



RETAIL

Fact Finder

IMPORTANT NOTE

The information submitted in this form is used by your insurance broker, Sharrocks, to ensure the cover provided by your insurer is accurate and suitable to meet your demands and needs. It does not replace a Proposal Form or Statement of Fact that may have been issued by your insurer previously.

Please complete the information accurately and to the best of your knowledge.

YOUR DETAILS

Full Name of Proposer

Trading Name

Company Registration Number

Postal Address

(Postcode must be shown)

Post Code

Company Website Address

Business

Tel. No

Situation of Property to be Insured (if different from Postal Address, Postcode must be shown)

Post Code

How many years have you been in business?

List any subsidiary companies to be insured?

Period of Insurance

Inception Date

Renewal Date

GENERAL QUESTIONS

1 Have you or any principal in the business:

a ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special 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 premises during the last 3 years?

YES

☐

NO

☐

c ever been convicted of or is any prosecution pending for any offence involving arson, violence or dishonesty of any kind (e.g. involving fire, fraud, theft or handling stolen goods)?

YES

☐

NO

☐

2 a Have you or any other director or partner or any Company of which any of you have been a director or any partnership of which any of you have been a partner been the subject of a County Court Judgement (or the Scottish equivalent) or been declared bankrupt or insolvent?

YES

☐

NO

☐

3 Have you been in business for less than 3 years?

YES

☐

NO

☐

If 'yes' please provide previous business history

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

GENERAL QUESTIONS - CONTINUED

- 4** Are you at present insured or have you ever proposed for insurance in respect of any of the covers to which this fact finder applies. YES ☐ NO ☒
If 'yes' state name of insurer.
-
- 5** Are the buildings:
- a** built solely of brick, stone or concrete and roofed solely of slates, tiles, asphalt, concrete, metal or other incombustible materials? YES ☐ NO ☒
 - b** heated only by low pressure hot water apparatus, or fixed gas or electric appliances? YES ☐ NO ☒
 - c** fitted with an electric wiring system which has been checked by a qualified electrician within the last 5 years? YES ☐ NO ☒
 - d** in a good state of repair? YES ☐ NO ☒
 - e** especially exposed to storm or flood? YES ☒ NO ☐
 - f** in your sole occupation? YES ☐ NO ☒
- 6** Do you or a responsible employee reside at the premises? YES ☐ NO ☐
- 7** Do you have any deep fat frying equipment? YES ☒ NO ☐
- 8** Do you keep records of stocks sales and purchases which are examined by a professional accountant? YES ☐ NO ☒
- 9** In the event of a claim under this Policy do you for a reduction in premium wish to consider (in addition to any imposed excess) an increased excess? YES ☐ NO ☐
- 10** Does the level of security at your Premises meet our minimum security as stated on this form? YES ☐ NO ☒
- 11** Are there any additional interests to be noted? YES ☒ NO ☐

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS BELOW

THE STRUCTURE (OPTIONAL)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire and Specified Perils: Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Damage, Storm, Flood, Escape of Water, Impact, Theft, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of Fuel, Leakage of Beverages, Engineering Damage

Do you wish to increase the scope of cover to All Risks

YES ☐ NO ☐

State rebuilding costs of the following

- | | |
|--|---|
| 1 Buildings (including shop fronts but excluding outbuildings) when your responsibility is as owner | £ <input type="text"/> |
| 2 Shop fronts (including glass, shop blinds & fitments) when your responsibility is as occupier/tenant | £ <input type="text"/> |
| 3 Internal decorations & tenants improvements effected by you as occupier/tenant | £ <input type="text"/> |
| 4 Trade outbuildings detached or non-communicating with the main shop premises. Please attach a description of the construction and roofing of these outbuildings | £ <input type="text"/> |
| 5 Does any felt on timber flat roof area exceed 50 square feet? | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

TRADE CONTENTS (STANDARD)

Your property will be insured (unless specified otherwise) against Damage caused by:

Fire and Specified Perils: Fire, Lightning, Explosion, Earthquake, Aircraft, Riot, Civil Commotion, Malicious Damage, Storm, Flood, Escape of Water, Impact, Theft by forcible and violent means, Breakage or Collapse of TV / Radio Aerials and satellite dishes, Leakage of Fuel, Leakage of Beverages, Engineering Damage

Do you wish to increase the scope of over to All Risks

YES ☐ NO ☐

State FULL VALUE of:

- | | | | |
|--|------------------------|---|------------------------|
| 1 Stock in Trade (excluding 4-7 below) | £ <input type="text"/> | 2 Customers Goods | £ <input type="text"/> |
| 3 Trade fixtures, fittings, plant machinery, utensils, office equipment etc | £ <input type="text"/> | 4 Cigarettes, cigars and tobacco | £ <input type="text"/> |
| 5 Wines and spirits | £ <input type="text"/> | 6 Video tapes | £ <input type="text"/> |
| 7 Contents of any Trade Outbuildings detached from or not communicating with the main shop premises | £ <input type="text"/> | | |

Please attach description of the construction and roofing of any outbuildings, as well as the nature of the contents.

Do you wish to insure any of the following?

