

## RISK SUBMISSION FORM

| Broker Details  |     |  |    |  |
|---|-----|--|----|--|
| Broker Name   |     |  |    |  |
| Telephone Number  |     |  |    |  |
| Email Address   |     |  |    |  |
| Property Details  |     |  |    |  |
| Insured Name  |     |  |    |  |
| Risk Address & Postcode   |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| Current/Intended Occupation<br>(If vacant or part vacant then please complete a Vacant Questionnaire)                                     |     |  |    |  |
| Wall Construction   |     |  |    |  |
| Roof Construction   |     |  |    |  |
| Is any of the roof area flat? If YES please advise, percentage, age, construction and if there is a recorded inspection process in place? | Yes |  | No |  |
| Floor Construction  |     |  |    |  |
| Age of Property   |     |  |    |  |
| Is the Property Listed? If YES which Grade?   | Yes |  | No |  |
| Number of storeys   |     |  |    |  |
| Is the property in a good state of repair and regularly maintained  | Yes |  | No |  |
| Are there any adjoining premises? If YES is there a full firebreak wall between them and the risk address?                                | Yes |  | No |  |
| Any evidence or history of flooding either at the property or in the area? If YES please provide full details.                            | Yes |  | No |  |
| Any evidence or history of subsidence either at the property or in the area? If YES please provide full details.                          | Yes |  | No |  |

| Sums Insured               |           |  |    |  |                                      |
|----------------------------|-----------|--|----|--|--------------------------------------|
| Building Declared Value    |           |  |    |  |                                      |
| Commercial Loss of Rent    |           |  |    |  |                                      |
| Indemnity Period           |           |  |    |  |                                      |
| Residential Loss of Rent   |           |  |    |  |                                      |
| Landlords Contents         |           |  |    |  |                                      |
| Contents of Communal Area  |           |  |    |  |                                      |
| Property Owners Liability  |           |  |    |  |                                      |
| Employers' Liability       | Yes       |  | No |  | If YES, please provide details below |
| Duties:                    | Wageroll: |  |    |  |                                      |
| Main Employers PAYE Number |           |  |    |  |                                      |
| Address                    |           |  |    |  |                                      |

| Claims History - Last 5 Years  |                     |                  |          |
|--|---------------------|------------------|----------|
| Date   | Description of Loss | Amount           | Settled? |
|  |                     |                  |          |
|  |                     |                  |          |
|  |                     |                  |          |
|  |                     |                  |          |
|  |                     |                  |          |
| Have any preventative measures been taken to avoid a recurrence? If YES please provide full details: - |                     |                  |          |
|  |                     |                  |          |
| Are you the Holding Broker?  |                     | Current Insurer? |          |
| Renewal Date   |                     | Target Premium   |          |
| Deadline Date  |                     |                  |          |