

## Property Owners Insurance Proposal Form

Ref. No./Policy No. <input style="width: 95%;" type="text"/>	Agency No. <input style="width: 95%;" type="text"/>
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Please take care to complete this form fully and correctly and to disclose all material facts which are likely to influence our acceptance and assessment of your proposal. If you are in any doubt about whether or not a fact is material, you should disclose it. Failure to do so could invalidate your policy or lead to a claim not being paid or not being paid in full. Please see more information on your Duty of Fair Representation at the end of this form.

Please complete the form in BLOCK Capitals	
<b>Full Name of Proposer(s)</b>	<input style="width: 95%;" type="text" value="Mr/Mrs/Miss/Ms"/>
<b>Company Name</b>	<input style="width: 95%;" type="text"/>
<b>Address of Property to be Insured</b>	<input style="width: 95%;" type="text"/>
<input style="width: 25%;" type="text"/>	Postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> Telephone <input style="width: 10%;" type="text"/> – <input style="width: 10%;" type="text"/>
<b>Communication Address if different from above</b>	<input style="width: 95%;" type="text"/>
<input style="width: 25%;" type="text"/>	Postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> Telephone <input style="width: 10%;" type="text"/> – <input style="width: 10%;" type="text"/>
<b>Period of Insurance</b>	From <input style="width: 10%;" type="text"/> Day <input style="width: 10%;" type="text"/> Month <input style="width: 10%;" type="text"/> Year to <input style="width: 10%;" type="text"/> Day <input style="width: 10%;" type="text"/> Month <input style="width: 10%;" type="text"/> Year at noon
<b>Name &amp; Address of Interested Party (if any)</b>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 25%;" type="text"/>	Postcode <input style="width: 10%;" type="text"/> <input style="width: 10%;" type="text"/> Telephone <input style="width: 10%;" type="text"/> – <input style="width: 10%;" type="text"/>
<b>Employer Reference Number (PAYE Code)</b>	<input style="width: 95%;" type="text"/>

<b>Use of Premises to be Insured</b>	Commercial/Business <input type="checkbox"/>	Residential <input type="checkbox"/>
If for commercial use please state type of business	<input style="width: 95%;" type="text"/>	

COVER REQUIRED		
Package Cover includes Section 1 Buildings, Section 2 Loss of Rent and Section 3 Property Owners Liability. Please indicate below optional covers required, if 'YES' to any of the following optional covers please enquire for separate quotation		
<b>Employers Liability</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Terrorism Cover</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Landlords Contents</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 1 - THE BUILDINGS	
Please state	
<b>1. Reinstatement Sum Insured</b> Note: The Sum Insured should represent the full cost of rebuilding (as new) including Fixtures & Fittings other than Landlords Contents and an allowance for architects and surveyors fees, debris removal costs and any other costs which may be incurred in complying with local authority requirements	£ <input style="width: 80%;" type="text"/>
<b>2. Do you wish to amend the standard Policy Excess of £250?</b> If 'Yes' please indicate the amount of excess required	Yes <input type="checkbox"/> No <input type="checkbox"/> £ <input style="width: 80%;" type="text"/>
<b>3. Year the Property was built</b>	<input style="width: 80%;" type="text"/>
<b>4. Is any part of the Premises roof flat and covered in asphalt?</b> If 'Yes', please give details of size and age of the flat roof	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input style="width: 95%;" type="text"/>	

## SECTION 2 - LOSS OF RENT

Please state

Annual Rent £

Period of Rent to be Insured

months

Sum Insured £

Note: The Sum Insured should be the annual rent expected during the insurance year multiplied by the Period to be Insured (in years or fraction of years). Your Property Owners Policy automatically includes any increase in Rent as a result of Rent Review during the Period to be indemnified up to maximum of 100% of the Sum Insured

## SECTION 3 - PROPERTY OWNERS LIABILITY

Your liability as Property Owner is automatically insured up to a Limit of Indemnity of £2,000,000

Do you wish to increase the Limit of Indemnity to £5,000,000? (additional Premium will apply)

