

Risk Presentation Form Basics

Unsurprisingly, this is the fundamental information we need to ingather to transact your insurances appropriately, compliantly and legally.

Please pay particular attention to making sure the legal designation of the business is correctly recorded (including subsidiaries). The PAYE reference number is essential.

Who is completing this Form:

Your Role:

Business Name:

Trading Name:

Phone number:

Email:

Correspondence Address:

Correspondence Postcode:

Risk Address (if different):

Risk Postcode (if different):

Company Registration Number:

Employee PAYE Reference Number:

From what date would you like the cover to start:

In which sector/industry is your business based:

Construction
 Food, Drink & Entertainment
 Property Owner
 Manufacturing
 Profession
 Retail
 Service
 Landlord
 Other

What is the Legal Status of this business:

Limited Company
 Sole Trader
 Partnership
 Unincorporated Association (i.e. Club or voluntary Group)
 LLP (Scotland)
 LLP Company



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If you, selected "Other" in regards to your businesses Sector/Industry could you tell us more to help us assess your Sector and Industry here, this could include some processes or anything which makes your business unique:

From whom are we permitted to accept instructions in relation to the proposed insurance:

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Risk Profile

The questions below give us an understanding of your business and an insight into what might affect your ability to trade.

In your view, on a scale of 1 (No Effect/Minimal Impact) - 5 (Major Impact/ Cease Trading) how much would your business be affected by:

Physical Damage at the Premises *(Fire/Flood etc)*:

1 2 3 4 5

Inability to trade following Physical Damage *(Fire/Flood etc)*:

1 2 3 4 5

Inability to trade following Information Technology Failure:

1 2 3 4 5

Accidents at work causing staff illness or injury *(Including loss of key personnel)*:

1 2 3 4 5

Accidents involving injury, illness or damage caused by your business to members of the public or third party property:

1 2 3 4 5

Injury, illness or damage caused by products you sell:

1 2 3 4 5

Disruption and inability to trade following a cyber attack or accidental loss of data:

1 2 3 4 5

Management failure in relation to Health and Safety, employment disputes or behaviour that causes fines, imprisonment and shareholder reaction:

1 2 3 4 5

The theft or misuse of your intellectual property:

1 2 3 4 5

Being sued for a lack of provision of/or provision of negligent or erroneous advice:

1 2 3 4 5

Loss of cargo/stock on the high seas or other forms of transit:

1 2 3 4 5

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Business history

This section deals with the trading and insurance history of the business and any subsidiary companies. Under 'Previous claims and incidents' please make sure you confer with senior colleagues and the company accident book to make sure all and any potential claims are revealed.

There have been countless disputed claims over inaccurate, misleading or unrevealed company insurance history and we do not want that to happen to any of our clientele.

How long approximately has the business traded:

Years at this Risk Address:

Years at another address:

Cancellations, Refusals & Declinatures

Has any insurer declined to accept, cancelled or refused to continue any insurance of this nature with the proposer: Yes / No

If yes, please provide details:

Prosecutions & Convictions

Has the Business ever been prosecuted under the Factories Act 1961, Health & Safety at Work Act 1974, the Consumer Protection Act 1987 or any other statutory regulations: Yes / No

If yes, please provide details:

Current Insurance

Do you have a current insurance policy: Yes / No

If yes, please provide:

Insurer: Renewal Date:

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Previous Claims & Incidents

Are there any incidents or losses that would give rise to a potential claim within the last five year's:

Yes / No

If you have had any insurance claims or incidents that would give rise to a potential claim, please list them below (Excluding Motor Claims):

Date	Type	Circumstances	Settlement	Outstanding

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People

This is one of the most important and challenging sections of this form.

It requires asking personal information of all owners, director's partners and senior management who control the business.

Understandably, some people may think this intrusive; however the history of the individuals running the business obviously affects the risk appraisal of the insurers or underwriters. The danger is that something is not revealed later turns out to be significant after the claim has occurred.

This covers everything from County Court Judgements to unspent criminal convictions and personal insurance history.

We are at pains to reassure you that we are not being unnecessarily nosy, merely trying to reveal everything so that an insurer cannot retrospectively claim 'they did not know' and that knowing was important to their understanding of the risk.

We do not want to give the insurer or underwriter the ability to make a choice about whether or not to pay your claim, so the more we reveal the less choice they will have. If you give the insurer an open goal, they will put the ball in the net 1,000 times out of 1,000.

