

4 Proposers / Directors / Partners of the firm

4.1 Please tick any of the following that apply to any proposer, director or partner of the Trade or Business or its Subsidiary Companies if they have ever, either personally or in any business capacity:

- i. Had any convictions or criminal offences which are not spent under the Rehabilitation of Offenders Act or has any prosecutions pending
- ii. Been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceeding
- iii. Had a proposal refused or declined
- iv. Had an insurance cancelled
- v. Had a renewal refused
- vi. Had special terms imposed
- vii. Had any non-motor convictions, criminal offences or prosecutions pending
- viii. None

4.2 Do you:

- i. Have any losses or incidents giving rise to losses in the last 5 years? Yes No
- ii. Or any contractors on your behalf undertake or have undertaken in the last 10 years, any form of work with Asbestos including sampling, treatment, maintenance and/or repair? Yes No

5 Renewal details (if applicable)

Previous insurer <input style="width: 95%;" type="text"/>	Renewal date <input style="width: 95%;" type="text" value=" / /"/>
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6 Office premises details

	Main Office	Additional Office 1	Additional Office 2
6.1 What are the trades at these premises?	Covered by Full business description	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
6.2 What is the occupancy at these premises?			
i. 24 Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Business Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Day Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Night Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Unoccupied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Please tick any of the following that apply and provide details on the additional sheet:			
i. The business is not self contained with its own means of access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. The premises is in an area with a history of flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. The property is of non-standard construction (walls not built only of brick, stone, or concrete or roofed only with slates, tiles or concrete)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. The property or adjacent property has suffered from, or shows any visible signs of damage from subsidence, landslip or ground heave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. You are not the sole occupant (if other than offices or private dwellings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. The building roof is flat or partially flat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Main Office		Additional Office 1		Additional Office 2							
6.4	Is there an intruder alarm? <i>(If Yes, provide details on the additional sheet)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.5	Does the alarm incorporate confirmable technology?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.6	Is the alarm under your sole control?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.7	Do you have any of the additional security items noted on the additional information form? <i>(If Yes, tick those that are applicable on the additional sheet)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.8	What is the access control method during business hours?												
	i. Code entry via keypads			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
	ii. Doorman			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
	iii. Manned Desk			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
	iv. Swipe cards			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
	v. Video telephone			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
	vi. None of the above			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
6.9	Have Risk Assessments been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.10	Do you have a formal Disaster Recovery Plan in place?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
6.11	Are any chemicals stored on site?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

7 Buildings

7.1	Does the company own the building?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
7.2	Please enter the amounts required for the following:	Sum insured		Sum insured		Sum insured		Sum insured		Sum insured		Sum insured	
	i. Buildings (rebuild cost) (only complete if buildings cover required)	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	ii. Landlord's fixtures and fittings	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	iii. Tenant improvements	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	iv. Annual rent payable	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
7.3	What indemnity period is required? (12, 24 or 36 months)	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	

8 Contents

8.1	Please enter the amounts required for the following:	Sum insured		Sum insured		Sum insured	
	i. Personal computers and ancillary computer equipment at the office	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	ii. Laptops	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	iii. All other contents / business equipment	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	iv. Documents	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	v. Work in progress & stock	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	
	vi. Portable equipment away from the premises anywhere in the UK	£ <input type="text"/>		£ <input type="text"/>		£ <input type="text"/>	

vii.	Portable equipment away from the premises anywhere in the EU	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
viii.	Portable equipment away from the premises anywhere in the world	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
ix.	Money	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
8.2	Do you require cover for specific items? (If Yes, provide details on the additional sheet)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.3	Is computer breakdown cover required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.4	If Yes to the above, please enter the amount required;	Sum insured	Sum insured	Sum insured
		£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
8.5	What indemnity period is required? (12, 24 or 36 months)	<input type="text"/>	<input type="text"/>	<input type="text"/>

9 Additional covers

Please tick where you require any of the additional covers and enter the amounts where applicable:

	Cover required	Sum insured
i. Accidental Damage	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ii. Standard Fire & Specified Perils	Yes <input type="checkbox"/> No <input type="checkbox"/>	
iii. Subsidence Ground Heave Landslip	Yes <input type="checkbox"/> No <input type="checkbox"/>	
iv. Terrorism	Yes <input type="checkbox"/> No <input type="checkbox"/>	
v. Business Interruption	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
vi. Book Debts	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
vii. Public Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
viii. Employers Liability	Yes <input type="checkbox"/> No <input type="checkbox"/>	£10,000,000 <input type="text"/>
ix. Goods in Transit	Yes <input type="checkbox"/> No <input type="checkbox"/>	£ <input type="text"/>
Goods in Transit: Consignment limit	£ <input type="text"/>	
Goods in Transit: Number of vehicles	<input type="text"/>	

10 Sanctions

Do you have any connection to customers or suppliers operating in the following countries or are any form of product or service sourced from or passed through these countries or indeed any employees who would visit any of these countries on business: Yes No

Iran, Syria, Belarus, South Sudan, Cuba, Democratic Republic of Congo, North Korea, Somalia, Sudan, Zimbabwe, Russia, Ukraine, Crimea.

