**Enforcement Agent Fact Find**

|  |  |
| --- | --- |
| Full Client Name |  |

|  |  |
| --- | --- |
| Address |  |

|  |  |
| --- | --- |
| Telephone No |  |

|  |  |
| --- | --- |
| Client name (to appear on policy documents, incl. subsidiary names) |  |

**Activities**

|  |  |
| --- | --- |
| Status of entity  Limited Co, PLC etc |  |
| Trade |  |
| Business description/activities |  |
| Activities/Processes Undertaken |  |

**History**

|  |  |
| --- | --- |
| Year commenced trading at above address |  |
| Year business established |  |

**General Details**

|  |  |
| --- | --- |
| Company registration number |  |
| Employer’s Reference Number / PAYE Reference Number |  |

Has any Insurer ever

a) declined to insure you? Yes No

b) cancelled or declined to renew any of your insurances? Yes No

c) Imposed special terms? Yes No

If ‘Yes’, to A, B or C please give details

|  |
| --- |
|  |

Have you or any partner, director or any other person responsible for managing the business in connection with this or any other business in which you or they have been trading, ever been

a) convicted of or charged (but not yet tried) with any criminal

offence other than road traffic offences? Yes No

b) declared bankrupt or insolvent? Yes No

c) a director or partner of a company that went into liquidation

or receivership? Yes No

d) prosecuted for a breach of any statute relating to health

or safety of employees or others? Yes No

e) served with a Prohibition Notice under the Health and

Safety at Work Act? Yes No

f) the subject of a recovery action by Customs and Excise or

the Inland Revenue? Yes No

g) the subject of a county court judgement made against you? Yes No

If ‘Yes’, to any of the above please give details

|  |
| --- |
|  |

Has any employee ever been :-

a) convicted of or charged (but not yet tried) with any criminal

offence other than road traffic offences?

If ‘Yes’, to the above please give details.

**Period of Insurance**

|  |  |
| --- | --- |
| Effective Date |  |
| Term End Date |  |

**Material Damage**

**Location Details**

|  |  |
| --- | --- |
| **Address to be insured** |  |

**Covers Requested**

|  |  |  |  |
| --- | --- | --- | --- |
| **Contingencies** | **Tick as required** |  | **Tick as required** |
| Accidental Damage |  | Malicious Damage |  |
| Aerials & Masts |  | Riot |  |
| Aircraft And Other Aerial Devices |  | Riot & Malicious Damage |  |
| All Risks |  | Riot (Fire Only) |  |
| Earthquake (Fire & Shock Risks) |  | Robbery Or Attempted Robbery |  |
| Escape Of Beverages |  | Spontaneous Fermentation or Heating |  |
| Escape Of Oil |  | Sprinkler Leakage |  |
| Escape Of Water |  | Standard Fire |  |
| Explosion |  | Standard Fire & Specified Perils |  |
| Explosion |  | Storm |  |
| Fire |  | Subsidence Ground Heave Landslip |  |
| Flood |  | Subterranean Fire |  |
| Impact - Third Party |  | Terrorism - ABI Standard |  |
| Impact - Third Party & Own |  | Terrorism - Additional |  |
| Vehicles |  | Theft Or Attempted Theft |  |
| Lightning |  | Theft Or Attempted Theft (Full) |  |

**Buildings**

| **Building name/description, Building item type** | **Sum insured (£)** |
| --- | --- |
| Building  Tenants Improvements |  |

**Security**

PLEASE CONFIRM WHAT SECURITY YOU HAVE BELOW:

Alarm (Bells Only, Monitored, Police Response), Window Locks, Door Locks, CCTV etc

**Contents**

| **Contents item type, Item description** | **Sum insured (£)** |
| --- | --- |
| Machinery Plant and all other Contents  Computer Equipment  Goods In Trust  Other (please note) |  |

**Specified Contents Items (All Risks – UK, Europe, Worldwide)**

| **Contents item type, Item description** | **Sum insured (£)** | **Territorial limit**  **(UK, EU or Worldwide)** |
| --- | --- | --- |
|  |  |  |