Yes

No

### SUBSIDENCE COVER

Yes

No

If 'Yes' to subsidence cover, please complete the following subsidence questionnaire:-

- A. Are the Premises free from any signs of damage by Subsidence, Landslip or Heave free from any cracks to external walls and without any history of damage? Yes  No
- B. Are neighbouring properties or immediate area in which your Premises are sited free from any sign of damage by Subsidence, Landslip or Heave and without any history of damage? Yes  No
- C. On what type of soil is the property built?
- D. Have you known any details about the foundations? e.g. Depth, Type (whether piled or on concrete raft), any other special features.
- E. Has the property been Extended? Yes  No
- F. Are there any cliffs, quarries, hills or similar features nearby? Yes  No
- G. Are there or have there been any local mining operations, underground railways, wells, streams, sewers or other underground activity such as salt extraction nearby? Yes  No
- H. Are there any trees growing in the vicinity of the property which could affect the foundations? Yes  No
- I. Has any underwriter or insurance company ever declined or imposed any special terms on any similar insurance proposed by you? Yes  No

If the answer to any of the subsidence questions is YES, please provide details.

## OPTIONAL SECTION

### SECTION 4 - EMPLOYERS LIABILITY

Yes

No

Your liability for injury to Employees will be insured up to a limit of £10,000,000

If 'Yes' to Employers Liability Cover please state details of Employees to be included

1. Categories of Employee	Number of Employee(s)	Estimated Total Annual Earnings
Employees engaged in Maintenance	<input type="text"/>	£ <input type="text"/>
Caretakers	<input type="text"/>	£ <input type="text"/>
Employees engaged in Security	<input type="text"/>	£ <input type="text"/>
Clerical / Managerial	<input type="text"/>	£ <input type="text"/>
Others	<input type="text"/>	£ <input type="text"/>

Note: 'Earnings' means total wages, salaries, bonuses, commissions and other earnings without deduction for Income tax, National Insurance or contributor Pensions and other amounts deducted by agreement or otherwise

2. Are any Employees engaged, or likely to be engaged in exterior maintenance work above 2 storeys in height? Yes  No

**OPTIONAL SECTION**

**SECTION 5 - LANDLORDS CONTENTS**

Yes  No

If 'Yes' please give details of Property to be Insured and the Sum Insured you require for each (these are contents other than Landlords Fixtures and Fittings insured under section 1)

**Property to be Insured**

**Sum Insured**

1	<input type="text"/>	£ <input type="text"/>
2	<input type="text"/>	£ <input type="text"/>
3	<input type="text"/>	£ <input type="text"/>
4	<input type="text"/>	£ <input type="text"/>
5	<input type="text"/>	£ <input type="text"/>

Note: The Sum Insured must represent the full cost of repair or replacement as new of all insured items plus an inflationary amount

**ABOUT THE PREMISES (To be completed in all cases)**

Are the premises (tick as applicable)

**A. Occupied?**

Yes  No

If 'Yes' how are the premises occupied?

Professional Let

A Family

Students

Individuals

Others (Please Specify)

If No, how often are they visited?

**B. Split into flats or bedsits?**

Yes  No

If yes, how many flats or bedsits?

**C. A listed building or have any historical interest?**

Yes  No

If 'Yes' please give full details

**D. Of standard construction?**

Yes  No

(e.g. brick, stone, concrete, roof with slates, tiles, concrete & asphalt)

**E. In a good state of repair?**

Yes  No

**F. In an area which is free from flooding and not in vicinity of any rivers, stream or tidal waters?**

Yes  No

If the answer to any questions E and F is "No" Please give details

**PROTECTION OF THE PREMISES (To be completed in all cases)**

1. Are all your existing doors of sound construction and fitted with good quality deadlocks which comply with BS3621 (look for the British Standard Kitemark)?

Yes  No

2. Are all opening windows fitted with key operated window locks in addition to the standard fastening?

Yes  No

If the answer to either 1 or 2 is "NO", Please give details

3. Burglar Alarms fitted Yes  No  If Yes, Connected to Central Station  Bell or Infra red

If an alarm is fitted, is the installer a member of N.A.C.O.S.S?

Yes  No

Is there a maintenance contract in force?

