

commercial

proposal form/ **photographers scheme**



**great service and
better benefits**

August 2013

OBF
INSURANCE GROUP

redefining / standards





ACCURACY & HONESTY WARNING

You have applied for a contract of insurance between you and AXA Insurance Limited. The information you have given us is the basis of this contract. Please read this information carefully and make sure it is correct. If the information is incorrect, AXA may declare the contract void, cancel your policy or refuse to pay any claim in addition to any other rights AXA may have under the policy. As a result you may also find it difficult to arrange this type of insurance in the future. If you are in doubt whether certain facts are important and should be notified to AXA, please ask us or your Insurance broker (if any). Protecting personal information is very important. Please read our Data Protection notice & Privacy statement which outlines how we use, share and protect your information.

PART A – Business and Cover Details

1 Insured's Name in full (Block Letter)	<input type="text"/>
2 Postal Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode (if any)	<input type="text"/>
3 Telephone number	<input type="text"/>
4 Address of property to be insured (if different from above)	<input type="text"/> <input type="text"/> <input type="text"/>
5 Telephone number	<input type="text"/>
6 Business	<input type="text"/>
7 Please detail any membership to Industry, Trade or Accreditation Body	<input type="text"/> <input type="text"/> <input type="text"/>
8 Insurance required from	<input type="text"/> to <input type="text"/> (DD/MM/YYYY)
9 Do you wish to pay the premium by installments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 1 & 2 – Buildings and Contents

Please see Summary of Cover for details of cover. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s).

1 Buildings (Optional)

Sum Insured

a) What is the replacement value of your Buildings?

€

b) If you want the additional inflation protection of Day One Average please indicate what percentage you require

☐

+15%

☐

+20%

☐

+25%

☐

+35%

2 Contents

a) Replacement value of Trade Contents including Landlord's fixture and fittings and interior decorations for which you are responsible but excluding stock in trade

€

b) Tenants Improvements Sum Insured

€

c) Video tapes, DVD's and CD's

€

d) Any other property – please specify and show sum insured

€

Section 3 – All Risks on Specified Items including laptops (Optional)

1 Do you require cover provided by this section

☒

Yes

☐

No

Please specify items

Sum Insured

€

€

€

€

€

€

€

Section 4 – Business Interruption and Loss of Accounts Receivable

a) Cover is automatically provided for loss of Gross Profit up to €750,000.

b) The Standard Indemnity Period is twelve months.

c) Accounts Receivable – cover is automatically included for €10,000.

If you wish to increase this as the automatic cover is insufficient state the extra amount required

€

Section 5 – Public and Product Liability / Employers Liability

1 Public/Products Liability

Please state the estimated annual turnover of your business for the next 12 months

€

The limit of Indemnity is €6,500,000.

2 Employers Liability

Please enter the total number of full time and part time employees

Full Time

Part Time

The limit of Indemnity is €13,000,000.

Section 6 – Computer Breakdown (Optional)

- a) Is all Computer Equipment the subject of a maintenance contract which provides a minimum service of on call remedial and/or corrective maintenance at inclusive costs? ☐ Yes ☐ No
- b) Do you back-up Computer Records at least every seven days? ☐ Yes ☐ No
- c) Do you store duplicate software and Computer Records away from the premises? ☐ Yes ☐ No

Description	Make	Model No	Date of Manufacture (DD/MM/YYYY)	New Replacement Value
				€
				€
				€
				€

PART B – General Questions

If you have ticked a shaded box ☒ please give details. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s).

1 Are the premises:-

- a) Built entirely of brick, stone or concrete and roofed with slates, tiles, concrete, metal, asbestos or any other non-combustible material? ☐ Yes ☐ No
- b) Self contained with a lockable entrance door? ☐ Yes ☐ No
- c) In your sole occupation? ☐ Yes ☐ No
- d) In a good state of repair? ☐ Yes ☐ No
- e) Occupied overnight? ☒ Yes ☐ No
- f) Please indicate the type of floors in the building ☐ Concrete ☐ Timber

2 Are any trade or manufacturing processes conducted in the premises?

- ☒ Yes ☐ No

3 Will any of your products be supplied directly or to your knowledge indirectly to USA or Canada?

- ☒ Yes ☐ No

4 Is your machinery and plant (including mechanically propelled plant) properly fenced, guarded and in good order and where appropriate inspected in accordance with statutory requirements?

- ☐ Yes ☒ No

5 Are your premises within a modern enclosed Shopping Centre?

- ☒ Yes ☐ No

If 'Yes', which of the following features are present:-

- Fire alarm ☒ Yes ☐ No
- 24 hour security ☒ Yes ☐ No
- Sprinkler installation ☒ Yes ☐ No

6 Are the premises:-

Within an area protected by Closed Circuit T.V. cameras?

- ☐ Yes ☐ No

If 'Yes', is the installation constantly monitored by security personnel?

- ☐ Yes ☐ No

7 Does security at your premises meet the Company's Minimum Standard of Security detailed in the Policy Booklet?

If 'No', cover for theft will not be in force until written confirmation of compliance is received by the Company

☐

Yes

☐

No

8 Are the premises protected by an intruder alarm?

If 'Yes', please give details of:-

a) **Alarm company and maintenance arrangements**

b) **Method of signalling**

c) **Any previous false alarms**

9 Is the majority of your work carried out within the Republic of Ireland?

If 'No', please give details of:-

☒

Yes

☐

No

10 Do you engage in any aerial photography?

If Yes please provide details

☒

Yes

☐

No

11 Do you engage in any underwater, stunt, medical, forensic or scientific photography?

If Yes please provide details

☒

Yes

☐

No

PART C – Optional Extensions (Only Complete If Required)

If you have ticked a shaded box ☒ please give details. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s). Please see Summary of Cover for details of these options.

1 Subsidence: Do you require cover for subsidence?

If 'Yes'

a) **Has the property suffered from subsidence, heave or landslip in the past?**

☒

Yes

☐

No

b) **Has a structural survey recently been carried out on the property?**

(If 'Yes' please attach a copy of the report)

☒

Yes

☐

No

c) **Is the property erected on made up ground (e.g. filled pits, rubbish tips and the like)?**

☒

Yes

☐

No

d) **Is the property, including detached outbuildings and garage blocks, free from evidence of cracking?**

☐

Yes

☒

No

e) **Has the property been underpinned?**

☒

Yes

☐

No

2 Professional Indemnity: Acceptance Criteria;

In the last 5 years there have been no;

- a) Professional indemnity claims made against the business or any Principal, partner, Direct or Employee.
- b) Complaints or changes or any circumstances that might give rise to a professional indemnity claim.
- c) Losses or suspected losses arising from the dishonesty of any Principal, Partner, Director, Employee or person acting on behalf of the business.

All of the Principals, Partners or Directors hold a recognised qualification in their field or have at least five years experience in the relevant industry.

None of the Principals, Partners or Directors are members of a Professional Body that insists on Professional Indemnity cover being purchased from an Approved Insurer Scheme.

You, the proposer:

- a) Do not offer any express warranty or guarantee in respect of the performance of their work or services
- b) Do not offer or accept contract conditions that increase their legal liability or restrict their rights of recourse against others.

Please confirm that you have read, understood and meet the above criteria, by ticking the box.

☐

3 Professional Indemnity – Cover Details

What limit of Indemnity is required?

€100,000

☐

€250,000

☐

€500,000

☐

How long have you held continuous Professional Indemnity Insurance?

Do you carry out work other than on the basis of a contract agreed by the client?

if 'Yes', please give details

☒

Yes

☐

No

Do you organise games, competitions or special offers for sales promotions?

if 'Yes', please give details

☒

Yes

☐

No

PART D – General Information (To Be Completed In All Cases)

If you have ticked a shaded box ☒ please give details. If the space provided is inadequate, use the Additional Information Section or continue on separate sheet(s).

- 1 Is there any other party, e.g. bank, building society, whose interest should be noted in the policy?

☒

Yes

☐

No

- 2 Have you or any of your partners or directors either personally or in connection with any business which you/they have been involved:

- a) Previously held insurance for any of the covers to which this Proposal relates at these premises or elsewhere?

☒

Yes

☐

No

If 'Yes', please advise name of insurers and policy number

- b) Held any insurance (in respect of the covers to which this Proposal relates) which has subsequently been:

- i) declined?

☒

Yes

☐

No

- ii) terminated?

☒

Yes

☐

No

- iii) refused renewal?

☒

Yes

☐

No

- iv) subjected to special terms?

☒

Yes

☐

No

- c) Ever been convicted or charged (but not yet tried) with a criminal offence other than a motoring offence?

☒

Yes

☐

No

- d) Had within the last five years any losses whether insured or not or had any claims made against you (in this or any existing or previous business)?

☒

Yes

☐

No

- e) Ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures?

☒

Yes

☐

No

PART E – Other Products and Services

In the future we, AXA, would like to use your personal data for the purpose of offering you other products and services, including those available from companies in the AXA Group and carefully selected third parties, which AXA thinks may be of interest to you. In this connection, and occasionally for market research and statistical purposes, the services of a reputable external agency may be used. This information may be provided to you by mail, telephone or email. If you do not wish to receive this information, please tick this box ☐.

PART F – Declaration

I declare that the particulars in this proposal are true to the best of my knowledge and belief. I also declare that if anything on this form was written by another person, he/she acted as my agent for this purpose.

I agree that this proposal and declaration shall be the basis of the contract between me and AXA Insurance Limited.

Proposer signature

Date



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