It is extremely unlikely that whatever is revealed will make it impossible to insure, but the premium required or the terms terms might vary.

Has any Principal, Partner or Director or any senior management ever been declared bankrupt, or been in a business that has been sequestrated, liquidated or placed into administration:

Yes / No

If Yes, please provide details:

Has any Principal, Partner or Director or any senior management ever had an insurance proposal declined:

Yes / No

If Yes, please provide details:

Has any Principal, Partner or Director or any senior management ever been charged with a criminal conviction (excluding motoring convictions):

Yes / No

If yes, please provide details:

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Has any Principal, Partner or Director or any senior management ever been subject of a County Court Judgement an Involuntary Arrangement, a Company Voluntary Arrangement or a Sheriff Court Decree:

Yes / No

If Yes, please provide details:

Has any Principal, Partner or Director ever been subject to a recovery action by Customs and Excise or Inland Revenue:

Yes / No

If Yes, please provide details:

Has any Principal, Partner or Director ever been served with a prohibition or improvement order under health and safety legislation:

Yes / No

If Yes, please provide details:

Has any Principal, Partner or Director ever been disqualified from holding company directorship:

Yes / No

If Yes, please provide details:

Claims History for individual Principal, Partner, Director or Senior Management

Please note the following question is about the insurance history of the individuals owning, controlling or running the business either in their personal capacity or other business interests (i.e. other directorships, past or present).

Has any Principal, Partner or Director or any senior management sustained any insurable/ physical loss or damage during the last five years in a personal or business capacity in excess of £5,000:

Yes / No

If Yes, please provide details:

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Please provide details of Claims Experience of people from within the business over the last five years:

Date	Type	Circumstances	Settlement	Outstanding

Declinatures

Has any insurer refused to continue, cancel or decline insurance cover for any Principal, Partner or Directors or senior management of the Business:

Yes / No

If Yes, Please provide details:

Convictions

Some convictions are regarded as 'spent' under the terms of the Rehabilitation of Offenders Act 1974 and need not to be disclosed in applying for insurance. If you are in doubt about whether a conviction is 'spent' please provide any detail's you have for review.

Has any Principal, Partner or Director or Senior Management ever been convicted of or charged (but not yet tried) with arson or any offence involving dishonesty of any kind (e.g. fraud, robbery, theft or handling stolen goods):

Yes / No

If Yes, please provide details:

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Premises

This is an exploration of the physical premises you operate from and includes matters of construction, security and suchlike.

It's fairly straight forward though you'll need to know about your own systems around security, fire safety and so on.

What is the property used for:

Are you the Sole Occupier of this Risk Address: Yes / No

Are adjoining properties occupied: Yes / No

Are there any unoccupied areas at the Risk Address: Yes / No

If you selected you are **Not the Sole occupier at the address**, please provide details of other occupants:

If you selected **adjoining properties are Occupied**, please provide details of other properties:

If you selected there were **Unoccupied area's at the location**, please provide details of other properties:

If there are operational businesses **surrounding/ above or below your premises**, please list the trades these businesses operate in:

Fire Prevention

Has a Fire Risk Assessment been carried out on your premises: Yes / No

If so, when was it carried out:

Can you confirm if the premises have appropriate fire extinguisher's: Yes / No

Are these subject to an annual maintenance contract: Yes / No

Do the premises have a sprinkler system: Yes / No

Do the premises have a fire alarm system: Yes / No

Is the fire alarm system linked to remote alarm signalling: Yes / No

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Do the premises have a smoke detection system:

Yes / No

Is this linked to remote alarm signalling:

Yes / No

Do you have a closing procedure:

Yes / No

As part of your closing procedure do you ensure that there are no smouldering matches, tobacco or hazardous materials within the premises:

Yes / No

Upon Discovery of such materials are the potential hazards dealt with:

Yes / No

Flood

Have there been any cases of Flood at the premises or in the vicinity:

Yes / No

If Yes, Please provide details on any flooding at the premises:

Construction

What is the Roof made of:

What are the walls made of:

What is the floor made of:

If you selected "Other" for "Roof Construction Material" Please provide details:

Is any part of the roof flat:

What % of the roof is flat:

Maintenance

State of repair:

Age of premises:

No of storeys in total:

Storeys occupied by you:

Is the building:

Is there composite panelling:

Yes / No

If there is composite panelling What is the Composite Panelling infill:

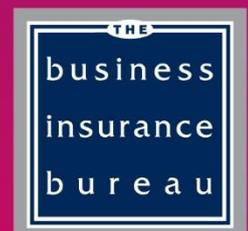
What % is composite panelling:

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Subsidence

Are there any subsidence issues at the property or in the area that you are aware of:

Please provide details: Yes / No

Basement

Is there is a basement: Yes / No

Is the basement used: Yes / No

stock kept in the basement at least 10cm off the floor: Yes / No

Do security measures extend to the basement: Yes / No

Please provide details about stock and usage of basement:

Electrical Installation

When was the electrical system installed:

Do you have a valid NICEIC electrical inspection condition report for your premises: Yes / No

When was the NICEIC electrical inspection condition report issued:

Do you have a valid PAT test certificate for your premises: Yes / No

When was the PAT test certificate issued:

Heating

How are the premises heated:

Are there any gas or paraffin portable heaters on the premises: Yes / No

If Yes, Please provide details on any gas or paraffin portable heaters:

Physical Security

Please complete the following questions, solely in relation to security directly and completely under your control. Please advise how each of the following are protected:

Do your locks comply to British Standards 263 (BS263): Yes / No

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Please indicate which security measures are in place at each area on the list below:

	Alarm Contact	Locks	Grills	Bars	Bolts	Shutters
Final Exit Door						
Rear Exit Doors						
Fire Door						
Windows						

Is there a fire resistant cabinet in the premises: Yes / No

Passive Security Systems

Is there a burglar alarm installed on your premises: Yes / No

Is the alarm installer registered with NICEIC: Yes / No

What is the name of the installer:

Is your alarm under an annual maintenance contract: Yes / No

Who Maintains the alarm system:

Does the alarm system communicate externally: Yes / No

Method of signalling:

Please provide details:

CCTV

Is there a CCTV system fitted to the premises: Yes / No

Is there an external local authority CCTV system in the vicinity: Yes / No

Please advise of any other security measures not under your direct control (e.g. security patrols, guard dogs etc):

Waste

How often is waste removed from the premises:

How far from the premises is the waste stored:

Is the removed waste kept in metal containers: Yes / No

If not kept in metal containers how is waste stored:

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Deterioration of Stock

Are all refrigerated units subject to an annual insurance maintenance contract:

***Please be aware without a maintenance contract in place the stock will not be insurable*

Yes / No

Money

Is cash kept on the premises:

Yes / No

How much cash is kept at the premises:

Is Money moved between your premises and the Bank:

Yes / No

How much is usually moved:

How often:

By how many people:

Do you take cash home:

Yes / No

**Please be aware only monies directly moved between your premises and the bank will be covered by your insurances.*

Safe Details

Do you have a safe:

Yes / No

Make/ Model:

Insurance Rating (if known):

How much money is kept in the safe at peak trading overnight:

Forklifts

Do you use forklifts:

Yes / No

How many forklifts are in operation:

Are your forklifts used on public highways:

Yes / No

Are forklifts:

If you have charging stations are they charged overnight:

Yes / No

Are the charging stations at least 5m from any combustible materials:

Yes / No

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Process

This deals with the work you do and the way that you do it. As it's a universal form, some parts may not apply to your business.

Business Activities

Please provide a full description of business activities:

Are there any manufacturing processes carried out on the premises: Yes / No

What manufacturing processes are carried out:

Are there any flammable oils or other hazardous goods stored or used on the premises:

Yes / No

Please provide details:

Does your business involve the use of Frying and Cooking Equipment:

Yes / No

Can you confirm that the cooking and frying range are at least annually serviced by a professional specialist gas and or electrical contractor:

Yes / No

Who services it:

Can you confirm how often the kitchen extract system, motor and ducting are cleaned by a professional specialist contractor:

3 months 6 months 9 months Annually

Who cleans it:

Do you have a valid duct cleaning certificate:

Yes / No

Date of last certified clean:

Do you Deliver Food:

Yes / No

Are your Drivers: Employed Agency Self Employed

Can you confirm you carry out an annual license check for drivers:

Yes / No

Can you confirm your delivery drivers are adequately insured to deliver food on behalf of the business:

Yes / No

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What type of vehicles are utilised to deliver food on behalf of the business:

- Pedal Cycles
- Motorised pedal cycles
- Motorbikes/scooters
- Cars
- Vans

How do you verify delivery drivers are adequately insured:

Alcohol License

Does the business hold an alcohol license to operate: Yes / No

Please provide details for premises licence holder and manager licence holders within the trading business:

To your knowledge, have there been any objections to the premises having a license during the last five years: Yes / No

Please provide details:

Have the present owner of the business or managers within the trading business been refused a license at any time: Yes / No

Please provide details:

Are there any circumstances known to the proposer that might prejudice the continued holding of a license: Yes / No

Please provide details:

Do you employ Door Stewards: Yes / No

Are they: Employed Agency Self Employed

Does the Noise level in your premises exceed 85 Decibels: Yes / No

Is there a dance floor within your premises: Yes / No

If yes, how often is the dancefloor used, type of functions:

Are acts of a sexual nature performed as an act of entertainment within your premises

Yes / No

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If yes, please provide details:

Do you ensure that anyone working on your premises has at least a £5 million limit of indemnity on their public liability insurance: Yes / No

How often do you check this is the case: At Project Start Annually

Employee Exposure

Do your activities expose your employees to any of the following: excessive noise, working at height or depth, power driven machinery or heat work:

Excessive noise (higher than 80 decibels): Yes / No

Working at height (above 10 Meters): Yes / No

Working at depth (below 1 Meters): Yes / No

Working with naked flame (away from premises): Yes / No

Power Driven Machinery: Yes / No

High Risk Locations Including Airports, Offshore Installations, Dams, Quarries, Railways, Nuclear Power Stations: Yes / No

Goods transported within the UK

Do you collect or deliver stock: Yes / No

If so, do you use you own vehicles: Yes / No

What types of vehicles do you use: Private Company Employee

Are employee vehicles insured for business use: Yes / No

How do you verify employee vehicles are insured for business use:

If so, how frequently are your/employee vehicles used:

What is the maximum value in any one consignment:

How many vehicles are in your care, custody or control:

Do you use couriers: Yes / No

If so, how frequently are couriers used:

What is the maximum value in any one courier consignment:

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Import/Export

Do you: Import Export Both

Please provide information on the turnover generated by the business in the following geographic locations:

Region	Import Expenditure	Export Turnover
European Union		
North America / USA		
Rest of World		

What are your sending methods for Goods: Land Sea Air

Do you have any representation outside the United Kingdom: Yes / No

Import

When Importing do you have legal recourse against manufacturers: Yes / No

Export

If so, do you give advice in connection with products supplied: Yes / No

Please provide details:

Have you supplied any goods or services for the nuclear, aerospace, marine or offshore industries: Yes / No

Please provide details:

Pollution

Does your business result in any impairment of the environment e.g. chemical effluents, fumes etc: Yes / No

Please provide details:

Does your business involve the use of toxic and/or hazardous goods, materials, substances and/or waste: Yes / No

Please provide details:

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Have you ever been fined/ cautioned/ prosecuted by any environmental agency:

Please provide details:

Yes / No

Computers & Data

Do you require insurance protection for the financial consequences of a data loss/breach (Cybercrime):

Yes / No

Is the data and maintenance of your computer software and hardware managed by an IT company:

Yes / No

Please provide the name of the company and business details of whom manage your IT and Data services:

No Managed IT Provider

Please provide answers to the following:

Do you have security controls in place (Antivirus/Malware Protection, Firewalls, Network Access Controls):

Yes / No

Do you have backup and recovery procedures in place for all mission critical systems, data and information assets:

Yes / No

Do you have processes in place for managing and installing patches on all systems and assets:

Yes / No

Do you have processes in place to ensure that all confidential data is encrypted on all portable devices:

Yes / No

Do you store more than 100,000 records containing personally identifiable information:

Yes / No

Do you have any knowledge of any security failure, operational failure or data breach that would otherwise have been the subject of a claim or loss under a Cyber policy:

Yes / No

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Assets & Liabilities

Assets

This is a statement of physical things you want to insure (Assets) Intangible things like future profits (Business Interruption) and outcomes you are legally responsible for (Liabilities).

Bob gives a series of tips to assist you in compiling the schedule; think about these carefully, we don't want you being under insured.

