicines and samples (£5,000 standard)

 £

(f) 'All Risks' away from the premises

 £

If you require 'all risks' out-of-premises cover for your portable contents, list them here (if you list items here, do not allow for them in item (c) Contents, above)

| Item description | Location (UK, Europe, Worldwide?) | £ |
|------------------|-----------------------------------|---|
| | | |
| | | |
| | | |

2 Please state the year the premises were built

(give an approximation if you don't know the exact year)

3 Are these premises listed?

 Yes No

If 'Yes' please state

Grade I Grade II* Grade II Other

4 Please state the number of storeys in height of the premises

5 Are the premises

(a) purpose built for their current usage?

 Yes No

(b) converted to their current usage?

 Yes No

6 Are the external walls and roof coverings of the premises constructed solely of brick, stone, concrete, slates or tiles?

 Yes No

If 'No' please give details

7 (a) Has the fire authority inspected the premises? Yes No

(b) Have you completed all the fire authority requirements? Yes No

If 'No' please list outstanding requirements

8 Are the premises protected by an intruder alarm or fire alarm? Yes No

If 'Yes' please give details of alarm

9 Flood risk

(a) Does the land bounding the property contain any watercourses, ponds, lakes, other areas of water, quarries, mineral extraction pits, mines, caves or tips? Yes No

(b) Is the property on a site which has suffered from flooding at anytime in the past 10 years? Yes No

If 'Yes' to either (a) or (b) please give details

10 Glass

Is any of the glass to be insured not of ordinary glazing quality eg stained, bent or ornamental? Yes No

If 'Yes' please provide the following details

| | |
|--|---------------------------------|
| Type of glass: | Approximate replacement cost: £ |
| Approximate percentage of the above, relative to all glass at the premises | % |

11 Do you require cover for subsidence, heave or landslip? Yes No

If 'Yes' please answer the following

(a) Has any part of the property ever been affected by movement of any kind, for example subsidence, heave, landslip or settlement? Yes No

(b) Has the property been underpinned or provided with other means of structural support? Yes No

(c) Is the property situated on made-up ground, underground workings or near a cliff? Yes No

If 'Yes' to any of (a) to (c) above, please give details

12 Do you require cover for terrorist damage?

Yes

No

13 Are any additional interests to be noted on the policy such as bank, mortgagee, freeholder or lessor?

Yes

No

if 'Yes' give names, addresses and nature of interest

Business interruption

1 Indemnity period required

12 months (standard)

18 months

24 months

36 months

Note: the indemnity period should represent the time it would take to get your business back to normal trading after a loss.

2 Tick which option you require and complete as necessary

(a) Loss of revenue

Yes

No

including additional costs incurred to reduce loss of revenue

Sum insured

£

This should represent your anticipated income, less an amount for any costs that you would not incur whilst the business was not operating eg the cost of food and drink etc. If your selected indemnity period is greater than 12 months, increase the sum insured in proportion remembering to allow for factors such as increases in fees and expansion of the business.

(b) Additional cost of working only

Yes

No

no revenue cover

Sum insured (minimum £10,000)

£

This should cover all your costs in continuing to operate for the duration of the indemnity period eg the cost of moving to, and operating from, temporary premises.

3 Do you require cover for terrorist damage?

Yes

No

Liabilities

1 Public and products liability – please tick indemnity limit required

£2,000,000 (standard)

£5,000,000

2 Health & safety

(a) Do you have a written Health & Safety policy?

Yes

No

(b) Who is responsible for Health & Safety matters?

| Name | Position |
|-------------------------|----------|
| Relevant qualifications | |

Legal expenses

If you choose to include legal expenses the standard cover provides up to £100,000 for: employment disputes, compensation awards and service occupancy, legal defence, property protection and bodily injury, tax protection.

1 Is Legal expenses insurance required?

If 'No' leave the next questions and proceed to Money with assault extension section.

Yes No

(a) Are any redundancies envisaged in your business within the next 12 months?

Yes No

(b) In the last 3 years have you been taken over by, merged with, acquired or disposed of any companies or made significant changes to your business activities, or are any such developments currently under consideration?

Yes No

(c) Have you or any director, partner, employee or representative ever been involved in any action, legal dispute, prosecution, dispute with or investigation/inquiry by HM Revenue & Customs or DSS review in connection with any company, business or firm with which any of you have been involved (excluding driving offences)?