Yes  No

4. Any other protections? (e.g. Safety Grills)

## GENERAL QUESTIONS (To be completed in all cases)

Have you or any partner, director, principal shareholder in the business:

- 1 **A. Ever been refused insurance or had any special terms or conditions imposed by any insurer?** Yes  No   
If 'Yes' please give details
- B. During the last five years sustained any loss or had any claim made against you, whether insured or otherwise, in connection with any of the types of insurance for which cover is required?** Yes  No   
If 'Yes' please give details
- C. Ever been convicted of or have any prosecution pending for any offence involving dishonesty of any kind?** Yes  No   
If 'Yes' please give details
- 2 **Have you or any principal in the business or any company in which any of you have had an interest been declared bankrupt, the subject of bankruptcy proceedings or made any arrangement with creditors?** Yes  No   
If 'Yes' please give details
- 3 **Are you currently insured or have previously held insurance against any of the risks proposed?** Yes  No   
If 'Yes' please state name of Insurer
- 4 **Have you or any principal ever held a policy with China Taiping Insurance (UK) Co Ltd Company?** Yes  No   
If 'Yes' please state policy number

## YOUR DUTY OF FAIR REPRESENTATION

You have the duty of fair representation which means that you have to disclose to us either every material fact that you know or ought to know by reasonable search both within your company or organization, and externally or give us sufficient information so as to prompt our further enquiries on certain matters.

A material fact is defined as one that would influence the judgement of a prudent underwriter.

If in doubt, disclose the information to allow us to consider as appropriate.

Reasonable searches within and outside of your company or organization include information held or suspected by your business senior management, anyone internal or external who contributes to the placement of your insurance including but not solely your insurance adviser, loss adjuster, any consultants etc.

Material facts should be disclosed to us in a reasonably clear and accessible manner.

## PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Limited of 2 Finch Lane, London, EC3V 3NA is the data controller for the purpose of the Data Protection Act 1998.

By proceeding to use our service you consent that we may process the personal data (including sensitive personal data) that we collect from you in accordance with our Privacy Policy [<http://uk.cntaiping.com/uk-privacy/>], a copy of which can be provided on request. In particular, we may use information we hold about you for the purposes of providing insurance to you, ancillary and related purposes, acting as an intermediary for any financial transactions including insurance broking, and debt administration to our clients; promote our goods and services; and maintaining our own accounts and records.

Your personal data will be retained in strict confidentiality and security. Also, you agree that, to offer you a more personalised service, and for administration purposes, your information may be transferred to, and stored or processed at, other China Taiping group companies; some of these companies may be located in countries where privacy and data protection law differ from the UK, including countries outside the European Economic Area ("EEA"). Your information may be processed by data processors engaged by China Taiping Insurance (UK) Co Limited, including some that may be outside the EEA.

Your information may be shared with other third parties, including loss adjustors and claims handlers, as set out in our privacy policy (see link above), a copy of which can be provided upon request. These data processors will be subject to a written agreement concerning the treatment, storage and use of your personal information.

Where appropriate we make checks with a licensed credit referencing agency and a record of any search will be made. We exchange information with other insurers through various databases to help us check information provided and also to prevent fraudulent claims. We will disclose information about you to regulatory authorities in response to formal requests.

Where it is necessary to transfer, store or process data we collect from you at a destination outside the EEA, any such transfers will be made in compliance with the Data Protection Act. By submitting your personal data, you agree to this transfer, storing or processing.

Should you have any questions or comments or wish to access, correct, modify or delete your information, or, where relevant, withdraw your consent to the use of your information as set out in this notice, or receiving communication from us, please send your request to:

China Taiping Insurance (UK) Co Limited  
2 Finch Lane  
London  
EC3V 3NA  
or by email to [compliance@uk.cntaiping.com](mailto:compliance@uk.cntaiping.com)

## DECLARATION

You declare that:

1. All material facts and information contained above are correct and complete including the reasonable searches made by you and you have declared all facts or gave us enough information so as to prompt our further enquiries.
2. You have read the above and understand your duty to make a fair presentation as described above.
3. You agree to our standard policy wording, a copy of which can be provided on request.
4. You have read the Data Protection statement above and you agree to your data being used for the purposes specified including for a financial health check by a credit reference agency where deemed necessary.