People consulted in completion of the form

Please list below the people you have consulted to assist with the completion of this form, including any external providers:

Name	Position	Location

Please continue on a separate sheet if necessary.

Confirmation

Your duty to make a fair presentation of the risk

You must make a fair presentation of the risk to us when you take out, renew or amend your policy. A fair presentation requires you to tell us about all facts and circumstances which may be material to the insurance or sufficient information to put a prudent insurer on notice that further enquiries are needed, in a clear and accessible manner. Material facts are those which are likely to influence an insurer in the acceptance or assessment of the terms or pricing of your policy. If you are in any doubt as to whether a fact is material, you should tell us about it.

If you fail to make a fair presentation of the risk, where that failure is deliberate or reckless, the insurer may treat your policy as if it had not existed, refuse to pay any claims and keep the premium paid. Where the failure is not deliberate or reckless but the insurer would not have accepted the policy had you told them about a material fact or circumstance, the insurer may treat your policy as if it had not existed and refuse to pay any claims but must return the premium. In other cases, the insurer may only pay part of the value of your claim or impose additional terms.

For these reasons, it is important that you check all of the facts, statements and information set out in the documentation provided by us are complete and accurate, and that you answer any questions completely and accurately. If there is more than one person involved in your business or employed by you, you should check with them, where appropriate, that the facts and statements that you make are complete and accurate.

If any of the facts, statements and information in this document, or any additional information provided are incomplete or inaccurate, you must contact us immediately. Failure to do so could invalidate your policy or lead to a claim not being paid.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts and undertake to inform the insurer of any change to any material fact. I understand that the information provided will be used by the insurer and/or their agents to arrange and administer the insurance and in handling claims which may necessitate sharing information with third parties and that information may be shared with business partners to deliver any additional services provided with this insurance.

A copy of this proposal should be retained by you for your own records

This form must be signed by a principal of the firm

Signature: _____ Date: ____ / ____ / ____

Print name: _____ Position: _____

Please return this application form along with any other supplementary information sheets to the address detailed below:-

Bluefin Professions | Castlemead | Lower Castle Street | Bristol | BS1 3AG
t: 0117 929 3344 | enquiry.professions@bluefingroup.co.uk | www.bluefinprofessions.co.uk



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Office insurance Additional information form

Please provide additional details below for any questions that require further information:

Number of offices

	Main Office	Additional Office 1	Additional Office 2
Trading name <i>(if different from that under the Proposal form)</i>	Covered by Full business description		
Premises address	Covered by Main office address		
Year established at this address	YYYY	YYYY	YYYY
Designation of office			
i. Business Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Covered Shopping Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Domestic Premises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Industrial Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Office Block up to 10 floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Office Block > 10 floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Precinct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listed Building status			
i. Grade 1 Listed Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Grade 2 Listed Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Grade 2* Listed Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Preservation Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Not Listed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of subsidiary companies

Subsidiary No.	Subsidiary company name
1	
2	
3	
4	

Number of Partners

Title	First Name	Surname

Office premises details

For question '6.3, iii. The property is of non-standard construction (walls not built only of brick, stone, or concrete or roofed only with slates, tiles or concrete)', please confirm the following:

	Main Office	Additional Office 1	Additional Office 2
Building wall material and construction percentage			
i. Asbestos	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
ii. Brick	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
iii. Brick / Timber Frame	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
iv. Cob	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
v. Concrete	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
vi. Corrugated Iron	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
vii. Essex	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
viii. Fibreglass	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
ix. Flint	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
x. Glass	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xi. Metal	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xii. Plastic	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xiii. Prefabricated Building – Combustible Materials	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
ix. Prefabricated Building – Non Combustible Materials	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
x. Slate	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xi. Stone	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xii. Stramit	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xiii. Tile	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xiv. Timber	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xv. Timber Frame	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xvi. Timber / Plaster	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xvii. Wattle and Daub	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xviii. Woodwall	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %
xix. Woodwork	<input type="checkbox"/> %	<input type="checkbox"/> %	<input type="checkbox"/> %

