



COVEA INSURANCE PLC
 50 KINGS HILL AVENUE, KINGS HILL,
 WEST MALLING, KENT ME19 4JX
 Telephone: 0330 134 8185

Please return to:
 ESSEX INSURANCE BROKERS LIMITED
 2 BLENHEIM COURT
 NORTHOLT WAY
 HORNCHURCH
 ESSEX
 RM12 5RX

Business Property Claim Form

Please answer all questions on this page as fully as possible and the relevant sections on other pages. Details of claim for all sections should be entered on the back page. Please make sure you sign and date the form.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

Insured

Policy no. _____ Renewal date _____ Date premium paid _____

(Any delay in payment may affect settlement of your claim)

Name of Insured _____

Address _____

Postcode _____ Tel. no (B) _____

Business _____ Tel. no (H) _____

Whom should our loss adjuster contact? _____

Have you

- suffered any loss or damage, or had any claims made against you or them in the last 5 years?
- had any special terms imposed by any insurer or had insurance cancelled, declined or renewal refused?
- ever been convicted of arson or any criminal offence (other than motoring offences) or received a police caution or is any prosecution pending?
- previously held any insurance of this type?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

If YES, please give full details including name and address of insurers where applicable

We reserve the right to contact your previous insurers to verify the information contained in this form.

YES NO

Are you registered for VAT purposes

Date Time

The Event

Address where the event occurred

When and by whom discovered

State fully what happened

State rooms or area affected

Were the premises occupied at the time?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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If NO, state date and time last occupied

If known state the name and address of person causing loss or damage

Are the final exit doors to your premises fitted with 5 lever mortice deadlocks?

YES NO

<input type="checkbox"/>	<input type="checkbox"/>
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If NO, give details of other security fittings

Are all opening windows to your premises fitted with key operated locks?

<input type="checkbox"/>	<input type="checkbox"/>
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If NO, give reason

If alarm installed, was it activated?

<input type="checkbox"/>	<input type="checkbox"/>
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Please complete relevant section(s)

The Property Lost or Damaged

Are you the owner?

YES NO

If NO, state name and address of the owner

[Empty text box for owner name and address]

Give name(s) of any other party having an interest in the property

[Empty text box for other party name]

Are there any other insurances on the property?

YES NO

If YES give details (including name, address and policy no. of other insurers)

[Empty text box for insurance details]

State total value of the property insured

Buildings

£ [Empty text box]

Stock

£ [Empty text box]

Plant/Machinery

£ [Empty text box]

Other property

£ [Empty text box]

State nature of occupancy of premises

[Empty text box for occupancy nature]

Was the property lost or damaged kept in a basement?

YES NO

Are you responsible by agreement for the property? If YES, please forward a copy of the agreement.

YES NO

Have you suffered a loss of this nature before?

YES NO

If YES, give details and nature of claim

[Empty text box for claim details]

Name of Insurers

[Empty text box for insurer name]

Amount paid

£ [Empty text box]

The police must be informed at once if the claim is for articles lost or stolen or maliciously destroyed or damaged

Name and address of station

[Empty text box for station name and address]

Officer's number

[Empty text box for officer number]

Date

[Empty text box for date]

Crime no.

[Empty text box for crime number]

Have the police apprehended the culprits? If YES, apply to them immediately for a restitution order and advise the company

YES NO

Was the Fire Brigade called?

YES NO

Breakage of Glass

Size of glass

[Empty text box for glass size]

Glass Type

[Empty text box for glass type]

Situation (e.g. door, window, showcase etc)

[Empty text box for situation]

Was the glass sound prior to breakage?

YES NO

Do you require the glazing deferred until further notice? Was there any design, lettering or signwording superimposed on the glass?

YES NO

If YES, please give details

[Empty text box for glazing details]

NB Covéa Insurance have arranged a replacement glazing service with the Glassolutions Installations. Ring them Free on 0800 474747 quoting your full policy no. and they will bill us direct. All you have to pay is the VAT (if registered) and the amount of the excess.

Money

Was the safe or strongroom securely locked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, how was it opened?	<input type="text"/>
If opened by key, where was key kept?	<input type="text"/>			
If the loss was not from the safe or strongroom where was the money kept?	<input type="text"/>			
If from a till, was drawer forced?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Was the money in transit?	<input type="checkbox"/>	<input type="checkbox"/>	If YES, state number of persons accompanying the money	<input type="text"/>

Transit

Please state

Starting point and destination of transit	<input type="text"/>			
How transit was being made	<input type="text"/>			
Make and registration number of vehicle, if applicable	<input type="text"/>			
Total value of property on vehicle or in parcel(s)	£ <input type="text"/>			
Which Conditions of Carriage applied				
Where was the vehicle parked?	<input type="text"/>			
Was the vehicle left unattended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, how was the vehicle secured	<input type="text"/>
Name, address and policy number or the motor insurers	<input type="text"/>			

Deterioration of stock

Is there a service or maintenance agreement in force or is the unit under guarantee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, state date of last service	<input type="text"/>
Name and address of the Service Company	<input type="text"/>			
Have instructions been given for the repair of the unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not the Service Company, please give name and address of repairer	<input type="text"/>
What work did the repairer do to remedy cause of loss	<input type="text"/>			
Age of refrigerator / freezer	<input type="text"/>	yrs	<input type="text"/>	
Make of refrigerator / freezer	<input type="text"/>		<input type="text"/>	
Provide list of goods on back of this claim form and supply substantiation of amounts claimed				
Was a condemnation certificate issued by the Public Health Inspector?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Business Interruption/Loss of Profits

Please state (where available)

Your annual income

The amount of purchases

Amount of shortage in income

Savings in charges and expenses of the business

Amount of additional expenditure (give details)

Amount of shortage of debit balances

Amount of professional accountants charges

Details of Claim

(mark an X in last column if articles are on loan, hire or belong to a customer)

Please submit the following documents with this form

Building claims - detailed original estimates from tradesmen for the work necessary to repair the damage

Claims for loss or damage to other property - If an article can be repaired - detailed original estimates from tradesmen for the work necessary to repair the damage

If an article is lost, or damaged beyond repair - the original receipt for its purchase together with original (not photocopies) of estimates for the cost of its replacement

Description of article	From whom obtained	Date acquired	Cost price net of profit & VAT	Value of salvage	Net amount of claims less depreciation, salvage, profit, VAT etc.	VAT if claimed
					Total claimed	

If necessary continue on separate sheet

Declaration

I/We declare that these particulars are true to the best of my/our knowledge and belief. I/We understand that if any part of this claim is found to be fraudulent in any respect all benefits under this policy will be forfeited and I/we may be liable to prosecution.

I/We consent to Covea Insurance plc contacting my/our previous insurers, insurance intermediaries, agents or brokers to check the answers I/we have provided and I/we authorise the giving of such information.

I/We understand that my personal data will be used by Covea Insurance plc for the purposes of my insurance, which could involve passing details to agents of Covea Insurance plc, other insurers or fraud prevention agencies.

Signature(s) _____ Date _____

Please print name(s) _____