



PYV Legal and Chubb Insurance Company of Europe SE

## Masterpackage Law Proposal Form

Please ensure all questions are answered

You should tell us all facts likely to influence the acceptance or assessment of this proposal. Failure to do so could invalidate your policy.

If there is insufficient room to provide a complete answer to any question(s), please write the answer on a separate sheet and sign and attach it to the Proposal Form.

### 4 OTHER MATERIAL INFORMATION

Is there any other material information that may be relevant to this application? Yes  No

If yes, please provide details.

### 5 BASIS OF CONTRACT

By signing this proposal form you consent to PYV Limited using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). 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 in respect of 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, where relevant, 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 fee) and to have any inaccuracies corrected.

I/We declare that, after full enquiry of all partners and staff, all claims and circumstances which may give rise to a claim have been reported to previous and/or current insurers and that the statements in this proposal form (and attachments if any) are true and complete and shall form the basis of any contract of insurance effected thereupon. I/We undertake to inform insurers of any material alterations to the information provided or any new fact or matter arising before completion of the contract of insurance, which may be relevant to the contract of insurance.

Signed

(Principal/Member/Director)

Date

Print name of Principal

Additional information

Please return this proposal to:  
**PYV Limited**  
 No. 10 St. Mary at Hill London EC3R 8EE  
 Fax: 0870 383 5080 Email: solicitors@pyv.co.uk

### 1 NAME AND ADDRESS DETAILS

Full name of Proposer

Address

  


Full addresses of Premises to be insured

  


### 2 SECTION A – ALL RISKS

Please state values to be insured (these should represent the cost of replacing the property as new and it is important that you should ensure the values given below are adequate, as under insurance may reduce the amount of recovery in the event of a claim). Coverage applies to the premises stated above only unless otherwise stated.

<b>Item 1</b>	Office Contents	<input type="text"/>
<b>Item 2</b>	Tenants Improvements	<input type="text"/>
<b>Item 3</b>	Computer Equipment	
	a) All fixed computer equipment	<input type="text"/>
	b) Portable equipment; laptops	<input type="text"/>
<b>Item 4</b>	Valuable papers	<input type="text"/>
<b>Item 5</b>	Fine arts	<input type="text"/>
<b>Item 6</b>	Rent payable	<input type="text"/>
<b>Item 7</b>	Any other property not detailed above	<input type="text"/>

**PYV Limited**  
 No. 10 St. Mary at Hill London EC3R 8EE  
 Tel: 0870 264 2060 Fax: 0870 383 5080 Email: solicitors@pyv.co.uk  
[www.pyvlegal.co.uk](http://www.pyvlegal.co.uk)

**2 SECTION B – BUSINESS INTERRUPTION**

- 1) Estimated Annual Revenue or Increased Costs of Working cover 
  - Indemnity Period required 
Note: This should be the period it would take to get your business back into the same financial and working position before the loss.
- 2) Additional Increase Costs of Working
- 3) Outstanding Book Debts i.e. maximum amount of debits likely to be outstanding at any one time during the next twelve months

**2 SECTION C – MONEY**

Please state limits required for money if different from our standard limits shown:

- a) Money in transit in the custody of the Proposer or Director, Partner, Employee of the Proposer or in the Premises when open or Attended or in a Bank Night Safe.
- b) Money at the Premises in locked safe or strongroom. Please specify Safe details if known. (The Policy limit for money not in a locked safe or strongroom when the Premises are closed or left unattended is £250.00).
- c) In the private residence of any of the insured's principal directors and employees.

**2 SECTION D – COMBINED LIABILITIES**

- a) Employers Liability
  - i) Total Number of Employees
  - ii) Estimated Annual Wages (Clerical Staff)
  - iii) Estimated Annual Wages (Partners)
  - Do you have an up to date Health and Safety Policy. (Please note this is a legal requirement if you have 5 or more employees.) **Yes**  **No**
- b) Public and Products Liability
  - i) Estimated Annual Turnover
  - ii) Limit of Indemnity required

**3 GENERAL QUESTIONS**

- a) i) Are the buildings containing the property to be insured constructed of bricks, stone or concrete and roofed with slate, tiles or concrete? **Yes**  **No** 
  - If no, please give full details.
- ii) What is the age of the building?
- iii) Is your office or other property to be covered by this insurance situated or kept in a basement? **Yes**  **No** 
  - If yes, please give full details.
- b) i) Are you the sole occupier of the building? **Yes**  **No** 
  - If no, please give full details of other occupiers.

- c) Are the premises occupied at night? **Yes**  **No** 
  - If Yes, by whom?
- d) Is there a burglar alarm? **Yes**  **No** 
  - If Yes, please state:
    - i) Make and when installed
    - ii) Type of signalling eg Bell only, Digital Communicator or Redcare
    - iii) Whether under your sole control **Yes**  **No** 
      - If no, please give details.
    - iv) Whether maintained under contract **Yes**  **No**
- e) Please provide details of fire alarm & fire extinguishing appliances, including type of signalling if any, make & type.

- f) Are there any other protections not included above? **Yes**  **No** 
  - If Yes, please give details.
- g) Have there been any cases of flood at the premises or in the neighbourhood? **Yes**  **No** 
  - If Yes, please give details.
- h) Have you in this or previous trading names sustained any loss or damage during the last 5 years which would have been covered by this type of insurance had it been in force? **Yes**  **No** 
  - If Yes, please state:

- a) Approximate date of each loss or damage
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- b) Circumstances and amount thereof
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- i) Is there a business continuity plan in place? **Yes**  **No**
- j) Are there any other material facts (see Declaration on the next page) not already disclosed affecting or likely to affect the proposed Insurance? **Yes**  **No** 
  - If Yes, please give details.

- k) From what date do you wish this Insurance to commence?