



## Gun Trade – Proposal Form for Manufacturers & Wholesalers

### General Details

Name of Proposer (including trading name, if applicable)	<input type="text"/>		
Correspondence Address	<input type="text"/>		
	Postcode		
Address of premises if different from above	Telephone No	Fax No	
	E-Mail address (if applicable)		
	Postcode		
Full Business Description (including any activities away from your premises such as operating a shooting ground)	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Insurance Required <b>From</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>To</b>	<input type="text"/>

### CONTENTS COVER

Tick if cover required:

	Sums Insured/Limits
<b>Stock and Merchandise, including goods in trust or on commission for which you are responsible</b>	£ <input type="text"/>
A 30% seasonal increase in Stock applies in <b>June, July and August</b> . Please state if different months are required	<i>Alternative Months</i> <input type="text"/>
<b>Trade fixtures, fittings and all other contents</b> (including tenants improvements and interior decorations for which you are responsible)	£ <input type="text"/>
<b>Other</b> (Please specify)	£ <input type="text"/>
<b>Theft of contents in the open or from outbuildings is excluded.</b> If you have a requirement for this cover, please tick the box opposite and give full details of your requirements on a separate sheet, including construction of outbuildings, security and nature and amount of contents therein.	<input type="checkbox"/>
Do you require any property to be insured whilst away from your premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes' is cover required anywhere UK, anywhere EU or Worldwide?	<input type="text"/>
Please give replacement values of equipment to be covered away from your premises:	<b>Sums Insured/Limits</b>
<b>Mobile Phones</b>	£ <input type="text"/>
<b>Portable/Laptop Computers</b>	£ <input type="text"/>
<b>Any other equipment</b> (please specify below)	£ <input type="text"/>
<input type="text"/>	

Do you require cover for refrigerated or frozen stock?

Yes

No

If 'Yes' please indicate limit required (maximum £2,500)

£

(Please note that for cover to operate, fridges and freezers must be under 10 years old)

## BUILDINGS COVER

Tick if cover required:

Sum Insured

Buildings including outbuildings, boundary walls, gates, fences, architects fees and debris removal costs

£

Do you wish to extend your Buildings cover to include **Subsidence**?

Yes

No

If 'Yes', please also answer questions A to O below:

A Number of storeys

B Are the Buildings built on clay soil?

Yes

No

C Are the Buildings built on made-up ground or on a land infill site?

Yes

No

D Are the Premises built on a hillside?

Yes

No

E Are there any visible cracks in the walls of your property: - less than 2.5mm wide?

Yes

No

- between 2.5mm and 5mm wide?

Yes

No

- more than 5mm wide?

Yes

No

F Is your property on a sloping site?

Yes

No

G Is there any cliff, riverbank, canal or underground watercourse, quarry or other excavation nearby?

Yes

No

H Is the property constructed on made up ground e.g. filled pit, rubbish tip and the like?

Yes

No

I Is the property sited in an area of known mine or other underground workings?

Yes

No

J Has the original structure of your property been extended?

Yes

No

- If 'Yes', what is the height of the extension? (in storeys)

storeys

K Were the Buildings originally built to be used as a Private Dwelling House?

Yes

No

L Are there any trees or shrubs within 20 metres (65ft) of the Buildings (*whether inside or outside the boundary of your property*) and which are more than 3 metres (10ft) tall?

Yes

No

- If 'Yes', please advise:

- Type of tree(s)/shrub(s), if known:

- Distance of nearest tree/shrub from the Building:

10m - 20m (32ft - 65ft):

5m - 10m (16ft - 32ft):

Less than 5m (16ft):

M Have you had or are you in possession of a Structural Engineer's Report on the property?

Yes

No

N Have you any knowledge that this or surrounding property has suffered landslip, heave or subsidence problems?

Yes

No

O If there has been any evidence or history of subsidence in the neighbourhood, were any special Provisions made by the builder, or required by or disclosed to the Local Authority, when the plans for the erection of the property were submitted?

Yes

No

If 'Yes' to question O above, please give details below:


## MONEY COVER

Tick if cover required:

<b>Estimated</b> annual amount of cash in transit to or from the bank	£	<input type="text"/>
If any carryings are handled by a security company, please state percentage		<input type="text"/> %
<b>Limits required</b>		
Cover for money in transit to/from bank	£	<input type="text"/>
Cover for money on the premises whilst open for business	£	<input type="text"/>
Cover for money after business hours in locked safe	£	<input type="text"/>
- if over £1,000, please advise make and model of safe:		<input type="text"/>

## EXHIBITIONS & TRADE FAIRS COVER

Tick if cover required:

Number of events attended per year:	in the UK	<input type="text"/>
	Outside the UK but in the EC	<input type="text"/>
	Outside the EC	<input type="text"/>
Maximum sum insured at any one event:	£	<input type="text"/>
Maximum duration of any one event:		<input type="text"/> days

## BUSINESS INTERRUPTION COVER

Tick if cover required:

What is your Estimated Gross Profit for the financial year most nearly matching the Period of Insurance?	£	<input type="text"/>
In the event of serious damage how long do you estimate it will take to rebuild/obtain new premises, refit and regain lost customers?	Under 18 months	<input type="checkbox"/>
	18 - 24 months	<input type="checkbox"/>
	More than 24 months	<input type="checkbox"/>

## BOOK DEBTS COVER

Tick if cover required:

Sum Insured required (maximum outstanding debit balances)	£	<input type="text"/>
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## EMPLOYERS' LIABILITY COVER (Limit £10,000,000)

Tick if cover required:

Please state the estimated annual payroll and number of staff employed in each of the following categories:

No of Employees & Total Payroll		Description of duties:
Clerical	<input type="text"/> £ <input type="text"/>	<input type="text"/>
Manufacturing	<input type="text"/> £ <input type="text"/>	
Wood-working machinists	<input type="text"/> £ <input type="text"/>	
Foundry workers	<input type="text"/> £ <input type="text"/>	
Other non-clerical (describe)	<input type="text"/> £ <input type="text"/>	
Other non-clerical (describe)	<input type="text"/> £ <input type="text"/>	
Have you been prosecuted during the last 5 years under any safety legislation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you manufacture, handle or use isocyanates, asbestos, silica or materials containing silica?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you use any process involving a noise level in excess of 85 decibels? Yes  No

Do you handle or store explosives, acids, chemicals or toxic or high pressure gases? Yes  No

If 'Yes' to any of the above, please give details below


**PUBLIC & PRODUCTS LIABILITY COVER (Limit £1,000,000)**

Tick if cover required:

Please state your estimated turnover for the forthcoming year split between the following categories:

Manufacturing £  Wholesaling £   
Repairs £  Retailing £   
Shooting Fees (if applicable) £  Other £  : \_\_\_\_\_

Do your employees carry out any manual work away from your premises other than collection/delivery or participation in exhibitions trade fairs or shooting activities? Yes  No

If 'Yes', please give details of the activity and the annual waggeroll of those involved

Wageroll

	£ <input type="text"/>
	£ <input type="text"/>

Are goods/components imported? Yes  No

If 'Yes', please state type of goods....

....and Countries of origin


Are any goods/components exported? Yes  No

If 'Yes', please state type of goods....

....and destination


Do you export any goods to USA/Canada? Yes  No

If 'Yes', please state type of goods and estimated annual turnover from this activity

	£ <input type="text"/>
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Do you have a quality control procedure? Yes  No

If 'Yes', please describe


Do you own or operate a shooting/testing range? Yes  No

If 'Yes', please state location


Does the range comply with the relevant standard legal regulations? Yes  No

## GOODS IN TRANSIT COVER

Tick if cover required:

Estimated annual value of goods in transit within the EC	£	<input type="text"/>
Limit required in respect of goods carried your own vehicles	£	<input type="text"/>
Limit required for any one consignment within the EC (parcel post or carriers)	£	<input type="text"/>
Which carrier(s) do you use for the transportation of firearms/ammunition?	<input type="text"/>	

## TERRORISM COVER

Tick if cover required:

**There is no cover under the policy for claims caused by acts of terrorism.**

However you may elect to include this cover for an additional premium.

**Do you require Terrorism cover?**

Yes

No

## LEGAL EXPENSES COVER (underwritten by Temple Legal Protection Ltd)

Tick if cover required:

If cover is required please tick the appropriate boxes below:

Level of cover required:	Statutory Licence Protection only	<input type="checkbox"/>
	Full Legal Expenses Package, including Statutory Licence Protection	<input type="checkbox"/>
Limit of Indemnity required:	£50,000	<input type="checkbox"/>
	£100,000	<input type="checkbox"/>

Please complete the table below in respect of any statutory licence disputes or warnings involving the business, its directors/partners and/or any of its subsidiaries during the last three years. If there has been NONE please state this clearly.

Date of Event	Action taken and outcome	Cost of Legal Fees	Cost of Award
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE COMPLETE THE FOLLOWING SECTIONS IN ALL CASES:**

**General Particulars**

Are you a member of the Gun Trade Association?

Yes

No

**CONSTRUCTION DETAILS**

Are all walls (including framework) incombustible i.e. of brick, stone, concrete or asbestos?

Yes

No

If 'No', please give details including combustible percentage:


Are all roofs (including framework) incombustible i.e. of concrete or asbestos?

Yes

No

If 'No', please give details including combustible percentage:


Are all floors made of concrete?

Yes

No

If 'No', please give details:


Are all the wall and roof lining and ceiling incombustible?

Yes

No

If 'No', please give details including combustible percentage:


Are the buildings single storey (with no basement?)

Yes

No

If 'No', please give details:


**PREMISES**

Please state approximate age of the buildings:

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Are the premises:

1) In the sole occupancy of the Proposer?

Yes

No

2) Detached or separated from any adjoining premises by brick or by concrete walls with no openings?

Yes

No

3) In a good state of repair and are the electrical and heating systems and machinery all in good order, regularly checked and professionally maintained?

Yes

No

4) Is there an Institute of Electrical Engineers (IEE) certificate issued for these premises?

Yes

No

5) Are the premises clean and tidy and is waste material swept up and removed from the buildings daily and the premises regularly?

Yes

No

If the answer to any of 1) to 5) above is 'No', please give details below:


Are the premises ever left unoccupied for a period exceeding 30 days?

Yes

No

If 'Yes', please give details below:


**Heating** - are there any non-fixed or portable heating appliances or any heaters using paraffin, waste oil or LPG?

Yes

No

If 'Yes', please give details below:


Is **smoking** permitted on the premises?

Yes

No

If 'Yes', please give details below:


Do any premises you occupy use Metal Halide, Mercury Vapour or Sodium bulbs to light them?

Yes

No

If 'Yes', do you replace them regularly in accordance with the manufacturer's instructions?

Yes

No

**STORAGE**

Is the floor area occupied for storage or warehousing (in any form) more than 25% of total floor area?

Yes

No

If 'Yes', please give details below including percentage:


Is any storage more than 4 metres (13 feet) in height?

Yes

No

If 'Yes', please give details below including height:


Is storage on a mezzanine or an upper floor?

Yes

No

If 'No', please give details below:


Is storage on fixed racking?

Yes

No

Is storage on pallets?

Yes

No

Is storage freestanding?

Yes

No

Are plastic and/or wooden materials or articles, flammable liquids or hazardous chemicals used, stored or manufactured?

Yes

No

If 'Yes', please give details below:


Are pallets or other combustible materials stored against the outside walls of the building?

Yes

No

If 'Yes', please give details below:


**SECURITY AND PROTECTION**

Are all the external doors fitted with a 5-lever mortice deadlock, or close shackle padlocks and locking bars?

Yes

No

If 'No', please give details below:


Is there any higher than normal exposure to loss by arson, malicious damage, subsidence, flood, storm or impact?

Yes

No

If 'Yes', please give details below:


Are there fire extinguishers and/or hose reels on the Premises?

Yes

No

If 'Yes', please give details below:


Are the Premises protected by an approved and fully operational automatic sprinkler system?

Yes

No

If 'Yes', please give details below:


Is your premises protected by an intruder alarm?

Yes

No

If 'Yes', please answer the following questions

a) Name of alarm installation/maintenance company:

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b) Is the alarm installation/maintenance company a member of NACOSS?

Yes

No

c) Is the alarm connected to a Central Station?

Yes

No

If 'Yes', what is the method of signalling (please tick one box only):

Digital Communicator\*

BT RedCare

Paknet

ABC

Direct Line

DualCom

\* If signalling is via Digital Communicator, please confirm that the telephone line is outgoing calls only, ex-directory and leaves the premises underground.

Yes

No

**FIRE BRIGADE**

Where is the nearest Fire Brigade to the Premises?


Approximately how far away is this?

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What is the distance between the Premises and the nearest water hydrant?

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Have you had a familiarisation visit from the Fire Brigade?

Yes

No

Does your Premises have a valid Fire Certificate?

Yes

No

Does your Premises require a valid Fire Certificate?

Yes

No

**CUSTOMERS & SUPPLIERS**

Are you dependent on any single UK supplier or customer for more than 30% of your annual turnover?

Yes

No

If 'Yes', please give details below including percentages:


Are you dependent on any overseas suppliers or customer for more than 5% of your annual turnover?

Yes

No

If 'Yes', please give details below including percentages:


**GENERAL DETAILS**

Will a complete record be kept of all stock received and sold?

Yes

No

If 'No', how could the extent of a loss be determined?


Are your books regularly audited?

Yes

No

If 'Yes', please give the name and address of your auditors below


Are you registered for VAT?

Yes

No

If 'Yes', please give your VAT Registration Number:

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Are any additional interests to be noted such as bank, mortgagee, freeholder to be noted On the policy?

Yes

No

If 'Yes', please give details below


Have you the Proposer or any partner or director for the business now proposed or for any previous business, ever been insured for any of the risks now proposed?

Yes

No

If 'Yes', please give details below


In respect of any of the risks now proposed for any business in which you the Proposer or Any partner or director are or have been engaged, has any insurer ever:

a) declined a proposal?

Yes

No

b) not invited renewal of a policy?

Yes

No

c) refused to renew or cancelled a policy?

Yes

No

d) imposed special conditions (e.g. premium loadings)

Yes

No

e) asked for specific precautions to be taken which have not been carried out?

Yes

No

If 'Yes' to any of the above, please give details below


How long have you been in business?

Here:  years

Elsewhere:  years

Do you handle, use or store chemicals, gases, gun powders and the like or any other dangerous substances?

Yes

No

If 'Yes', please give details below


Do you wish to pay the premium by monthly instalments?

Yes

No

Does your door and window security meet the minimum requirements set out on the attached sheet?

Yes

No

If 'No', please state below how your security varies:


### Previous Convictions

Have you, or any member of your family directly connected with the business or any Business partner or director ever received a formal police caution for or been convicted Of or charged but not yet tried with a criminal offence, other than motor offences?

Yes

No

If 'Yes', please give full details and dates below:


### Previous Claims

In respect of ANY of the risks to which this proposal relates, please give details, amount and Nature of ALL losses in the last FIVE years, whether they actually occurred at this Premises or otherwise. Include any which occurred under previous trading names.

**Date**                      **Amount**                      **Nature of incident and where it occurred**

Date	Amount	Nature of incident and where it occurred

### Additional information/variations

If any other variations to cover are required or there is any information you wish to supply, Please state to which cover it relates and give full details below:


## Material Facts

State any other material facts here. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the assessment and acceptance of the proposal. If you are in any doubt as to whether a fact is material it should be disclosed to the insurer.


## Declaration

I/We declare that:

- a. the premises including outbuildings are:
  - in a good state of repair and will be so maintained;
  - heated by conventional hot water system, electricity, gas appliances using gas from a public supply or ordinary solid fuel fire;
- b. accurate stock and sales books are kept;
- c. the sum insured on stock represents the full wholesale cost and the sum insured on other property represents the full replacement value as new of the property and any increase will be notified to the insurer;
- d. I/We do and will at all times exercise reasonable care in the selection and employment of employees involved in the handling or transit of money or goods;
- e. all statements and particulars contained in this proposal are to the best of my/our Knowledge and belief true.

Details of any amendments to the above declaration:


I/We declare that:

- a. this proposal and declaration shall form the basis of a contract between me/us and the insurer(s);
- b. I/We will accept and abide by the terms of the policy to be issued.

Proposer's signature

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Date

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## The 3rd EEC Non-Life Directive

The 3rd EEC Non-Life Directive requires us to provide you with the following information before purchase:

### Complaints Procedure

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please contact either the intermediary who arranged the policy for you or to the branch of the Company which issued your policy. Please have ready the details of your policy and in particular your policy number to help your enquiry to be dealt with speedily.

If you are not satisfied with the way in which a complaint has been dealt with, please write to the Chief Executive and President of the Company at its head office (at the address shown on your policy). Should you then remain dissatisfied you may approach the Association of British Insurers for assistance. The address and telephone number of the London Headquarters of the Association are as follows:

51 Gresham Street, London EC2V 7HQ

Telephone 020 7600 3333

Please direct your complaint to the Consumer Information Department.

### Law applicable to contract

You and the insurer are free to choose the law applicable to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in the case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated) in England or Wales, Scotland, Northern Ireland, Channel Islands or the Isle of Man, the law which will apply is the law of England and Wales.

## Guidance Note

Please keep a record including copies of all letters, of all information supplied to us for the purpose of entering into this contract.

# GUN TRADE

## Minimum Security Requirements

The provision of theft cover is dependent on minimum security measures which must be operative overnight and when the premises are unoccupied. The minimum standards of security are written into the policy wording and are as follows:-

- a. final exit doors must be secured as follows:
  - i. timber doors - by mortice deadlocks having five or more levers or conforming to BS3621 fitted in conjunction with 7" box steel striking plates
  - ii. aluminium doors - by cylinder mortice lock operating a swinging lock bolt
  - iii. PVCU doors - by key operated multi-point locking devices having three or more locking points
  - iv. the first closing leaf of double leaf doors must be fitted internally with bolts top and bottom
  
- b. all other external doors and internal doors leading to common areas or other premises, must be secured:
  - i. by the means set out in a. or
  - ii. by key operated security bolts fitted top and bottom
  
- c. all accessible windows be:
  - i. fitted with grilles or shutters AND/OR
  - ii. fitted with key operated window locks or fixed permanently shut
  
- d. any security measure stipulated or agreed in writing by the Insurers

Any door or window officially designated a fire exit by the Fire Authority is excluded from these requirements.