Items	Sums Insured (£)	Bob the Broker's Tips
Are you registered for VAT:	<input type="checkbox"/> Yes / No <input type="checkbox"/>	If yes, you need not include VAT in the Sums Insured, but if you do 20% is a good cushion against uncertainty.
The Buildings at the risk address		almost always insured by the owner for the cost of rebuilding including demolition, professional fees, and public authority upgrades
Landlords Loss Rent		Covered in the owner's policy and on a standard lease usually for 36 months, most often paid by the tenant as part of the lease agreement.
Period of Loss Rent Period		
Tennants Improvements		The cost of making additions or alterations to the Landlord's Building that would remain to be inherited by the landlord at the end of the lease
External fixed Signage		Signage is expensive and vulnerable to weather and malicious damage, It should be insured for the full cost of replacement
Contents Items (Excluding Stock)	Sums Insured (£)	
Machinery, Plant & Equipment		It is important to remember that we need to replace & the equipment as new. It's the replacement cost on current specification, not the 'book value' that's important
Fixtures & Fittings		This is a mixture of contents and fixtures which you would be able to remove if you were leaving the premises. Items like shop fitting, fixed seating can fall between here and Tenant's Improvements. (Thought Required!)
Computers & Electronic Hardware		The cost of replacing the equipment, as new. The big & issue here is loss of data and other cyber consequences, but that's another discussion we need to have Want to have that discussion?
Portable Devices each individually under £2,000 in value		The cost of replacing as new. This goes beyond phones/laptops – think about specialist equipment you take out of the business.
Stock	Sums Insured (£)	
Stock of Alcohol		The wholesale purchase price
Stock of Tobacco		The wholesale purchase price
High Value attractive Stock		Stuff that people would break in for.
Stock in the Open		Stuff that people would climb into the yard for
Chilled & Frozen Foods		You'll need a maintenance contract to get a claim paid if it's a breakdown of the cabinet or refrigeration.
All other Stock		Everything that's not any of the above.
Business Interruption	Sums Insured (£)	

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For Businesses that Are premises dependent		
Annual gross profit: <i>(there is no universal definition for gross profit but if you want the wages paid go with Bob's tips)</i>		This is the gross margin on turnover less cost of sales (usually stock). Not to be confused with Net Profit. The sum insured should look forward to project the trend, not look backwards. Most disastrous business insurance claims are associated by being under insured or for too short a period of interruption. <i>(Except in exceptional circumstances the period should not be less than 24 months probably 36 months)</i>
	Number of months covered	<input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo <input type="checkbox"/> 36 mo
For Businesses that are Not premises dependent		
Annual increased cost of working:		for businesses where turnover is earned 'away' from the premises and short term relocation expenses are more appropriate as turnover is less likely to be affected..
	Number of months covered	
Money		
Sums Insured (£)		
On the premises during business hours:		If the premises were, say held up
In the premises outside business hours:		Contained in locked safes or strongrooms
In the premises outside business hours: but Accessible (in the till)		Leave the tills open, thanks!
At a private residence:		Some people take money home. <i>Not Recommended. Cover is usually limited to £250</i>
In gaming, amusement or vending machines:		First, Check who is responsible for the machine & the money
Cash In Transit		
From the premises to the bank:		That's literal. Don't go anywhere else. Don't carry more than £2500.00 in cash per person. Take more people or go more often.
Goods In Transit (UK Only)		
Maximum value any one consignment		The maximum value of any one order
Maximum value any one vehicle		The maximum value you can put in a van
Total value of goods in transit over 12 months (UK Only)		The annual value of the goods in transit
Loss of License		
Reduction in value of the premises		as a result of losing an alcohol license, Breweries and Landlords often insist on this, We've never seen a successful claim in 40 years.
Reduction in Gross Profit		as a result of losing an alcohol license this makes more sense, though it's hard to claim as the kind of stupidity that would lead to a claim is routinely excluded from cover. Although we've never seen a successful claim, it is possible, however, so should be considered a risk.
All Risks Specified Items		
<i>This would comprise items taken outwith the premises that are individually worth more than £2,000</i>		
Item Name	Item Value	Item Description

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Liabilities

Wageroll

Please provide estimated annual wages, salaries and all other payments for the next twelve months for full time and part time employees:

Employers have a duty of care to "employees". Compensation is largely based on earnings, so we need to know employee earnings across various types of work and locations.