YES ☐ NO ☐

- 1** ACCIDENTAL DAMAGE to specified equipment (cash tills, registers etc.) beyond basic cover of £1,000 any one loss?

If 'yes' state increased sum to be insured

£

- 2** PERISHABLE GOODS

If 'yes' state sum to be insured

£

- 3** ALL RISKS on external signs or electronic devices such as tablets and laptops

If 'yes' give detail below

£

Description of sign/machine

Value

LOSS OF INCOME AND LOSS OF BOOK DEBTS (STANDARD)

It is important that the figures represent an accurate estimation of your maximum loss of income and amount of time required to reinstate the business following a significant insurance claim.

Gross Income sum insured

£

Maximum indemnity period

months

Book debts sum insured

£

GOODS IN TRANSIT (STANDARD)

State load limit required/ if at all

Wines, spirits and tobacco

£

Total

£

LOSS OF MONEY (STANDARD)

1 Please leave blank if insurer's standard limits are to apply

	Amount Required
Non – negotiable money	
Negotiable Money:	
In transit	£
In a bank night safe	£
In the premises during business hours	£
In the premises out of business hours:	
In locked safe	£
Not in locked safe	
In private dwellings	

Note: It may be a policy condition on your current policy that cash in transit be accompanied by certain numbers of persons aged between 18 and 65, if this is not the case we recommend the following as a guideline

Amount of Money in transit at any one time	Accompaniment Requirement
Up to £1,500	1 person
Over £3,000 up to £6,000	2 persons
Over £6,000 up to £12,000	2 persons with an approved cash carrying case or 3 persons
Over £12,000	Approved security company

2 If the required limit in locked safe exceeds £3,000, state make, model and age of safe, and whether anchored to the floor:

PERSONAL ACCIDENT ASSAULT (STANDARD)

The standard benefits are noted below:

Death, loss of sight, loss of limbs or permanent total disablement	£10,000
Temporary total disablement from attending to usual business	£100 per week
Temporary partial disablement from attending to usual business	£30 per week
Incurred Medical Expenses	£250
Damage to Personal Effects	£500

If you require higher benefits per person insured tick one of the following options:

1 £15,000 Death Benefit/£150 week Temporary total disablement benefit?

☐

2 £20,000 Death Benefit/£200 week Temporary total disablement benefit?

☐

3 £25,000 Death Benefit/£250 week Temporary total disablement benefit?

☐

LOSS OF LICENCE (OPTIONAL)

1 Please state sum insured required.

£

2 During the past 5 years has there been:

a any opposition to the grant, renewal or transfer of the licence?

YES

☐

NO

☐

b any circumstance or incident which might prejudice your licence or affect its renewal?

YES

☐

NO

☐

If 'yes' give details

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

PERSONAL ACCIDENT (OPTIONAL)

Is cover required? YES ☐ NO ☐

Name of person to be insured:

1
2
3

Duties

Date of Birth

1	1
2	2
3	3

Number of cover units (maximum 5) 1 2 3

N.B. One unit is made up as follows:

Death, loss of sight, loss of limbs or permanent total disablement	£10,000
Temporary total disablement from attending to usual business	£50 per week

Is each person in good health and not physically or mentally disabled to the best of your knowledge and belief YES ☐ NO ☒

If 'no' please attach full details

EXTENSIONS TO BASIC COVER

Do you wish to extend the basic policy to include:

1 SUBSIDENCE, GROUND HEAVE and LANDSLIP on the Buildings? YES ☐ NO ☐

If 'yes' please state whether:

a the Premises suffered or are showing signs of damage from these Perils	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
b the properties either side of your own have suffered or are now showing signs of this damage	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
c to your knowledge the vicinity is susceptible to this damage	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
d the Premises are in the immediate vicinity of any river bank, railway embankment, cliff, quarry, mine or other underground working or on made up ground?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
e there are any trees or shrubs over 20ft in height within 30ft of the premises.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

If 'yes' please provide full details (ie type of trees number and distance from the premises)

2 WORK AWAY from the shop premises? YES ☐ NO ☐

If 'yes' please state

a estimated wages for this work drawn by yourself	£ <input type="text"/>
b estimated wages for this work paid to employees	£ <input type="text"/>
c the type of work involved	

IF YOU HAVE TICKED ANY OF THE SHADED BOXES, PLEASE GIVE DETAILS ON ADDITIONAL INFORMATION PAGE

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO)

- 1** Are you exempt from holding a HM Revenue & Customs Employers Reference Number, because all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold?

YES

☐

NO

☒

If 'no' please enter your Employer Reference Number

An Employer Reference Number is also known as an Employer PAYE Reference number and is given to every business that registers with HM Revenue & Customs as an employer. An example of a PAYE reference in the correct format is: 913/WZ51258.

- 2** Do you have a Companies House Registered Office Address?

YES

☒

NO

☐

If 'yes' please provide details (Postcode must be shown)

Post Code

- 3** Are there any subsidiary companies to be included in this insurance?

