|  |  |
| --- | --- |
| **Broker / Agents Details** |  |
| Broker Name |  | Contact Name |  |
| Broker Address |  |
| Telephone number |  | Fax Number |  |
| e-mail address |  | Date Submitted |  |
| Renewal date |  | **Deadline Date** |  |
| Holding agent |  | Last Years Premium |  |
| Holding insurer |  | Target Premium |  |

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| --- |
| Proposer’s / Insured’s details Date of Issue: |
| Proposer’s Name |  |
| Website Address |  | PAYE Ref Code (ERN) |  |
| Proposer’s Address |  |
| Address continued |  | Post Code  |  |
| Business Description |  |
| Other Companies  *Please list all and specify whether dormant, a subsidiary or associated and include any ‘Trading as’ names* |
| Name (and address if different from above) |  | PAYE Ref Code (ERN) |  |
| Name (and address if different from above) |  | PAYE Ref Code (ERN) |  |
| Name (and address if different from above) |  | PAYE Ref Code (ERN) |  |

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| Claim Experience in past 5 years |
| Date | Details (include circumstances and post loss action to prevent reoccurrence) | Amounts paid |
|  |  | £*Include any outstanding amounts not yet paid* |
|  |  | £*Include any outstanding amounts not yet paid* |
|  |  | £*Include any outstanding amounts not yet paid* |
|  |  | £*Include any outstanding amounts not yet paid* |

Continue elsewhere if necessary for the disclosure of all claims.

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| RISK LOCATIONS |
| Location 1 |
| Address |  |
| Address continued |  | Post Code |  |
| Occupation / use |  |
| Describe area |  |
| **Description** | **Sum Insured** |
| Block of Flats - Building Sum Insured | £ |
| Landlord’s contents in private flats let unfurnished | £ |
| Contents of communal areas | £ |
| Employers Liability limit of indemnity | £ |
| Public Liability limit of indemnity | £ |
| Is more than 10% of the Block of Flats left unoccupied for more than 30 consecutive days? | Yes / No *(delete as applicable)* |
| Is cover required for Inspection & Breakdown?If yes, please state which items: | Yes / No *(delete as applicable)*    |
| Is cover required for Directors & Officers? | Yes / No *(delete as applicable)* |
| Are the following features present?Electronic entry system?NACOSS approved alarm?CCTV with 24-hour monitoring?Fire alarm? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| In the block of flats to be insured:Is the block solely occupied as private flats?Are any flats let as student accommodation?Are any flats let to DSS referrals?Are any flats let on short-term leases (i.e. 6 months or less)? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| Construction of buildingWalls RoofFloors |      |
| Purpose built flats? | Yes / No *(delete as applicable)* |

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| --- |
| Location 2 |
| Address |  |
| Address continued |  | Post Code |  |
| Occupation / use |  |
| Describe area |  |
| **Description** | **Sum Insured** |
| Block of Flats - Building Sum Insured | £ |
| Landlord’s contents in private flats let unfurnished | £ |
| Contents of communal areas | £ |
| Employers Liability limit of indemnity | £ |
| Public Liability limit of indemnity | £ |
| Is more than 10% of the Block of Flats left unoccupied for more than 30 consecutive days? | Yes / No *(delete as applicable)* |
| Is cover required for Inspection & Breakdown?If yes, please state which items: | Yes / No *(delete as applicable)*     |
| Is cover required for Directors & Officers? | Yes / No *(delete as applicable)* |
| Are the following features present?Electronic entry system?NACOSS approved alarm?CCTV with 24-hour monitoring?Fire alarm? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| In the block of flats to be insured:Is the block solely occupied as private flats?Are any flats let as student accommodation?Are any flats let to DSS referrals?Are any flats let on short-term leases (i.e. 6 months or less)? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| Construction of buildingWalls RoofFloors |      |
| Purpose built flats? | Yes / No *(delete as applicable)* |

|  |
| --- |
| Location 3 |
| Address |  |
| Address continued |  | Post Code |  |
| Occupation / use |  |
| Describe area |  |
| **Description** | **Sum Insured** |
| Block of Flats - Building Sum Insured | £ |
| Landlord’s contents in private flats let unfurnished | £ |
| Contents of communal areas | £ |
| Employers Liability limit of indemnity | £ |
| Public Liability limit of indemnity | £ |
| Is more than 10% of the Block of Flats left unoccupied for more than 30 consecutive days? | Yes / No *(delete as applicable)* |
| Is cover required for Inspection & Breakdown?If yes, please state which items: | Yes / No *(delete as applicable)*      |
| Is cover required for Directors & Officers? | Yes / No *(delete as applicable)* |
| Are the following features present?Electronic entry system?NACOSS approved alarm?CCTV with 24-hour monitoring?Fire alarm? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| In the block of flats to be insured:Is the block solely occupied as private flats?Are any flats let as student accommodation?Are any flats let to DSS referrals?Are any flats let on short-term leases (i.e. 6 months or less)? | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |
| Construction of buildingWalls RoofFloors |      |
| Purpose built flats? | Yes / No *(delete as applicable)* |