Activity	Working on Premises		Working Away	
	Number	Wageroll	Number	Wageroll
Clerical, Non Manual & Managerial				
Stewards				
Delivery Drivers				
Woodworking Machinists				
Working at Height (<i>on or above 10 meters</i>)				
Working at Depth (<i>at or below 1 meter</i>)				
Working with Hazardous Substances (e.g. Asbestos)				
Naked Flame & Heat Work				
Power Driven Machinery				
Other Manual labour				
Payments to Bona Fide Sub Contractors				
Payments to Labour Only Sub Contractors				

Turnover

Turnover measures the activity of a business and is the basis of rating premiums for third party liability, we need to know business turnover split by location and degree of hazard.

Turnover:		Annual Turnover and/or fee income of the business in the last 12 months
Projected Turnover:		Projected Annual Turnover and/or fee income of the business in the next 12 months

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Turnover at premises: (%)		
Turnover away from premises: (%)		

High Risk Locations Turnover

As we provide insurance based on location and degree of hazards it is extremely important that we understand the risk included in the generation of your turnover, as such could you please provide information in regards to *percentage* of turnover when/if works are undertaken at the following types of *high risk* locations.

Airports/Airside (%)		Railways/Trackside (%)		Power Stations (%)	
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Limits of Indemnity

Employers Liability Cover:		£10 Million is the minimum, only multinationals and big contracts require more
Public Liability Cover:		£5 Million is normal, only those with increased exposure or contract require more
Products Liability Cover:		£5 Million is minimum exports to North America may need more
Management Liability Cover:		What is the maximum exposure for management misbehaviour?
Cyber Liability Cover:		If you lose Data, how much else could you lose?
Professional Indemnity Cover:		Think, whats the most you could be sued for?

Policy Excess

What level of claim deductible would you be comfortable considering in exchange for a premium reduction:

£1,000 £2,000 £3,000 £5,000

Three Year Deal

Would you be interested in securing insurance rates for three years in exchange for a premium reduction:

Yes / No

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Declaration

I/We declare that:

- a. any data which I have supplied in this Risk Presentation Form about other persons is given with their knowledge and authorisation.
- b. the information given in this Risk Presentation Form is correct and complete in every detail.
- c. I/we have disclosed all facts and circumstances which would be material to assessment of the risk (whether or not those facts and circumstances were the subject of a specific question in this risk presentation form) and have conducted a reasonable search of the information available to me/us in order to reveal those facts and circumstances.

If there are any material facts or circumstances not specifically covered by a question on this proposal form, I/we have listed them on the Additional Information section below.

- d. I/we accept that if I/we have not disclosed all material facts and circumstances then the insurers or underwriters may have grounds to avoid the policy from inception or renewal.
- e. Alternatively if the insurers or underwriters would have imposed additional or different terms and conditions to the policy (whether or not those terms and conditions would have been acceptable to me/us) but for my/our failure to disclose all material facts and circumstances I/we accept that the insurers or underwriters may treat the policy as if it had contained those terms and conditions from inception.
- f. In addition, if the insurers or underwriters would have charged a higher premium but for my/our failure to disclose all material facts and circumstances, I/we accept that the value of my/our claim may be reduced proportionately in accordance with the formula set out in Schedule 1, paragraph 6 of the Insurance Act 2015 or (if this risk presentation form relates to variation to an existing policy) the formula set out in. Schedule 1, paragraph 11 of the Insurance Act 2015.
- g. I/we accept and conform to the terms, conditions and exceptions of the Policy in the standard form (available upon request) issued by the insurers or underwriters for the Insurance now proposed and I will pay the Premiums thereon.
- h. I/we consent to the information given in this form, any information the insurers or underwriters may obtain from Fraud prevention agencies or information received with any subsequent claim I/We may make being used in the manner set out in the Privacy Statement as attached.
- i. I/we consent for The Business Insurance Bureau discussing information (both personal and business related) with the insurers and underwriters on my/our behalf.
- j. The person signing this Risk Presentation Form is duly authorised to do so on behalf of the prospective insured.
- k. I confirm that the person signing Risk Presentation Form has conferred with directors, partners, proprietors and appropriate senior management colleagues in the completion of the form.

Additional Information

If there are any material facts or circumstances not specifically covered by a question on this proposal form please include that information here:

Have colleagues contributed to the completion of this Risk Presentation Proposal:

Yes / No

Please provide details of colleagues who contributed to this Risk Presentation:

The more you tell us, the better we can protect you



risk presentation

'Wits End'
7 Queen's Crescent
Glasgow G4 9BW



we'll be there

Name	Position

I confirm that I am duly authorised by the Proposer to make this declaration.

Yes / No

Signature:

Printed Name:

Position:

Date:

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