

ENQUIRY AND DECLARATION

Mk1 Insurance
for
The Engineering Industry

WHITTIT INSURANCE

**Deer Park Business Centre
Haldon Hill, Kennford
Exeter, EX6 7XX**

Tel: 01392 833991 Fax: 01392 832727

**Holly Farm Business Park
Honiley, Kenilworth
Warwickshire CV8 1NP**

Tel: 02476 421282 Fax: 0870 2404735

PLEASE ANSWER ALL QUESTIONS AND SIGN TO CONFIRM
DETAILS GIVEN ARE CORRECT

PROPOSER

NAME OF COMPANY.....
ADDRESS.....
..... POSTCODE.....
TEL NO..... FAX.....
Year Established How long in these premises

THE PREMISES - Please advise

The Construction of Walls

The Construction of RoofWhat is your roof lining.....

What is Internal Partitioning

If not single storey, state number of storeys

Approximate Age of Premises Are you the sole occupant of your premises YES/NO

A. If premises adjoin other premises, give details of occupation, construction and separation of adjacent premises
.....

B. Give details of construction and occupation of premises within 15 metres of your premises
.....

C. Is there a 24 hr. manned Fire Brigade within 5 miles? YES/NO*

D. Is there any waterway near liable to cause Flood? YES/NO*

E. Is there clear access for emergency vehicles? YES/NO*

F. How are your premises heated: Fixed Gas YES/NO* Fixed Oil YES/NO* Other

If fixed oil, is tank INSIDE/OUTSIDE* Bunded YES/NO*

G. Are the Premises in good repair YES/NO* Clean and Tidy YES/NO*

Gangways Clear YES/NO* Are Electrics in good order YES/NO*

H. Are there lidded metal bins for combustible waste YES/NO*

SECURITY

A. Have you a NACOSS Approved Central Station Intruder Alarm? YES/NO*

B. Is it on REDCARE/PACKNET ? (Delete as appropriate)

C. Are ALL External Doors secured by five lever mortice deadlocks or five lever close shackle padlocks YES/NO*

D. Are ALL Ground Floor opening windows fitted with window locks or barred or permanently sealed YES/NO*

E. Has your Company achieved IS09002 YES/NO*

NOTES: Where marked YES/NO* delete as necessary
C & D above are minimum requirements and can only be varied by written agreement whether there is an alarm or not

WORKS PROCESS, ETC

Do you have:	If Yes, give details below
Power Presses	YES/NO*% of output
Heat process or application	YES/NO*
A 'Product'	YES/NO*
Exports to USA/Canada	YES/NO*
Spark Eroders	YES/NO*
Injection Moulding or Extrusion	YES/NO*

Do you undertake work away from your premises YES/NO*
 Please give full details if YES

Do you work for motor or aircraft industry YES/NO*
 Please give full details and if work is known to be safety critical

Do you handle any manufactured Unit in excess of 1 cwt YES/NO*
5 cwt YES/NO*

Tick category of your main work

Toolmaking:	Precision Engineering:	General Production Engineering
Repetition Work:	or Specialisation: eg lapping,	honing, broaching etc

Do you do any fabrication or sheet Metalwork? YES/NO*
 If YES give details and % of turnover

INSURANCE REQUIREMENTS

Estimated Turnover	£.....
Buildings	£.....
Machinery and Plant, Fixtures and Fittings	£.....
Stock in Trade, Goods in Trust, work in progress	£.....
Gross Manual Wages	£.....
Gross profit, including full wage roll	£.....
Maximum non ferrous metals	Yellow Metals £..... Others £
Maximum cash held in safe overnight	£.....
*Computers and Fax Machines	Hardware £.....
	Software £.....

FOR THE PURPOSE OF THIS INSURANCE DO NOT INCLUDE HARDWARE INCORPORATED WITHIN THE FRAMEWORK OF A MACHINE TOOLS SUCH AS CNCs OR CAM ON MACHINES

Give details of all losses in the past 5 years whether resulting in an insurance claim or not:

Our existing Insurers are

Renewal Date is long term agreement in force YES/NO*

If YES give expiry date

The details given herein are for quotation purposes only but if quotation is accepted by me/us will form the basis of the insurance policy. I understand a survey may be carried out. I know of no reason or any factors likely to affect the risk and to the best of my knowledge no partner or director has been convicted or charged with a criminal offence.

Please complete the undernoted boxes to show the details of the person completing this enquiry form.

Name Agent

Date

Please tick the box at the end of this text to signify that you have read and understand the content of this enquiry form and that you understand the policy will be written on a declaration basis

Accountants Name & Address
.....
.....
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