Reason Global
Insuring your reputation

Specialist insurance for the removals & self storage industries

COMMERCIAL FACTFINDER : REMOVERS' RISKS

Only complete those sections for which a quotation is required and in all cases the declaration at the end. Where this form has been completed by someone else you should ensure the statements made are accurate to the best of your knowledge and belief.

Proposer's details	
Proposer's name	
Proposer's address	
Postcode/Zip	
Country	
Full Business description	PLEASE AMEND AS REQUIRED Remover, Warehouse Keeper , Shipper, Packer, General Haulier, Distributor, Freight Forwarder, Property Owner, Landlord, Tenant, Insurance Agent, Vehicle Maintainer & Repairer, Supplier of Packing & Storage Materials, fork-lift truck operator
Any Subsidiary Companies	Yes/No? If Yes please provide the full name(s) and address(es)
Employer Reference Number(s) (PAYE Reference Code(s)) for ALL Companies	
Directors' or Partners names (all)	
Telephone Number Fax Number	
E-mail contact	

Please complete the following Questions for all covers – Where further details are required please complete the Supplementary Information section at end of this form

Risk Management	
Do you have a Health & Safety policy in place and have you carried out all appropriate Health and Safety risk assessments?	Yes/No if no give details
Do you have a written employee training programme and maintain records?	Yes/No if no give details
Is a copy of the Health and Safety policy given to all staff?	Yes/No if no give details
Is there an Accident Book and is it regularly checked? Have there been any major incidents?	Yes/No if no give details Yes/No if yes give details
Who is responsible for H&S (include any H&S Consultants)?	
Are all Fork Lift Truck drivers certificated?	Yes/No if no give details
Is machinery inspected to statutory requirements?	Yes/No if no give details

Risk Profile **If there is more than one location, please re-print this page & complete one for each location**	
Are the premises of Standard Construction? i.e. Metal profile steel framed or similar, Brick, stone or concrete walled with a slate, concrete or tiled roof. If No please give a detailed explanation of walls, roof and floor construction, particularly any wooden floors	Yes/No
Do the **Buildings** have any flat roofed extensions? If 'Yes' what proportion of the overall roof area do they make up?	Yes/No %
Does the construction of the building incorporate the following materials? Polystyrene (EPS) Polyurethane (PUR) Polyisocyanurate (PIR) * Definitions appended. (Especially found in metal panels in walls partitions and roofs.) – If so, please confirm which	Yes/No
LPCB approved composite panelling present (PUR/PIR only)?	Yes/No
State the approximate year the main premises were built and the number of floors:	
Is the risk address to be insured occupied solely by you?	Yes/No if no give details
Is there any form of portable heating ?	Yes/No if yes give details
SECURITY/FIRE PROTECTION	
Is there an intruder alarm installed by a UKAS accredited installer (e.g. NACOSS / SSAIB) with remote signalling and police 1 response?	Yes/No if no give details
Is there a Fire Alarm?	Yes/No
Is the fire alarm bells only or Remote Signalling?	……
Is there 24-hour security or 24-hour occupancy?	……
Is there 24h CCTV recording?	Yes/No
Are the premises sprinklered?	Yes/No
Are there any other security/protection measures in place?	……
Is Waste stored in a secured metal container and removed from the premises daily and collected weekly?	Yes/No if no give details
Does the risk address have accommodation or storage space below street/ground level ?	Yes/No
Does the risk address have a current IEE (electrical) certificate and is PAT testing up to date?	Yes/No if no give details
Are the Fire Extinguishing Appliance Maintained under an annual contract	Yes/No if no give details

Removals & Storage Insurance

Renewal Date		Last Years Premium	
Current Insurer			
Regulated/Deregulated/ Other (Please advise)			

Is Terrorism Cover required for customer goods?	Yes		No	

Claims Experience (Loss or Damage to customers' goods) or attach existing company experience

Year	No	Claims Paid	No	Claims O/S

Please provide details of claims with paid or o/s amounts over £5,000

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Estimates for coming year

REGULATED/DEREGULATED	Insured	Not Insured (e.g Limited Liability)
UK & EU removals and Storage turnover	£	£
Deep Sea Removals turnover	£	£
Self Storage	£	£

TRADING CONDITIONS	
What Conditions do you operate under (e.g. BAR 2004/Guild/own/SSA)	
If you are using your own T & C's attach copy	Yes/No