**Business Interruption**

**Covers Requested**

| **Premises name** | **Cover basis variations** | **Indemnity period (months)** | **Business interruption sum insured (£)** |
| --- | --- | --- | --- |
|  | Loss of Gross Profit (including payroll) as a result of reduction in Turnover following loss or damage occurring at the premises caused by an Insured Peril |  |  |
|  | Increased Costs of Working to prevent or minimise interruption to the Business following damage occurring at the Premises caused by an Insured Peril |  |  |
|  | Increased Costs of Working above economic limit to prevent or minimise interruption to the business following damage occurring at the premises caused by an Insured Peril |  |  |

**Money & Assault**

**Money**

***Money in Safe Out of Business Hours***

| **Location** | **Type of safe** | **Description of safe** | **Limit any one bank night safe (£)** | **Limit of cash in locked safe (£)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Carryings by a Security Company**

|  |  |
| --- | --- |
| Estimated annual carryings by security companies (£) |  |
| Limit any one loss (£) |  |
| Security company contractually liable for losses |  |

**Money during hours**

|  |  |
| --- | --- |
| Money during hours (£) |  |

**Money at Home**

|  |  |
| --- | --- |
| Money at home of authorised person (£) |  |

**Any Other Loss of Money**

|  |  |
| --- | --- |
| Crossed cheques and other non-negotiable instruments (£) |  |
| Credit card cover and limits (£) |  |
| Any other loss of money (£) |  |

**Money Out of Safe Out of Business Hours**

|  |  |
| --- | --- |
| Money outside business hours, not in safe (£) |  |

**Own Carryings**

|  |  |
| --- | --- |
| Estimated own annual carryings (£) |  |
| Limit any one loss (£) |  |
| How often is money banked |  |
| Minimum number of people accompanying a transit |  |

**Personal Accident Assault**

**Benefits**

| **Benefits payable** | **Benefit amount (£)** |
| --- | --- |
| Death and other capital benefits  (Standard £10,000) |  |

**Employers Liability**

**Covers Requested**

|  |  |
| --- | --- |
| Indemnity limit (£)  ***£10,000,000 minimum*** |  |

**Annual Wage Estimates**

| **Activities** | **Description of activity** | **Wageroll employees only (next 12 months) (£)** |
| --- | --- | --- |
| Clerical Or Non Manual Work |  |  |
| Work Away (excluding Wheel Clamping) |  |  |
| Wheel Clamping (wageroll attributed to) |  |  |
| Bona-Fide Subcontractors |  |  |

**Public/Products Liability**

**Covers Requested**

|  |  |
| --- | --- |
| **Indemnity limit (£)**  ***Minimum £2,000,000*** |  |

**Annual Turnover Estimates**

| **Description of activity** | **Geographical limit** | **Turnover (next twelve months) (£)** |
| --- | --- | --- |
|  | UK |  |
|  | EU |  |
|  | Worldwide ex USA / Canada |  |
|  | USA / Canada |  |

## 

**Personal Accident**

* Sums Insured / Limits Required

£20,000, £30,000 or £50,000 : £

**Employees**

| **Number of Employees** |  |
| --- | --- |

**Goods In Transit**

|  |  |
| --- | --- |
| Number of vehicles |  |
| Are any of the proposer's vehicles left loaded and unattended at night |  |
| Details of security and precautions taken |  |
| Does the Proposer have permanent garage premises |  |
| Details of security at permanent garage |  |

**Annual Value**

**Details**

|  |  |
| --- | --- |
| Annual value in transit (£) |  |

**Sum Insured Per Vehicle**

**Covers Requested**

|  |  |
| --- | --- |
| Sum insured per vehicle (£) |  |

**Employee Dishonesty**

|  |  |
| --- | --- |
| **Limit Required (£)**  £10,000, £25,000 or £50,000 |  |

|  |  |
| --- | --- |
| **COMPLETED BY** |  |
| **DATE COMPLETED** |  |