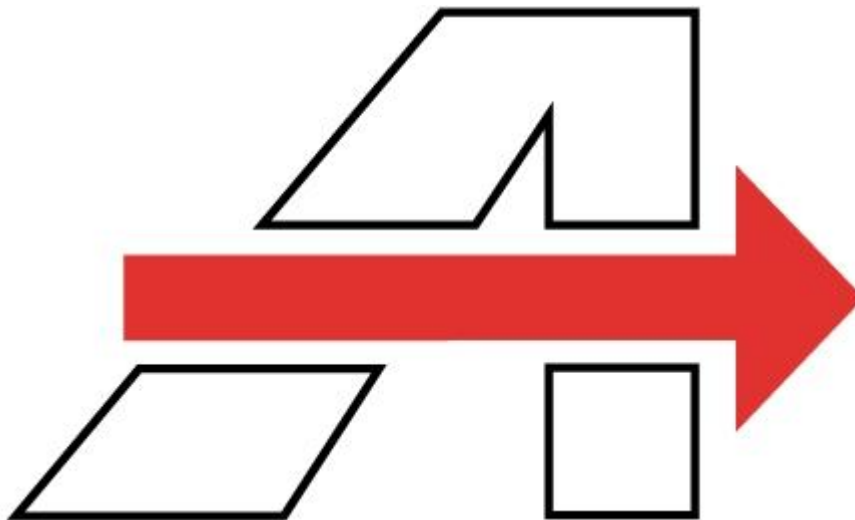


LEMMA EUROPE  
insurance company limited



# PROPERTY OWNERS LIABILITY PROPOSAL FORM



**Effected through**

Advance Underwriting Ltd  
P O Box 186  
Ipswich  
Suffolk  
IP4 4HP

Tel: (01473) 711475  
Email: [enquiries@advanceunderwriting.co.uk](mailto:enquiries@advanceunderwriting.co.uk)  
Fax: (01473)-400075  
Web: [www.advanceunderwriting.co.uk](http://www.advanceunderwriting.co.uk)

**Effected with**

Lemma Insurance Company Europe Ltd  
85 Main Street  
P O Box 1267  
Gibraltar

Tel: +350 200 41466  
Fax: +350 200 47450

*Authorised and Regulated by the Financial Services Authority*

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## PROPERTY OWNERS LIABILITY PROPOSAL FORM

*A specimen of the policy is available on request*

Please complete the proposal form carefully and accurately. All material facts should be disclosed at commencement of the contract and during the contract should your circumstances change. A material fact is one which could affect acceptance of the risk by the insurer, such as a loss not claimed for, or change of overnight location or new trailer purchased. *Failure to disclose such information may affect the outcome of a claim on the policy.* If there is any doubt as to what is a material fact, then please contact us for advice. It is your responsibility to give accurate and truthful information. Before returning the form to us please check the answers you have given.

This insurance is underwritten by Lemma Europe Insurance Company Limited, registered address (Reg No 96577) 57/63 Line Wall Road, Gibraltar. Lemma Europe Insurance Company Ltd is also registered with the Financial Services Authority (FSA) 25 North Colonnade, Canary Wharf, London E14 5HS under Firm Number 477453. This can be verified by visiting the FSA web site [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) or by phoning them on 0845 606 1234

For a summary of cover, please refer to our Key Facts Document.

We reserve the right to survey the property to be insured and to discontinue cover if we do not receive a satisfactory survey report, should a survey be necessary.

### PLEASE ANSWER ALL QUESTIONS IN CAPITALS OR BY TICKING BOXES AS APPROPRIATE

Insurance required for a period of 12 months commencing

*Please note that cover does not commence until this proposal has been accepted by the underwriter*

### THE PROPOSER

1. Full names of Proprietor / Partners / Directors

a

b

c

d

Trading as (*trading name*)

Date business established

2. Address for correspondence (*inc Postcode*)

Postcode

Telephone



## INFORMATION ABOUT THE PREMISES

3. Address of property to be insured (*inc Postcode*)

	Postcode	
Telephone		

4. Full description of the property


5. In respect of the property to be insured

- is the property in good condition and well maintained?	Yes		No	
- do any buildings show any sign of cracking, distortion, movement, settlement or structural defect?	Yes		No	
6. Has any remedial work or monitoring been carried out, which was due to subsidence, ground heave or landslip?	Yes		No	

