

The best
outcomes
from the
best
information



Retail

Wits' End Clothing Co.

Price
£100.00

- 40% discount £40.00

Sale Price £60.00

- £ Squeezed incomes
- £ Online shopping
- £ Rising business rates
- £ Pensions
- £ Exchange rates
- £ The Living Wage
- £ Debt repayment
- £ Business insurance

call Bob!

Total Loss -£20.00

witsendclothingco.co.uk

One shop,
or one thousand shops...
it's all about overheads.

www.businessinsurance.co.uk

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

the
business
insurance
bureau

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Bob the Broker's Fact-Find Form

Business Information

Company Name:

Trading Name:

Business Activities:

Correspondence Address:

Preferred cover start date:

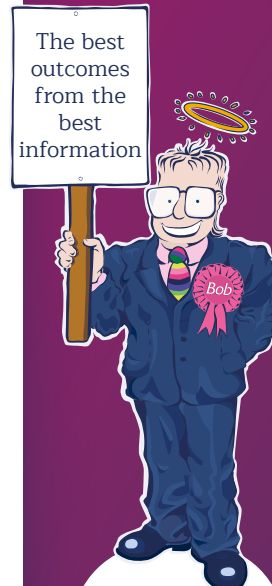
Company ref no.:

PAYE no.:

Risk Profile

What level of impact would the following have on your business:

	None/ Minimal	Moderate	Major
Physical Damage at the Premises (Fire/Flood):			
Inability to trade following Physical Damage (Fire/Flood,etc):			
Inability to trade following Information Technology Failure:			
Accidents at work causing staff illness or injury (including loss of key personnel):			
Accidents involving injury, illness or damage caused by your business to members of the public or third party property:			
Injury, illness or damage caused by products you sell:			
Disruption and inability to trade following a cyber attack or accidental loss of data:			
Management failure in relation to Health & Safety, employment disputes or behaviour that causes fines, imprisonment and shareholder reaction:			
The theft or misuse of your intellectual property:			
Being sued for a lack of provision of/or provision of negligent or erroneous advice:			
Loss of cargo/stock on the high seas or other forms of transit:			



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Trading History

Number of years trading:

Please confirm that you, any partner, or director have never:

Been subject to bankruptcy, insolvency orders, county court judgements or Scottish equivalent or any other financial issue: Yes ☐ No ☐

Ever been disqualified from holding a company directorship: Yes ☐ No ☐

Ever been convicted or charged in relation to a criminal offence, (which are not spent under the Rehabilitation of offenders Act) received an official caution, or have any prosecution pending: Yes ☐ No ☐

Ever been convicted or charged for Health & Safety or environmental related offences: Yes ☐ No ☐

Ever been subject of a recovery action by HM Revenue & Customs: Yes ☐ No ☐

Ever had an insurance proposal declined or refused, insurance cancelled, renewal refused, or special terms imposed: Yes ☐ No ☐

If you answered yes to any of the above questions please provide more details:

Please could you provide information on any claims or losses in the past five years at this/these location's and for this company:

Date	Circumstances	Paid £	Outstanding £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Premises

Risk Address:

Multi-location: Yes ☐ No ☐ How many locations:

Year Built: Years established at address:

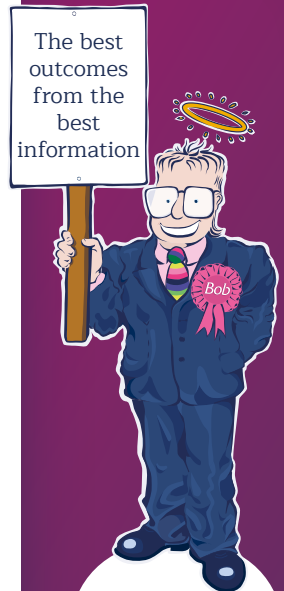
Years Experience prior to starting this business:

Is the building listed: Yes ☐ No ☐ If yes, what grade:

Type of property:

e.g. shop, office, industrial unit, etc.

Are the premises in a good state of repair and maintained as such: Yes ☐ No ☐

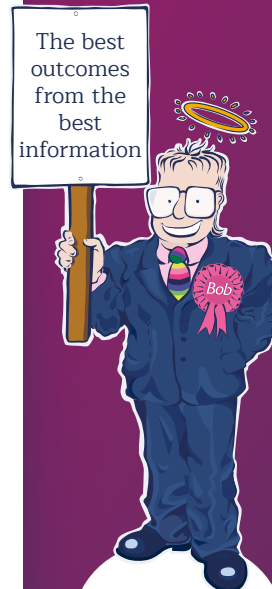


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Please provide information on the construction material of the following:

Walls: (stone, brick, concrete, etc)

Floor: (wood/concrete, no. of floors)

Roof: (slate, concrete tile, etc)

Flat roof: %

Are the premises in an area with a history of flooding: Yes ☐ No ☐

Has the property or any adjacent property suffered from or show any visible signs of damage by subsidence, landslip, or ground heave: Yes ☐ No ☐

Are the buildings occupied: Yes ☐ No ☐

Are any parts of the building unoccupied: Yes ☐ No ☐

Any letting accommodation: Yes ☐ No ☐

Do you have any staff/tenants in let accommodation: Yes ☐ No ☐

Do the premises have a basement: Yes ☐ No ☐

If yes, explain use:

Type of Heating:

Do the premises have any composite panels: Yes ☐ No ☐

If yes, what percentage: %

Is there a sprinkler system fitted to the building: Yes ☐ No ☐

Physical Security

Do the premises have an intruder alarm: Yes ☐ No ☐

If yes, please provide type of alarm, method of signalling and level of police response:

Is the alarm under an annual maintenance contract: Yes ☐ No ☐

If yes, what company:

Do the premises have CCTV: Yes ☐ No ☐

If yes, does it record: Yes ☐ No ☐ How long for:

Please could you provide details of the following regarding the front and rear door (the industry minimum is 5 lever mortice deadlock on final exit doors).

Type of locks on doors:

Tick if you have: Shutters ☐ Grilles ☐ Bars ☐ Bolts ☐

Please could you provide details of the following regarding the front and rear windows (the industry minimum is key operated window locks on all accessible windows).

Type of locks on windows:

Tick if you have: Shutters ☐ Grilles ☐ Bars ☐ Bolts ☐

ATM on the premises: Yes ☐ No ☐ Do you have access: Yes ☐ No ☐

Activities

Do you: Import ☐ Export ☐ Both ☐

Region	Import Spend £	Export Turnover £
UK		
EU		
North America		
Rest of World		

If you trade on the internet, what is your online Turnover £:

UK EU N.A. R.O.W

Do you have legal recourse against manufacturers: Yes ☐ No ☐

If so, do you give out advice about their products: Yes ☐ No ☐

Do you sell second hand goods: Yes ☐ No ☐

Do you sell Hot food: Yes ☐ No ☐ Type:

Opening hours:

Food Hygiene Rating: Not applicable: ☐

Do you use forklifts: Yes ☐ No ☐ If so, how many:

Do you use Delivery Drivers/Couriers: Yes ☐ No ☐

They are employed by: You ☐ Self-employed ☐ Agency ☐

Have you verified they have adequate & up to date cover: Yes ☐ No ☐

They are employed by: You ☐ Self-employed ☐ Agency ☐

Is there any work carried out away from the premises other than collection or delivery: Yes ☐ No ☐

Any additional details:

Risk Management Compliance

Do you have appropriate Fire Extinguishing appliances: Yes ☐ No ☐

If so please confirm that they are annually serviced and maintained:

Yes ☐ No ☐ Date of last service:

Do you have a current Electrical Installation Condition Report (EICR):

Yes ☐ No ☐ Date of last service:

Do you have a current Portable Appliances Test (PAT) certificate:

Yes ☐ No ☐ Date of last service:

Do you have any refrigerated units:

Yes ☐ No ☐ If yes, how many:

Are they annually maintained: Yes ☐ No ☐

Is all equipment requiring statutory inspection (coffee machines, boilers, lifts etc) annually inspected and tested: Yes ☐ No ☐ N/A ☐

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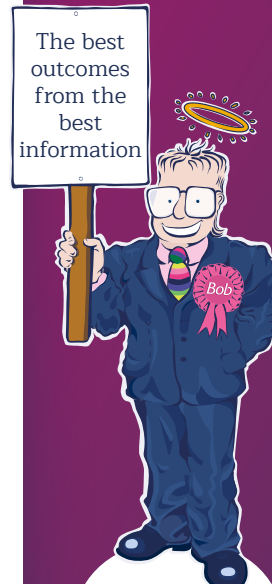


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Sums Insured

Please state in respect of replacement and reinstatement the sums insured of the following:

	Sums Insured	Rating (office use)	Premium (office use)
Buildings:	£		
Tenants Improvements:	£		
External fixed signage:	£		
Computers & Elec. Equip:	£		
Portable Equipment:	£		
Fixtures and Fittings:	£		
Machinery and Plant:	£		
All other contents:	£		
Stock of Alcohol:	£		
Stock of Tobacco:	£		
High Value Attractive Stock:	£		
Type:			
Stock in the open:	£		
Chilled & Frozen Foods:	£		
All other stock:	£		

Business Interruption:

Annual Gross Profit: £

How many years is this to be insured: 1yr ☐ 2yrs ☐ 3yrs ☐

Is Loss of License cover required: Yes ☐ No ☐

Money

Maximum amount of cash held on the premises during the day and overnight: £

Goods in Transit

	Sums Insured	Rating (office use)	Premium (office use)
Maximum value in any one consignment:	£		
Maximum value any one vehicle:	£		
Number of vehicles used:			
Total value of goods in transit over 12 months (UK):			
Terrorism cover:			

Clerical

No. of employees:

Full Time Wageroll £:

Part Time Wageroll £:

Manual

No. of employees:

Full Time Wageroll £:

Part Time Wageroll £:

Annual Turnover £:

Declaration

I confirm by submission of this information I have consulted senior management and colleagues to present a Fair Presentation of Risk for this business:

Print Name:

Signature:

Contact no.:

Email:

People consulted in the compilation and presentation of this form are:

Name	Position	Company
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Completed Date:

Office use

Hawkeye: ☐ Green ☐ Amber ☐ Blue ☐ Black ☐ Red ☐

Credit Score:

Subjectivities

Applicable Conditions additional to standard conditions:

Code	Condition
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Broker sign off: Sign off Date:

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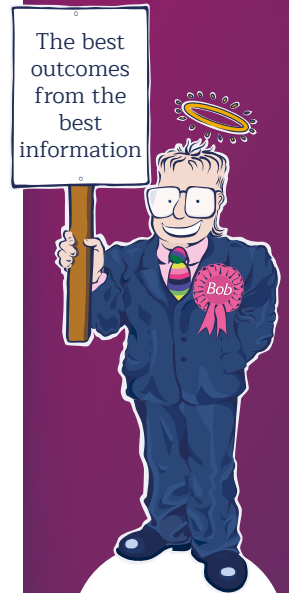
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Additional Notes:



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