

You can complete this form on-screen and email it to [info@m-f-l.co.uk](mailto:info@m-f-l.co.uk). Alternatively, print out the form, complete it manually and post or fax it to McParland Finn Ltd, FREEPOST NWW1608, Manchester, M2 9ET, Fax: 0161 236 2583. To email the form, save when completed and send as an attachment.

**Proposed Insurance Inception Date**

Subject to satisfactory acceptance of proposal (no cover is in force until confirmed by us).

## 1 Business Details

Business name

Main address

Registered address (please include details of parent and all subsidiary companies)

Contact name

Contact no.

Email

Please provide your Employer Reference Number (ERN)\*

No. of premises

No. of employees

Total wage roll

(If more than one premises, it may be easier to complete separate forms)

Nature of the business

Year business established

Please provide an estimate of your gross revenue or fees for the current year

£

Do you supply any products?

Yes

No

If 'Yes':

Do you supply any products other than as part of a treatment?

Yes

No

Do you supply any products under your own label?

Yes

No

If 'Yes' to any of the above, please provide further information on a separate sheet.

\*Please note it is a legal requirement to disclose the ERN of your company and any subsidiary companies covered under this policy. Also known as an Employer PAYE Reference, the format of the ERN is usually 999/XX99999 or 999/X99999 and can be found on P45/P60 documents and most payslips. The Employer Reference Number should be provided to us in full. Where you have Employers' Liability cover but your business is exempt from holding an Employer Reference Number you will need to confirm this to us.

## 2 Sums Insured

Cover is available in the packaged options detailed below. The Small Medical Facility policy only applies to businesses with up to 10 employees and/or revenue or fees not exceeding £500,000. We can provide cover for companies which exceed these limits under an alternative medical facility policy. Please contact us for details.

Standard Covers	Excess	Option 1	Option 2	Option 3
General Contents including Medical Equipment	£250	£25,000	£30,000	£50,000
Computer Equipment	£250	£15,000	£20,000	£25,000
Stock	£250	£10,000	£15,000	£20,000
Portable Equipment (Worldwide)	£250	£5,000	£7,500	£10,000
First Loss Business interruption	Nil	£100,000	£150,000	£250,000
Losses from Dishonesty	£250	£50,000	£50,000	£50,000
Book Debts	Nil	£50,000	£50,000	£50,000
Employers Liability	Nil	£10,000,000	£10,000,000	£10,000,000
Public Liability	£250	£5,000,000	£5,000,000	£5,000,000
Commercial Legal Expenses	£250 (Tax Protection, Aspect enquiries only) £500 (Contract Disputes >£5k)	£100,000	£100,000	£100,000
Business HR Service	-	included	included	included
<b>Premium</b> (inclusive of 6% insurance premium tax)		<b>£295.00</b>	<b>£385.00</b>	<b>£475.00</b>

Please tick required option

Note – Barbican Syndicate 1955 reserves the right to decline cover/apply special terms in the event that you do not meet the criteria in the Statement of Fact (Item 8 of this proposal), or should your premises be identified by Barbican Syndicate 1955 as being in a ‘High Risk’ flood area.

## 3 Legal Expenses

Legal expenses cover is included in the standard packages above. You can extend your policy to include contract disputes and debt recovery:

**Extend cover to include contract disputes and debt recovery**

Please tick if required

Additional premium (inclusive of 6% insurance premium tax)

**£27.25**

## 4 Limits

(Only complete this section if you wish to increase the standard limits)

	STANDARD LIMITS	AMENDED LIMITS
PL/Products	£5,000,000	£
Standard cover excludes USA/Canada (In certain circumstances, cover can be extended upon receipt of full information)		
Money in safe	£5,000	£
(Name of safe and serial number)		
Money in transit/premises	£4,000	£

## 5 About your Property

Can you confirm that the building(s) are constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profiled metal?

Yes  No

Can you confirm that you are the sole occupant of the premises, or, if the site is also occupied by others, that their activities are office based or similar medical facilities only?

Yes  No

Can you confirm that your portion of the premises has its own lockable entrance and is not shared with other businesses?

Yes  No

Can you confirm that the property has never been damaged or shown signs of subsidence/heave/cracking internally or externally?