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| Do you comply with the Control of Asbestos Regulations 2006 (CAR) and having identified the presence of asbestos and asbestos carrying materials, assessed the potential risks and prepared a management plan?Do your employees carry out any work with asbestos or asbestos carrying materials | Yes / No *(delete as applicable)*Yes / No *(delete as applicable)* |

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| Give details of any other covers required or additional information below: |
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| PREVIOUS INSURANCE |
| Has any insurer in respect of the business to which this insurance would relate, or any other business that you are proposing for insurance, its subsidiary companies, or a business that its partners or directors have been involved with,: |
| a) declined or refused insurance cover or declared cover void? | Yes / No *(delete as applicable)* |
| b) refused to renew or cancelled any insurance for reasons other than non-payment of  premium? | Yes / No *(delete as applicable)* |
| c) imposed any special terms or conditions? | Yes / No *(delete as applicable)* |
| If Yes to a), b) or c) above, please provide details: |
|         |
| FINANCIAL STATEMENT |
| Have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity: |
| a) been convicted of a criminal offence or charged (but not yet tried) with a criminal offence, other than motoring offences and/or convictions spent under the terms of the Rehabilitation of Offenders Act 1974 or any subsequent amendments to the Act | Yes / No *(delete as applicable)* |
| In the last 5 years have you or any partner, any director or any other person who plays a significant role in managing or organising the business activities, either personally or in any business capacity been: |
| b) declared bankrupt, been the subject of any bankruptcy proceedings or any form of  insolvency or winding up procedures (including administrative receivership) | Yes / No *(delete as applicable)* |
| c) the subject of a recovery action by HM Revenue & Customs | Yes / No *(delete as applicable)* |
| d) prosecuted, served prohibition or served an improvement order or notice under Health and Safety legislation or Environmental Protection legislation | Yes / No *(delete as applicable)* |
| e) disqualified from being a company director | Yes / No *(delete as applicable)* |
| f) the subject of a County Court or High Court judgement | Yes / No *(delete as applicable)* |
| g) director of a company that has received a County Court or High Court judgement against it | Yes / No *(delete as applicable)* |
| If Yes to a), b), c), d), e), f) or g) above, please provide details: |
|              |

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| FAIR PRESENTATION |
| It is your statutory duty before entering into a contract of insurance, prior to an alteration and at renewal to make a fair presentation of the risk to be insured and to ensure that information is provided in a clear and accessible format.Every material circumstance which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search, should be disclosed. A circumstance is material if it would influence the judgement of an insurer in deciding whether to take the risk and, if so, on what terms and at what premium. Please ensure that any information provided is correct. Any belief or expectation disclosed should be made in in good faith.If You are in any doubt as to whether a circumstance is material then You should disclose it and let us decide.We will expect you to make reasonable enquiries and proactively gather information however, where this is not practical you must make us aware, as your broker, that further enquiries are needed to accurately underwrite the risk.Any questions put to you in this broking template must be answered honestly, accurately and in good faith. You must check all the information provided in this fact find and if any details are incorrect or incomplete you must advise us immediately.Failure to make a fair presentation of the risk could affect the extent of cover provided or could invalidate Your policy.  |
| Give details of any additional information below: |
|           |
| Give details below of any areas where additional enquires may be necessary to accurately assess the risk |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must have made all the necessary enquiries of their fellow director’s, officers, board members, senior managers, employees and third parties involved with the business to identify and / or verify the information provided in this document as true and accurate.  |
| Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**THE LAW APPLICABLE**

You and the Insurers can choose the law which applies to the policy. The Insurers propose that the law of England and Wales apply. Unless you and the Insurers agree otherwise, the Law of England and Wales will apply to the policy.

## Compliance aide-memoire

The information contained in this Risk Presentation has been supplied by

< CUSTOMER NAME >.

of < CUSTOMER’S ADDRESS >.

at the meeting held on < MEETING DATE >.

The details contained herein have been recorded by

< COBRA MEMBER NAME >, a member of COBRA Network Ltd

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has the prospective client been advised that the COBRA Member is acting as an agent on the prospective client’s behalf? |  |  |
| Has the COBRA the member declared that they are Authorised and Regulated by the Financial Conduct Authority (FCA) and as such conforms to FCA Rules & Regulations? |  |  |
| Have the following items been passed to the prospective client?* a COBRA Member business card
* relevant COBRA Member promotional material
* the COBRA Members Terms of Business?
 |  |  |
| Has the prospective client been made aware of the importance of the Duty of Fair Presentation and the need to conduct a reasonable search of the information available and the necessity for the prospective client to provide full and accurate details of their risk? |  |  |

**NOTE**

Please note that a quotation will only be provided where full details are provided under that relevant section. If you are unable to provide full details or leave sections of the broking template blank further enquiries will be necessary to provide a quotation and this may delay the process.

Please delete any cover sections that are not required.