Signature

Date

Position

Members of the Association of British Insurers  
Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

2 Finch Lane, London EC3V 3NA. Tel: 020-7839 1888 Fax: 020-7621 1202  
Registered in England & Wales No. 1766035

05/2017

# METHOD OF PAYMENT

## Customer Details

Full Name / Business Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Policy No./Ref. No \_\_\_\_\_

## 1. By Cheque

Cheque should be made payable to China Taiping Insurance (UK) Co Ltd    **£** \_\_\_\_\_

## 2. By Major Credit / Debit Cards

Please debit my \_\_\_\_\_ **£** \_\_\_\_\_  
 Please ✓ tick

Mastercard	Visa	Switch	Delta	Solo	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Card Number [ ] Issue No [ ] [ ]

Expiry Date [ ] [ ] / [ ] [ ]      Cardholder's Signature \_\_\_\_\_

## 3. By Direct Debit



**中國太平保險(英國)有限公司**  
CHINA TAIPING INSURANCE (UK) CO LTD

Originator's Identification Number

940972



**INSTRUCTION TO YOUR BANK/BUILDING SOCIETY TO PAY BY DIRECT DEBIT** (Please Complete in Block Capitals)

<b>1</b>	<b>NAME AND FULL POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY</b>
To: The Manager _____ Bank / Building Society	
Address _____	
Postcode _____	
<b>2</b>	<b>NAME(S) OF ACCOUNT HOLDER(S)</b>
_____	
<b>3</b>	<b>BRANCH SORT CODE (FROM THE TOP RIGHT HAND CORNER OF YOUR CHEQUE)</b>
[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]	
<b>4</b>	<b>BANK/BUILDING SOCIETY ACCOUNT NUMBER</b>
[ ] [ ]	
<b>5</b>	<b>INSTRUCTION TO YOUR BANK/BUILDING SOCIETY</b>
Please pay China Taiping Insurance Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with China Taiping Insurance and, if so, details will be passed electronically to my Bank/Building Society.	
Signature(s) _____	
Date [ ] [ ] / [ ] [ ] / [ ] [ ]	
<b>CHINA TAIPING INSURANCE POLICY NUMBER ( IF KNOWN )</b>	
_____	

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

**THIS GUARANTEE SHOULD BE RETAINED BY THE PAYER**

### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits period.
- If there are any changes to the amount, date or frequency of your Direct Debit, China Taiping Insurance (UK) Co Ltd will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request China Taiping Insurance (UK) Co Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by China Taiping Insurance (UK) Co Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back upon China Taiping Insurance (UK) Co Ltd's request.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



#### Rules to the Scheme

To join the scheme, you must satisfy the following requirements:-

1. You must be at least 18 years old and have a bank or building society current account in the U.K.
2. If any adjustments to the annual premium becomes necessary during the period of insurance it will be dealt with automatically by a recalculation of the remaining instalments period.
3. Claims will be settled by China Taiping insurance in the usual way. You, for your part, must continue with the instalment payments, throughout the period of insurance
4. If proves impossible for us to collect an instalment from your bank and we are unable to do so within 14 days of the scheduled date, we shall request from you the full premium for the remainder of the period of insurance. If this amount is not paid within 14 days we shall cease cover and cancel the policy.
5. You must ensure to have sufficient cleared balance in your account for our Direct Debit collection. China Taiping Insurance will not be liable for the bank charges levy on you due to insufficient amount in your bank.
6. Any delay in registering your Direct Debit mandate to us may result in an one off instalment collection of more than one month's worth of payment.
7. Please send this advice to China Taiping Insurance agent or direct to China Taiping Insurance (UK) Co Ltd, 2 Finch Lane, London EC3V 3NA.  
Tel. 020 7839 1888 Fax: 020-7621 1202



**中國太平保險(英國)有限公司**  
CHINA TAIPING INSURANCE (UK) CO LTD

**2 Finch Lane, London EC3V 3NA**