	Main Office	Additional Office 1	Additional Office 2
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Building roof material and construction percentage

i.	Asbestos	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
ii.	Asphalt	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
iii.	Concrete	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
iv.	Corrugated Iron	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
v.	Felt on Timber	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
vi.	Fibreglass	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
vii.	Glass	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
viii.	Metal	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
ix.	Plastic	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
x.	Shingle	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
xi.	Slate	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
xii.	Stramit	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
xiii.	Thatch – Fibre	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
ix.	Thatch – Reed	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
x.	Tile	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
xi.	Timber	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
xii.	Turnerised	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
xiii.	Woodwork	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%

Building floor material and construction percentage

i.	Concrete	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
ii.	Concrete Ground Floor, Remainder Timber	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
iii.	High Alumina Cement	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
iv.	Metal	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
v.	Mixed – Concrete and Timber / Metal	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
vi.	Prefabricated Building – Combustible Materials	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
vii.	Prefabricated Building – Non Combustible Materials	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
viii.	Stone	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%
ix.	Timber	<input type="checkbox"/>	%	<input type="checkbox"/>	%	<input type="checkbox"/>	%

Please state the number of storeys where the floor is of wooden construction

For question '6.3, vi. The building roof is flat or partially flat', please confirm the following:

Flat roof percentage

 %

 %

 %

For question '6.4, Is there an intruder alarm?', please confirm the following:

	Main Office	Additional Office 1	Additional Office 2
6.4.1 What is the alarm type?			
i. ABC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Audible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Central Station Dial-Up Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Central Station Direct Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Digicom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Dualcom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. High Decibel Internal Sounder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Line to Site Security Office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. PAKNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Police Direct Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. REDCARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii. RedcareGSM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiii. Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4.2 What is the accreditation?			
i. Alarms Inspectorate and Security Council Limited – Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Independent Alarm Inspectorate – Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. NSI NACOSS Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. SSAIB Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4.3 What is the maintenance contract accreditation?			
i. Alarms Inspectorate and Security Council Limited – Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Independent Alarm Inspectorate – Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. NSI NACOSS Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. SSAIB Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.4.3 What is the police response?			
i. Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Level 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Level 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. No Police Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. Unknown Policy Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For question '6.7, Do you have any of the additional security items noted on the additional information form?', please confirm the following:

		Main Office	Additional Office 1	Additional Office 2
6.7	Additional security items			
i.	Open Shackle Padlock – 5 or more levers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Close Shackle Padlock – 5 or more levers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Rim Lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv.	Rim Deadlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Rim Lock Automatic Deadlock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi.	Rim Lock Automatic Deadlock BS3621	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii.	Lock Down Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii.	Shutters – Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix.	Shutters - Wooden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	24 hour site security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi.	Security patrols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii.	Guard dog(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiii.	Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix.	Encasement and entrapment devises on all computer equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	External grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi.	Internal grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xii.	Standard iron grills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiii.	Hinge bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xiv.	Steel lined doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xv.	Anti ram raid bollards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xvi.	Private CCTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xvii.	Town centre CCTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xviii.	Other monitored CCTV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xix.	Proposer / family members or employees residing above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For question '8.2, Do your require cover for specific items? ', please confirm the following:

Item description			
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contents item type			
i.	Airline tickets and travellers cheques	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Artwork transparencies	<input type="checkbox"/>	<input type="checkbox"/>
iii.	Fixtures and fittings	<input type="checkbox"/>	<input type="checkbox"/>
vi.	Machinery and plant	<input type="checkbox"/>	<input type="checkbox"/>
v.	Non-refrigerated drugs and medicines	<input type="checkbox"/>	<input type="checkbox"/>
vi.	Previous metals	<input type="checkbox"/>	<input type="checkbox"/>
vii.	Refrigerated contents	<input type="checkbox"/>	<input type="checkbox"/>
viii.	Refrigerated drugs and medicines	<input type="checkbox"/>	<input type="checkbox"/>

- ix. Trade samples
- x. Vending machine(s)
- xi. Visiting bags and cases

Sum insured

Item description

Contents item type

- i. Airline tickets and travellers cheques
- ii. Artwork transparencies
- iii. Fixtures and fittings
- vi. Machinery and plant
- v. Non-refrigerated drugs and medicines
- vi. Previous metals
- vii. Refrigerated contents
- viii. Refrigerated drugs and medicines
- ix. Trade samples
- x. Vending machine(s)
- xi. Visiting bags and cases

Sum insured

Item description

Contents item type

- i. Airline tickets and travellers cheques
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Sum insured