7. Are any of the buildings to be insured

-on made up or infilled ground?	Yes		No	
- on recently cleared woodland?	Yes		No	
-near a mine, underground working, gravel pit, quarry or other excavation?	Yes		No	
- near a cliff, embankment, road or railway cutting?	Yes		No	
-in the vicinity of an underground river or stream?	Yes		No	
- within a quarter of a mile from the sea or any river, stream, reservoir or other water course?	Yes		No	
- built on a steep slope or incline?	Yes		No	
8. Has a structural or valuation survey been carried out in connection with your purchase or occupation of the property to be insured? <i>If Yes, please attach to this proposal form a copy of the survey report(s)</i>	Yes		No	
9. In respect of the property to be insured, has any insurer declined to accept or renew insurance, cancelled cover or imposed special terms?	Yes		No	

**If you have answered Yes to any of the questions 5 – 9 please give a full explanation on a separate sheet.**

## INFORMATION ABOUT YOU

10. In respect of this insurance and any other business in which you, partners or directors of your business are or have been engaged, has any insurer declined to accept or renew insurance, cancelled cover or imposed special terms?	Yes		No	
11. In respect these premises, have any accidents, losses or claims arisen during the last 5 years, whether insured or not?	Yes		No	
12. In respect any business insurance and in respect of you, partners and directors of your business, have any accidents, losses or claims arisen during the last 5 years, whether insured or not?	Yes		No	
13. Have you or any director or partner of the Business ever				
- been convicted of any criminal offence, or during the last 5 years, been formally cautioned by the police? ( <i>Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 need not be disclosed</i> )	Yes		No	
- been declared bankrupt or had an interest in a business declared bankrupt or made any arrangement with creditors?	Yes		No	

**If you have answered Yes to any of the questions 10 – 13 under "Information about You" please give a full explanation below**



## IMPORTANT POLICY CONDITIONS – PLEASE READ CAREFULLY

### Minimum Security Conditions

- All locks, fastenings, shutters and other methods of securing all means of access to your premises to be fitted in accordance with the manufacturer's instructions.
- Where a requirement for locking devices to be fitted is stated, all accompanying striking lates locking bars or other fittings to be security-compatible with such locking devices.
- Any securing bolts to locking bars, staples or similar fittings to be of the smooth, raised-head type with securing nuts on the internal face and the bolt threads suitable burred or spot-welded to the nuts.

### Unoccupied Property Conditions

- Property to be inspected at least once a month by you or your representative, inside and out, to remove post, other deliveries and to check that all security and unoccupied conditions are in place.
- All ground floor and other accessible windows to be boarded up, except:
  - a) for premises which were occupied solely as private dwellings or hotel accommodation immediately before becoming unoccupied.
  - b) your premises are inspected by you or your representative at least once every two days.
  - c) you engage a bona fide security company to guard your premises on a 24hour basis.

### COMPLAINTS

Although we aim to please at all times, things sometimes go wrong. We would rather you told us when you are dissatisfied. If you are dissatisfied you can write in the first instance to :

**Underwriting Director, Advance Underwriting P O Box 186 Ipswich Suffolk IP4 4HP**

If you remain dissatisfied you should then write to:

**The Complaints Manager Lemma Europe Insurance Company Ltd, 85 Main Street Gibraltar**

**Tel: +350 41466**

**Fax: +350 47450**

## DECLARATION

I/we have read and agree the information provided. I/We declare that, to the best of my/our knowledge and belief ALL MATERIAL FACTS HAVE BEEN FULLY AND ACCURATELY DISCLOSED and that I/we agree to accept the terms and conditions contained in the document of insurance. I/we realise that failure to do so may result in this insurance being void. Material facts are those which may affect the assessment of the risk to be insured. If there is any doubt whether something is a material fact, full details are to be sent with this form.

I/We agree that this proposal shall be the basis of the contract between me/us and Lemma Europe Insurance Company. I/we undertake to inform Lemma Europe Insurance Company of any material alteration to these facts occurring before the Policy is issued and throughout the currency of the Policy.

Signature(s)		Date	

Please note — no cover is in force until this Client Declaration has been signed by the Proposer and continued cover is subject to acceptance by Lemma Europe Insurance Company.