



## Suppliers & Installers of Intruder Alarms & Other Security Equipment

# ENQUIRY FORM

Please complete the boxed areas.

### 1. The Proposer

Full Name:   
 ( Include partners & trading names if not a Limited Company )

Address:

Post Code:

Tele No:  Fax Number

Contact:  Contact Email:

Occupation:

Date Established  Website:

Are you certified by the NSI or SSAIB ?

If Yes

Date upon which insurance is to commence

### 2. Underwriting Basis

Please estimate Wages and Turnover for the forthcoming 12 months :-

Category	Wages	Turnover
Clerical, Managerial, Supervisory & Non Manual	£ -	£ -
Intruder Alarm Installation	£ -	£ -
Fire Alarm Installation	£ -	£ -
Other Electrical Security activities including installation of CCTV, Barriers, Gates and other security products	£ -	£ -
Provision of Physical Security including Monitoring and Keyholding	£ -	£ -
Non installation Sales	£ -	£ -
Electrical Contracting	£ -	£ -
Other (provide details)	£ -	£ -
<b>Totals</b>	£ -	£ -
Payments To Bona-Fide Sub Contractors		£ -

### 3. Cover Requirements

Section	Required	Limit
Employers Liability	<input type="text" value="Yes/No"/>	<input type="text" value="£ 10,000,000"/>
If you require an increased limit please indicate amount		<input type="text" value="£ -"/>
Have you been allocate an Employer Reference No. By HMRC		<input type="text" value="Yes / No"/>
If Yes:	Employer Reference Number <input style="width: 150px;" type="text"/>	
Do you have any Subsidiary Companies that will be covered under the Employers Liability Section of this Policy ? <b>If Yes complete Subsidiary Company Sheet</b>		<input type="text" value="Yes / No"/>
Public/Products Liability	<input type="text" value="Yes/No"/>	<input type="text" value="£ 2,000,000"/>
If you require an increased limit please indicate amount		<input type="text" value="£ -"/>
Do you work at hazardous premises such as :- airports, railways, tramways, watercraft, blast furnaces, chimney shafts, collieries, dams, gas works, mines, power or nuclear stations, steeples, towers, tunnels, viaducts, quarries, oil rigs, oil refineries, chemical works, fuel depots, bridges, canals, docks, piers or wharfs ?		<input type="text" value="Yes/No"/>
If Yes, please provide full details including wages and turnover :-		
Do you use bona fide Subcontractors		<input type="text" value="Yes/No"/>
Do you check that they hold & maintain insurance with a minimum Limit of Indemnity of £2M		<input type="text" value="Yes/No"/>
Do you manufacture or modify any equipment ?		<input type="text" value="Yes/No"/>
Do you undertake any work involving the installation of Grade 4 Intruder Alarm Systems.		<input type="text" value="Yes/No"/>
If YES please give full details :-		
Efficacy (Products) Liability	<input type="text" value="Yes/No"/>	<input type="text" value="£ 2,000,000"/>
If you require an increased limit please indicate amount		<input type="text" value="£ -"/>
<b>Professional Indemnity</b>		<input type="text" value="Yes/No"/>
If Yes	Is your turnover relating to " purely professional activities " not involving installation by you greater than 25% of your total turnover or £ 30,000 per annum ?	<input type="text" value="Yes/No"/>
<b>Property Insurance</b>		
Do you require a quotation for Buildings and/or Office Contents		<input type="text" value="Yes/No"/>
If Yes	Section	<b>Sum Insured</b>
	Buildings	<input type="text" value="£ -"/>
	Tenants Improvements	<input type="text" value="£ -"/>
	Machinery Plant Fixtures & Fittings	<input type="text" value="£ -"/>
	Stock	<input type="text" value="£ -"/>
	Computers	<input type="text" value="£ -"/>

**Glass Section - Cover Required ?**

Sum Insured Required

Yes/No
£ -

**Business Interruption Section - Cover Required ?**

Business Interruption or  
 Increased Cost of Working  
 Loss of Rent  
 Book Debts  
 Indemnity Period (months)

Receivable/ Payable

Yes/No
£ -
£ -
£ -
£ -
0

**Goods in Transit Section - Cover Required ?**

Goods In Transit - Maximum sum insured per vehicle  
 Number of Vehicles

Yes/No
£ -
0

**Business Machines All Risks - Cover Required ?**

Specified Equipment such as laptops

1	
2	
3	
4	

Yes/No
£ -
£ -
£ -
£ -

**Geographical Limit Required**

A	is	The Premises
B	is	Great Britain + The Channel Islands & Isle of Man
C	is	All countries of the European Union
D	is	Anywhere in the World

B

**Money Section - Cover Required ?**

If yes

Estimated Annual Carrying ?

Yes/No
£ -

**Is Terrorism Cover Required ?**

Yes/No

**Contractors All Risks - Cover Required ?**

Yes/No

Limit any one Contract Note max. £10,000

£ -

Have you been trading for at least 2 years

Yes/No

Is all work completed within the United Kingdom

Yes/No

**4. General Information**

Do you undertake work (or supply goods) :-

- a) outside England, Wales, Scotland, Isle of Man & Channel Islands ?
- b) on or to Mainframe computer sites

Yes/No
Yes/No

If answer yes please provide full details

Do you employ an external Health & Safety Organisation or Consultant that provides an annual independent audit ?

Yes/No

Have you in the past 5 years had any claims under any section you are proposing ?

Yes/No

If YES please provide full details, including costs involved. In none, please state "None" None/As Detailed

Date	Number of Claims, Details and Amounts Paid or Outstanding.

If you are presently insured please state

Insurer
Renewal Date


**Additional Covers Available.**

**Quotation Required**

**Professional Indemnity**

Yes / No
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Cover available for an Indemnity of £100,000 at a premium of £100 plus tax

**Directors and Officers**

Yes / No
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If so we will provide you with a separate Proposal Form

**Employment Legal Expenses**

Yes / No
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If so we will provide you with a separate Proposal Form

**Personal Accident**

Yes / No
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Cover is on a "24 hour basis", or "Occupational including Commuting to and from work".

Standard benefits are 2 x salary for Death and Capital benefits and 75% of weekly wage for Temporary Total Disablement.

Please indicate numbers of staff, cover and benefits required if these differ from the standard limits.

Categories	Number	24 hour or Occupational Only	Death & Capital Benefits	Temporary Total Disablement
Clerical & Managerial				
Manual Employs				

**Motor Fleet**

Yes / No
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