Yes  No

If you have ticked ‘No’ to any of the above please provide details on a separate sheet.

**6 Terrorism Cover** Please tick the box if you require a quote to include Terrorism cover. Terrorism

**7 Total Annual Premium** Please calculate your total annual premium from the selected options in the highlighted boxes above and enter your total annual premium here:

Total annual premium (inclusive of 6% insurance premium tax)

£

**8 Statement of Fact** By accepting this insurance you confirm that the facts stated below are true. These statements, and all information you or anyone on your behalf provided before Barbican Syndicate 1955 agreed to insure you, are incorporated into and form the basis of the policy. If anything in these statements is not correct, Barbican Syndicate 1955 will be entitled to treat this insurance as if it had never existed.

If you are in any doubt as to whether you are able to comply with the following statements please contact us for advice or provide additional information in a separate note attaching to this proposal.

You should keep this Statement of Fact for your records.

## Facts

### 8.1 Losses

You have not:

- sustained any loss, damage or claim against you;
- become aware of any shortcomings in your work which could lead to a claim against you in respect of risks insured under this policy (whether or not you made a claim under any previous insurance).

### 8.2 Security

The security measures at all the insured location(s) comply with the following criteria:

#### Physical Security Specification

The devices for the security of your premises are in accordance with the following specification and all devices are put into full and effective operation whenever the premises are closed for business or left unattended.

- The final exit door must be secured by means of a mortice deadlock or rim lock conforming to or superior to BS3621 or a key operated multi-point locking system having at least 3 locking bolts.
- All other external doors and internal doors providing access to any part of the Building not occupied by the Policyholder must be secured by means of either a locking device, specified in (a) above, or by two key operated security bolts to engage the door frame.
- Any external door, or internal door providing access to any part of the Building not occupied by the Policyholder must be secured by means of either a panic bar locking system incorporating bolts which engage both the head and sill of the door frame or by a mortice lock having specific application for emergency exit doors and which is operated from the inside by means of a conventional handle and/or thumb turn mechanism.
- All ground and basement level opening windows and any upper floor opening windows/skylights accessible from roofs, balconies, fire escapes, canopies, down pipes and other features of the building are to be secured by means of either a key-operated locking device or permanently screwed shut.

NB: This requirement does not apply to windows and/or skylights that are protected by means of either fixed round or square section solid steel bars not more than 10cm apart, or fixed expanded metal, weld mesh or wrought ironwork grilles or proprietary collapsible locking gate grilles.

- The local fire authority must be consulted before replacing or augmenting the existing locking device fitted to a designated emergency exit door.

### 8.3 Location/Construction

All of the buildings are constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal.

The premises are not in an area prone to flooding or with a history of flooding, and not in the immediate vicinity of any river/watercourse.

The premises have not, to your knowledge ever flooded/show signs of having been flooded.

### 8.4 Manual Work

Do not undertake manual work other than as declared.

**Note** You do not store any goods or products on your premises (other than your own business supplies). You do not assume responsibility for the storage of third party property.

## 9 Data Protection

By signing this Proposal Form you consent to Barbican Syndicate 1955 using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

## 10 Material Information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

## 11 Declaration

Please read the declaration carefully and sign at the bottom.

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Barbican Syndicate 1955 to avoid this insurance.

I/We agree that this proposal form and all other written information, which is provided, are incorporated into and form the basis of any contract of insurance.

Certain information on this form has been completed on my/our behalf by my/our insurance agent or broker and I/we confirm that such details inserted are accurate and correct.

Signature

Date

A copy of this proposal form should be retained for your records.

**Insurance arranged by McParland Finn Ltd and underwritten by Barbican Syndicate 1955.**

McParland Finn Ltd is a coverholder at Lloyd's and is authorised and regulated by the Financial Conduct Authority. Barbican Managing Agency Limited (company no. 06948515) is the Managing Agent for Syndicate 1955 and Special Purpose Syndicates 6118 and 6113 at Lloyd's. It is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Barbican Underwriting Limited (company no. 06634788) is an appointed representative of Barbican Managing Agency Limited. The above companies are subsidiaries of Barbican Holdings (UK) Ltd (company no. 06410772). All of these companies are registered in England and Wales with registered offices at 33 Gracechurch Street, London EC3V 0BT.