

**COMMERCIAL PROPERTY DECLARATION FORM**

Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Correspondence Address : \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

**ADDRESS OF PROPERTY TO BE INSURED:**



**I N S U R A N C E**

M&N Insurance Service Ltd  
248 Hendon Way  
London NW4 3NL

Tel: 020 8202 4474  
Fax: 020 8202 1943  
Email: info@mninsure.com  
Web: www.mninsure.com

**POSTCODE:** \_\_\_\_\_

**(Important Information - You must give full and true answers to all questions. If you do not, your insurance cover may not protect you in the event of a claim. You should keep a record of all the information supplied)**

**Occupation** (what is the property used as).....

**CONSTRUCTION**

Standard Brick Built YES / NO Purpose Built YES / NO Converted YES / NO

If converted what was the property originally built as .....

What is the construction of Floors e.g. Concrete or Timber .....

What is the construction of the roof- Pitched or Flat - Slate / Tile / Metal / Asphalt / Concrete

Age of Property ..... No of Storeys .....

Is the property listed?..... Does the property have a burglar alarm? YES / NO

(if so what, is it Bells Only / Digital Communicator / Red Care / Other.....

Is the property sprinklered? YES / NO If yes what type and edition .....

Is the sprinkler system maintained and tested regularly YES / NO Does the property have a fire alarm? YES / NO

Is there a current survey report available? If so please attach a copy.....

**Declared Value (Correct values at risk must be advised to us. If the Sums Insured that you request are not adequate this will result in the amount that insurers pay you in the event of a claim being reduced)**

Buildings £..... Uplift Required:.....% Annual Rent £..... Rent Period ..... Months

Property Owners Liability £..... Employers Liability Yes/No Please confirm wage roll £.....

**IS TERRORISM COVER REQUIRED? YES / NO .....**

**CLAIMS HISTORY** (Please provide details of any claims in the last 5 years below - Or large claims over 5 years ago)

eg Date Circumstances of Loss Amount of Claim

## SUBSIDENCE

Is the property Free of any sign of damage by Landslip, Subsidence, Settlement or Heave and in a good state of repair YES / NO If no please provide details below:-

Is the Property Unoccupied YES / NO If Yes please state how long the property has been unoccupied and the your future plans for the property.

Are there any composite panels in the property? YES / NO If yes, please state how much proportionally and type.

If the property is used for storage, please advise nature of goods products stored; what height off the floor are they stored and how high?

Are there any manufacturing processes at the property? YES / NO If so please advise full details.

**Engineering** - is a quotation required YES / NO. If yes Please advise

1) Number of lifts \_\_\_\_\_ 2) Maximum number of floors \_\_\_\_\_

3) Number of boilers \_\_\_\_\_ 4) Any window cleaning Equipment \_\_\_\_\_

## DECLARATION.

What is your Position within the Company (if a limited company)? \_\_\_\_\_

Have you, or any member of your family permanently Residing with you or Directors, (where the Proposer is a Limited Company):-

1) Ever been convicted on any offence other than a driving offence? YES / NO

2) Ever been declared bankrupt or insolvent? YES / NO

If yes please provide full details.

3) With regard to the insurance you are proposing has any insurer declined or cancelled your insurance or imposed any Special conditions? YES / NO If yes please provide full details.

Data Protection Notice - To set up and administer your policy we will hold and use information including sensitive personal information (sensitive personal information may include details of such things as criminal convictions and health information) about you supplied by you. We may use your information to identify other policies you may require and communicate these to you by post or telephone. By signing this form you consent to such use of your personal data including sensitive personal data. Please tick the box below if you do not wish to receive this information.

I do not allow my personal data to be used for any other purpose than that of the proposed insurance contract.

I/we declare that, to the best of my / our knowledge and belief, the above statements made by me/us or on my/our behalf are true and complete, and I / we have not withheld or concealed any material facts which the Insurer will take into account in the assessment and acceptance of this proposal.

***(Failure to disclose all material facts may invalidate your policy or result in it not operating fully). Is there any other information relevant to this risk that needs to be disclosed to the insurers to assist them in arranging insurance cover? (If so please supply this on a separate sheet)***

**Signature:** \_\_\_\_\_

**Name (In Block Capitals):** \_\_\_\_\_

**Date:** \_\_\_\_\_