Storage Locations

Location 1		**Location 2**	
Address	Limit Required	Address	Limit Required
	£		£
Location 3		**Location 4 (if further locations please append)**	
Address	Limit Required	Address	Limit Required
	£		£

Limit of Indemnity (Vehicles)	£
Unspecified Location Limit £75000 (standard) Any Higher Required?	£

Marine

Estimated or actual premiums paid to insurers for marine insurance in last 3 years	Year: Year: Year:	Premium: Premium: Premium:	
Estimated or actual claims paid by insurers for marine insurance in last 3 years	Number of claims	Paid amount	Outstanding amount
	Year: Year: Year:		

Table of rates used by current insurers – complete or attach current table used	

Property/Business Interruption/Money

Renewal Date		Last Years Premium	
Current Insurer			

RISK DETAILS AND COVER	
Property	Sum Insured
Buildings	£
Tenants fixed Improvements	£
Stock (supplied &/or sold to customers)	£
Forklift Trucks	£
Non-portable computers and ancillary electronic equipment	£
All other General Contents (Office Furniture, Packing Materials etc.)	£
Any other property (please specify in the space provided below)	
Rent payable and indemnity period	£ / Months

Business Interruption

Annual Gross Revenue & Indemnity Period Approximate percentage of revenue applicable to storage only	£ / Months %
Additional Expenses & Indemnity Period Required	£ / Months
Tenant Rent Receivable	£ / Months Yes/No

All Risks – Specified Items

Specified Items UK	
Specified Items Europe	
Specified Items World Wide	

Money

	Limit
Standard Limit on premises at risk address during business hours/bank night safe/in transit is £5000 is a higher limit required? If so please state	£

Commercial Legal Expenses	Yes
The standard policy limit is £50,000	No
I require a higher limit	Yes / No
Limit required	£

Property/Business Interruption/Money/All Risks CLAIMS EXPERIENCE – LAST FIVE YEARS

Year	No	Claims Paid	No	Claims O/S	Comments

Please provide details of claims with paid or o/s amounts over £5,000

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Employers'/Public Liability

Renewal Date		Last Years Premium	
Current Insurer			

(Cover is provided on the basis that your staff operate in UK and EEC countries only)

Employer's Liability	
Annual payroll and salaries for:	Amount
Clerical staff including Directors	£
Manual Staff (Warehouse)	£
Drivers	£
Porters	£
Labour-Only Subcontractors (please describe duties) ……	£

Public and Products Liability		Sum Insured
Standard limit of Indemnity is £2,000,000 if another limit required please state		£
State business turnover	Storage	£
	Removals	£
Please confirm what proportion relates to USA/Canada		%
Do you use bona-fide subcontractors?		YES/NO

Employers/Public Liability CLAIMS EXPERIENCE - LAST FIVE YEARS

Detail claims in last five years	£	Date

Motor Fleet

Renewal date		Insurer	
Last year's premium		Name & email address for person responsible for MID	

Please provide a list of any driver under 25 or over 65; or who have not held a full UK driving licence for at least 2 years.

Risk details

PLEASE ENSURE THAT YOU PROVIDE AUTHENTICATED INSURER'S CLAIMS EXPERIENCE FOR THE PERIOD.

Details of any drivers with any major motoring convictions (e.g. DR DD IN UT) within the past five years

Driver name	Conviction code	Conviction Date	Amount fined	Disqualification period

Details of any drivers with physical disabilities or infirmities

Driver name	Description of disability or infirmity	Any driving licence restriction

Do any vehicles have additional security fitted?	
Will any vehicles be used: To carry hazardous goods? Airside or in close proximity to aircraft?	 Yes/No Details Yes/No Details
Do you employ agency drivers? Are they restricted to certain vehicles and if so please provide details?	
Please detail the estimated number of days your vehicles will spend in mainland Europe – countries visited and total number of days per annum (e.g. 5 vehicles x 100 days each = 500 days)	
Is Uninsured Loss Recovery required?	
Do you hire temporary additional vehicles – If so how many per annum?	
Do you have any Forklift trucks? If so, please provide schedule	

Vehicle Schedule: Please attach current schedule or complete table

Vehicle Registration	Make/Type	Year Registered	GVW / CC	Cover if not Comp	Value

Supplementary information

Please use the following space to expand on previous answers

I confirm that the facts stated in this form are true to the best of my knowledge and belief
I have not had any previous policy declined or had special terms imposed

Signed on behalf of Proposer ……..

Name / Position ……..

Date …….