YES

☒

NO

☐

If 'yes' please provide full details

Name of first subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES

☐

NO

☒

If 'no' enter the Employers' Reference Number for this subsidiary

Name of second subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES

☐

NO

☒

If 'no' enter the Employers' Reference Number for this subsidiary

Name of third subsidiary company to be included

Registered Office Address of this subsidiary (Postcode must be shown)

Post Code

EMPLOYERS' LIABILITY TRACING OFFICE (ELTO) - continued

Is this subsidiary company exempt from holding a HM Revenue & Customs Employers Reference Number, because either all Employees (including labour only sub-contractors, trainees and apprentices) are paid below the PAYE threshold, or because the subsidiary is not UK based?

YES

☐

NO

☒

If 'no' enter the Employers' Reference Number for this subsidiary

4 Are there any subsidiary companies to be excluded from this insurance?

YES

☒

NO

☐

If 'yes' please provide full details

Name of first subsidiary company to be excluded

Name of second subsidiary company to be excluded

Name of third subsidiary company to be excluded

DATA PROTECTION AND DECLARATION

Insurers may store information and may use it for administration, risk assessment, research and statistical and marketing purposes and for crime prevention. Some of the information held by Insurers includes sensitive personal information (sensitive personal information includes such things as criminal convictions and health information). By signing this form you will signify your consent to such information being processed by Insurers and / or their agents.

Employers' Liability Tracing Office Data protection Act wording applicable to all Commercial risks, as follows:

Certain information relating to your insurance policy including, without limitation, the policy number(s), employers' names and addresses (including subsidiaries and any relevant changes of name), coverage dates, employer's reference numbers provided by Her Majesty's Revenue and Customs and Companies House Reference Numbers (if relevant), will be provided to the Employers' Liability Tracing Office (the 'ELTO') and added to an electronic database, (the Database').

This information will be made available in a specified and readily available form as required by the Employers' Liability Insurance: Disclosure By Insurers Instrument 2010. This information will be subject to regular periodic updating and certification and will be audited on an annual basis.

The Database will assist individual consumer claimants who have suffered an employment related injury or disease arising out of their course of employment in the UK for the employers carrying on, or who carried on, business in the UK and who are covered by the employers' liability insurance of their employers, (the 'Claimants')

CHOICE OF LAW

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

Minimum Security

The following constitutes the minimum standard for fastenings and protections:

- 1** on timber final exit doors (excluding sliding doors):
 - a** if single leaf, a mortice deadlock conforming to BS3621 with matching boxed steel striking plate
 - b** if double leaf
 - i** on the first closing leaf flush or barrel bolts, the latter at least 200mm (8") long, or key operated locks or bolts, fitted top and bottom in every case
 - ii** on the second closing leaf a mortice deadlock conforming to BS3621 with matching boxed steel striking plate, or a substantial padlocking bar and good quality close shackle padlock
 - c** if single or double leaf and also outward opening, hinge bolts fitted top and bottom.
- 2** on all other external timber doors, and on internal timber doors giving access to any part of the premises not occupied solely by you or to any adjoining premises (excluding sliding and fire exit doors):
 - a** if single leaf, a mortice deadlock conforming to BS3621 with matching boxed steel striking plate or key-operated mortice rack bolts fitted top and bottom
 - b** if double leaf
 - i** on the first closing leaf flush or barrel bolts, the latter at least 200mm (8") long, or key operated locks or bolts, fitted top and bottom in every case
 - ii** on the second closing leaf a mortice deadlock conforming to BS3621 with matching boxed steel striking plate, or a substantial padlocking bar and good quality close shackle padlock
 - c** if single or double leaf and also outward opening, hinge bolts fitted top and bottom.
- 3** on external aluminium or UPVC doors (excluding sliding and fire exit doors): cylinder operated mortice deadlock and, if double leaf, flush bolts on the first closing leaf
- 4** on steel final exit doors and all sliding final exit doors: substantial padlocking bar and good quality close shackle padlock
- 5** on all other steel doors and all other sliding doors (excluding sliding patio doors): substantial padlocking bar and good quality close shackle padlock fitted externally, or substantial padlocking bar and good quality open shackle padlock fitted internally
- 6** on sliding patio doors:

a manufacturer's patent key-operated locking system which engages boltwork into the doorframe either at the top and bottom of the opening section of each door, or into the side frame in at least three points (in the latter case all hook or shoot bolts must be mushroom headed)

or

two key-operated patio door locks fitted internally, one at the top and one at the bottom of each opening section
- 7** on all fire exit doors: panic bar, and hinge bolts fitted top and bottom
- 8** on opening basement and ground floor windows and fanlights, and on other opening windows fanlights and skylights which are accessible from roofs balconies canopies fire escapes or downpipes:

key-operated window locks with the keys removed when in operation or

solid steel bars not less than 16mm (5/8") diameter and not more than 125mm (5") apart, securely fixed to the brickwork or masonry surrounding the window

Any alternative fastenings or protections must be agreed by us.

DATA PROTECTION AND DECLARATION

Declaration

I / We declare that to the best of my / our knowledge and belief that the above statements and particulars, whether written by me / us or by others on my / our behalf are true and complete and that no material facts have been omitted, misrepresented or mis-stated

Proposer’s Signature Status Date

ADDITIONAL INFORMATION

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