Yes No

If 'Yes' to any of (a) to (c) above, please provide full details

(d) In addition to the standard Legal expenses cover, we can also provide cover for the following. Please tick if required

Contract disputes and debt recovery

Statutory licence protection

If required please complete the following

(i) What is your maximum credit limit? £

(ii) What is the maximum credit period allowed?

(iii) Please give full details of your credit control procedures

(iv) What is the credit limit allowed without credit checks being carried out? £

(v) Please state the total

Amount of debt within the last financial year

£

Average size of debts

£

Amount recovered

£

Cost of recoveries

£

(vi) Please give the name and address of any outside agency used for the collection of outstanding debts

Money with assault extension

1 (a) Does the maximum amount in the premises during working hours or in transit exceed £2,500?

Yes

No

(b) Does the maximum amount in the safe(s) overnight exceed £1,000?

Yes

No

If 'Yes' to either (a) or (b) please give details

(c) Please give details of make, model and age of each safe

| Make of safe | Model | Age | Location and how fixed | Maximum contained |
|--------------|-------|-----|------------------------|-------------------|
| | | | | |
| | | | | |

Personal accident

1 Do you require personal accident cover?

Yes

No

if 'Yes' please complete the following table

| Persons to be insured complete only the categories you require | Yes or No If yes → | Number | Description of duties | Whilst at work only | 24 hour cover | No. of units per person* |
|---|-----------------------|--------|-----------------------|---------------------|---------------|--------------------------|
| All full-time permanent staff | | | | | | |
| All part-time permanent staff | | | | | | |
| Named persons insert name and position | | | | | | |

*1 unit provides £2,500 in permanent disablement benefits, £25 per week for temporary total disablement. The maximum number of units you can choose is 10.

**2 To the best of your knowledge and belief are all the persons to be insured
(a) in good physical and mental health?**

Yes No

(b) free from any physical disability or infirmity?

Yes No

If 'No' to either (a) or (b) please give details

General questions

1 Do you comply with all legislation relevant to your business, including where necessary registration with the appropriate controlling bodies eg Local Authority, Health & Safety at Work etc Act 1974?

Yes No

If 'No' please give details

2 Are the premises in a good state of repair and will they be so maintained?

Yes No

If 'No' please give details

3 Have you previously traded under another name?

Yes No

If 'Yes' please give details

4 In respect of the risks to be insured whether at these premises or elsewhere has any

(a) loss, damage, injury or liability arisen during the past 5 years whether insured or not?

Yes No

(b) company or underwriter declined to issue or renew a policy or imposed special terms?

Yes No

If 'Yes' to either (a) or (b) please give details

5 Have you or any director, partner, employee or representative ever been

(a) prosecuted under the Factories Act 1961 or the Health & Safety at Work etc Act 1974 or any similar legislation?

Yes No

(b) served with a Prohibition Notice under the Health & Safety at Work etc Act 1974?

Yes No

If 'Yes' to either (a) or (b) please give details

6 Have you or any director or partner ever

(a) been convicted of (or charged with but not yet tried for) any offence other than a driving offence?

Yes No

(b) been declared bankrupt or the subject of bankruptcy proceedings, liquidation, appointment of administrative receiver or administrators or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved?

Yes No

(c) had any County Court Judgments made

(i) against you in a personal capacity?

Yes No

(ii) against any company, business or firm in which any of you have been involved as a director or partner or in a similar capacity?

Yes No

If 'Yes' to any of the above please give details

7 Security

(a) are the premises secured in accordance with our minimum security requirements fact sheet?

Yes No

(b) if no, will the necessary measures be undertaken within 4 weeks of the cover commencing with us?

Yes No

8 Disclosure of additional material facts

Please read the paragraph about material facts which appears at the head of this application form. If there are any material facts that have not been covered by the questions set out above you must disclose them to us. Please use the box below.

9 Have you been supplied with a summary of cover in respect of this insurance?

Yes No

Law applicable

It is our intention to apply the law of England and Wales to your insurance contract unless the policyholder’s habitual residence (in the case of an individual) or central administration and/or place of establishment is located in Scotland in which case the law of Scotland will apply. If there is any dispute as to which law applies, it will be English law.

Declaration

**I/We confirm that as far as I am/we are aware the statements made by me/us or on my/our behalf in connection with this insurance are true and complete.
I/We agree to accept a policy in the Company’s usual form for this class of business.**

Name(s)

Signature(s)

Position(s)

Date

Charity
Care
Heritage
Education
Nurseries
Commercial bespoke
Property Owners
Flats
Motor fleet
Household

For further information on any
of our products, please speak to
your insurance broker.

Or visit us at

www.ecclesiastical.com



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