

COMMERCIAL COMBINED FACT FIND

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Please use a separate sheet for each location

Date Notes taken ___/___/___ By _____

Name of Company: _____ Tel No: _____ Mobile: _____

Contact at Company: _____ E mail _____ Fax: _____

Description of Activities _____ Website: _____

1) Address of Premises to be Insured _____ Post Code: _____

2) Type of Construction: Floors: made of Concrete / Timber / _____

Roof: made of Pitched or Flat - Slate / Tile / Metal / Asphalt / Concrete / _____

Walls made of Brick / Cladding / _____ Heating: _____

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

If premises are within multiple units, what is the fire break between buildings _____ or Units _____

How many floors are there including basement if applicable _____ Fire Separation to Basement: _____

3) What type of activity is carried out eg Wholesale, Manufacturing _____

4) What type of goods are kept on the premises _____

If the property is used for storage, please advise nature of goods of products stored

To what height off the floor are they stored _____ and to what height in total _____

Adjoining premises: _____

5) Is there a sprinkler system: Yes / No If yes it tested weekly Yes / No What Edition _____

6) Is there a fire Alarm Yes / No If yes, is it connected to a central station

How far is the nearest Fire Station _____

7) Are buildings to be insured, if so what is the reinstatement cost: £_____ Declared Value (VAT+FEES)

Is subsidence cover required Yes / No Day One Uplift: _____% Terrorism Cover Required: YES / NO

Is Tenants Improvements Cover Required £_____

8) Are Fixtures and Fittings and plant to be Insured? £_____

9) Computers and Electronic equipment £_____

10) Stock in Trade including goods in trust £_____

Cold Storage – Refrigeration £_____

(Marine Throughput Option)

How long is stock kept at this location up to 60 days 90 days 120 days _____

11) Stock at exhibitions if so how many _____ and amount £_____

Business Interruption

Estimated 12 months Gross Profit £_____

Additional Increased Cost of working £_____

Outstanding book debts £_____

Specified Suppliers £_____

Specified Customers £_____

Unspecified Suppliers £ _____

Unspecified Customers £ _____

Failure of Public Utilities and Denial of access Yes / No

Is computer breakdown cover required Yes / No

Liability Cover

Public Liability Indemnity Limit £ _____

Employers Liability Limit £10,000,000 unless Specified £ _____

Annual Turnover of the company £ _____

(A) Number of people involved in clerical duties _____

(B) Annual wages for people involved in clerical duties £ _____

(C) Number of people involved in manufacturing duties _____

(D) Annual wages for people involved in manufacturing duties £ _____

(E) Number of people involved in warehouseman / drivers _____

(F) Annual wages for people involved in warehouseman / drivers £ _____

(G) Is product recall /guarantee required for defective products Yes / No
If yes, we will require further information

(H) Are goods exported to USA or Canada Yes / No

Marine / Goods in Transit by Road / Rail Yes / No

Estimated annual carryings of goods distributed within the UK £ _____

Estimated annual carryings of goods distributed within the EC £ _____

Estimated amount of goods using own vehicles in 12 months £ _____

Estimated amount of goods carried by Hauliers £ _____

Goods Inbound to you

Are the goods you receive, insured by the company
sending them to you Yes / No

Is contingency cover required: Yes / No

Sellers Interest Yes / No

If not, please provide details of the following:

From which countries do you receive the goods _____ % _____ % _____ %

_____ % _____ % _____ % _____ %

Are goods sent to you by Sea or Air ? Sea: Yes / No Air: Yes / No Both: Yes / No

Annual Value of goods shipped to you by Sea £ _____

Annual Value of goods shipped to you by Air £ _____

How are they packed _____

What is the maximum shipment sent to you by sea in respect of any one conveyance £ _____

What is the maximum shipment sent to you by air in respect of any one conveyance £ _____

What is the maximum shipment of goods sent by you within the UK £ _____

What is the maximum shipment of goods sent by you to outside the UK £ _____

Are goods to be kept in storage required at other locations Yes / No

Any exports to USA or Canada Yes / No If Yes Amount sent £ _____
In respect of goods sent to you or by you:

Do you only use schedule shipping lines Yes / No Are all Vessels used under 20 years Yes / No

Are only vessels in class used: Yes / No Any special terms or conditions Yes / No

Engineering Cover

Is cover required on plant covering such items as: Fork Lift Trucks, Lifts,
Lifting equipment, manufacturing equipment Yes / No

Is breakdown cover required on the plant Yes / No
Please provide details of the items to be covered.

1) No. of Passenger Lifts _____ 2) No. of Goods Lifts _____ 3) Fork Lift Trucks _____ 4) Hand Pallets _____

5) Number of boilers _____ 6) Any window cleaning Equipment _____ 7) Tackle _____

8) Other _____

Directors & Officers Is cover required Yes / No

Company Registration Number _____

Assets of company £_____

Keyman Cover Is cover required Yes / No

Private Health Is cover required Yes / No

Is current plan switch at no worse terms for new people Yes / No

Fidelity Is cover required Yes / No

Legal Expenses Is cover required Yes / No

Include / Exclude Contract Cover Yes / No

Credit Insurance (covering bad debts) is cover required Yes / No

Motor Vehicles Is cover required If yes, schedule required eg Yes / No

Make & Model Type Car / Lorry C.C. / GWT Year Value Reg No.

	Have there been any claims within the last 5 years If YES show hereunder	Yes / No
A	Date of Claim Amount £ Incident	
B	Date of Claim Amount £ Incident	
C	Date of Claim Amount £ Incident	
D	Date of Claim Amount £ Incident	
1	Approximately How old are the premises:	___ yrs
2	Are the premises in good condition, clean and well maintained and of brick and tile or other non combustible construction:	Yes / No
3	Is asbestos under control	Yes / No

4	Is all electrical machinery at the premises subject of a regular inspection and maintenance program and details recorded by an Electrician who is a member of the Institute of Electrical Engineers (or equivalent professional body)	Yes / No
	If so when was it last inspected.	/ /
5	Are any portable heaters used in the premises, other than electrical fan heaters	Yes / No
6	Are all Gas appliances checked by a Corgi Engineer once a year (if applicable)	Yes / No
7	Do you have suitable Fire Extinguishers, wall mounted and under maintenance contract	Yes / No
8	Is the front door and or external doors secured by a 5 lever mortise deadlock each night	Yes / No
9	Is a No Smoking policy strictly adhered to.	
10	Is there regular waste control and removal in place?	
11	Are all accessible windows, fanlights and skylights fitted with key operated locks	Yes / No
12	Is the premises occupied overnight by the Insured or a member of staff	
13	Is the premises alarmed with a UKAS, NACOSS or SSIB approved alarm which is set each night	Yes / No
14	If it is alarmed, is there a time switch or special arrangements made for Holidays	Yes / No
15	Type of Alarm installed / signalling: Bells Only / Digital Communicator to Central Station / Red Care / GSM	
16	Does the premises have recorded CCTV and if not digital are the tapes changed every 3 months	Yes / No
17	Is there a health and safety policy in force with an individual responsible and are records kept of all training given	Yes / No
	If yes, please state their name: _____ Tel No: _____	
18	Is a Risk assessment carried out at regular intervals and recorded with improvements being implemented.	Yes / No
19	Is there a disaster recovery programme in place	Yes / No
20	How long would it take you to re-stock following a total loss	
21	Have there been any claims within the last 5 years If YES show hereunder	Yes / No
A	Date of Claim Amount £ Incident	
B	Date of Claim Amount £ Incident	
C	Date of Claim Amount £ Incident	
D	Date of Claim Amount £ Incident	

Any other Information:

