

Arranged by

**BrooksBraithwaite**

(Sussex) LTD

Part of the Petc🐾ver Group

**Petplan**<sup>®</sup>  
**Sanctuary**

# Petplan Sanctuary

## Business Insurance Proposal Form

**Please return completed form to:**

Petplan Sanctuary  
4 Bridge Road Business Park  
Haywards Heath  
RH16 1TX

Email: [enquiries@petplansanctuary.com](mailto:enquiries@petplansanctuary.com)

Reference \_\_\_\_\_

**Pet business  
insurance**

# Proposal Form

Please complete this proposal form in full and ensure that it is signed by all proposer(s). If you are unsure of any definitions used, or the relevance of any sections, then please refer to the Policy Information document or call us on 0345 070 1064. If you would like a copy of the Terms and Conditions, Petplan Sanctuary (0345 070 1064) will be able to supply you with a copy.

If you need any additional space to complete any questions, please use an additional sheet.

If the insurance is to apply to more than one premises, please complete a separate form for each.

You must ensure that the information given in this application is true and complete, further assistance can be provided by Petplan Sanctuary (0345 070 1064).

When we have received the necessary information to process your Policy, we will promptly dispatch documentation to you. If we require any further information we will request it within a few days of receiving this proposal.

We are committed to providing policyholders with the highest level of service. To that end we have set ourselves guidelines within which we will undertake important processes such as providing quotations, issuing policies and facilitating the settlement of claims.

## GENERAL INFORMATION *(please answer all questions)*

Please include trading name and any related companies - stating the relationship e.g. subsidiary, mortgages etc that are to be included in the insurance and the names of any directors if a limited company

Full name of Proposer(s):

Date of Birth of Proposer(s):

Trading name:

If a Limited Company, please state company number:

Contact address:   
  
Postcode:

Home telephone number:

Business telephone number:

Mobile telephone number:

Email address:

Additional named persons. **A named person is someone with whom we may discuss your policy/application details**

Additional named person 1:  Relationship:

Additional named person 2:  Relationship:

Address of premises where insurance is to be applied:   
*(If different to contact address)*  
Postcode:

Please provide FULL details of all business activities i.e. pet sitting, dog walking, home boarding, grooming, microchipping, sale of pet accessories/food etc:

Please state the date from which cover is required: *(please note that cover cannot be backdated)*

Is your company registered for VAT? *(including flat rate registrations)*

Yes

No

*(If Yes, please give details, including VAT number or registration number)*

If flat rate scheme please state the percentage:

 %

How many years have you been operating this business from these premises?

How many years have you operated this or any other animal related business from any other premises?

**GENERAL INFORMATION - continued**

Do you or any other person operate any other business or activity from these premises?

Yes  No

*(If Yes, please state who else occupies the premises, for what purposes and whether their portion(s) is sub-let from you)*

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Are the commercial buildings in a good state of repair (if applicable)?

Yes  No

*(If No, please give details)*

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Is there any flat roofing on the commercial building(s) (if applicable)?

Yes  No

*(If Yes, please give details including the percentage of the building that is flat roofed)*

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Is there any thatched roofing on the commercial building(s) (if applicable)?

Yes  No

*(If Yes, please give details)*

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Are the commercial premises heated by portable paraffin or LPG heaters (if applicable)?

Yes  No

*(If Yes, are the cylinders kept in a designated cage?)*

Yes  No

Are the commercial buildings of a listed status (if applicable)?

Yes  No

*(If Yes, please state the approximate age, value and grade)*

Age	Value	Grade

Is any part of your private dwelling used in connection with your business?

Yes  No

*(If Yes, please state which part)*

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Do any parties have a financial interest in the commercial property (if applicable)? i.e. Bank/Building Society:

Yes  No

*(If Yes, please state the name of the Bank/Building Society or third party)*

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***This policy does not cover any risks in respect of your private dwelling. We are able to provide Household policies which take into consideration that you are operating a business from your premises, which your current insurer may not be prepared to consider.***

Would you like us to quote for insurance of your residential property?

Yes  No

Please note, this is only available with your business insurance:

*(If Yes, please state the expiry date of your current insurance)*

DD/MM/YYYY

**PREVIOUS HISTORY (please answer all questions)**

**Note: the following questions are to be answered in respect of you and all Directors or partners in the business proposed or in the name of any other business in which any of you have had an interest.**

Have you been insured for these risks before?

Yes  No

*(If Yes, please give details)*

Name of Insurance Co.	Policy No.	Renewal Date(s)

**PREVIOUS HISTORY - continued**

Have you ever had:

- any proposal or insurance of a similar nature declined, cancelled or refused?

Yes

No

(If Yes, please give details)

- any renewal refused or special terms or conditions imposed (other than the insurer no longer writes this class of business)? (If Yes, please give details)

Yes

No

Please continue on a separate sheet (if required) and tick this box


Have you sustained any loss or damage or incurred any liability in the last 5 years which has, or could have resulted in a claim?

Yes

No

(If Yes, please give details)

Date	Details	Paid / Outstanding (£)

In the last 5 years, have you, any official, owner, director, manager or other person connected with this application ever been convicted of, or are due to stand trial for; any offence involving arson, criminal deception, forgery, any crime or violence or any other offence against property or have any prosecutions pending?

Yes

No

(If Yes, please give details)


Within the last 3 years, have you, any official, owner, director, manager or other person connected with this application been declared bankrupt, received a County Court Judgment, have any outstanding arrangements with creditors or been a director of any company that went into liquidation?

Yes

No

(If Yes, please give details)


Have you, any official, owner, director, manager or other person connected with this application ever been prosecuted in connection with health and safety legislation?

Yes

No

(If Yes, please give details)


**Your policy includes cover for the following sections unless otherwise stated on your Insurance Schedule/Quotation. Excesses are as stated on your Insurance Schedule/Quotation.**

**Levels of Cover & Maximum Benefit**

<b>Section 6a</b>	Loss or Theft of Keys	<b>£10,000</b>
<b>Section 8</b>	Public Liability	<b>£5,000,000</b>
	Professional Indemnity	<b>£100,000</b>
<b>Section 9</b>	Care, Custody and Control of Animals - Plan 4	
	• Veterinary Fees	<b>£1,250</b>
	• Death Benefit	<b>£1,250</b>
	• Loss by Theft or Straying	<b>£1,250</b>
	• Loss of Boarding Fees	<b>£350</b>
	• Advertising & Reward	<b>£350</b>
	• Animals in Transit	<b>£2,000</b>
	• Maximum benefit in the Policy Period	<b>£3,000</b>
• Custodial Responsibility - Section G	<b>£10,000</b>	

Please complete each section, indicating whether cover is required or not, cover details can be found on your Insurance Schedule/Quotation

### SECTION 1: Commercial Buildings and Contents

Please complete details of the commercial property to be insured:

	Property to be insured	Sum to be insured
1a	<b>Buildings (including outbuildings)</b> Cover - Defined policy events but <b>excluding</b> accidental damage. <b>Excess</b> as stated on your Insurance Schedule/Quotation	£
	Standard Construction <i>Brick, stone or concrete buildings with a slate, tile, concrete or metal roof</i> Non-Standard Construction <i>Buildings of all other constructions and those with a flat roof</i>	£
1b	<b>Contents</b> Cover - Defined policy events but <b>excluding</b> accidental damage, designed to include fixtures/fittings, office furniture, floor covering, dog/cat beds/bowls, portable heaters, fire fighting equipment etc. but excluding items declared under 1c and 1e. <b>Excess</b> as stated on your Insurance Schedule/Quotation	£
1c	<b>Stock</b> Cover - Defined policy events but <b>excluding</b> accidental damage, designed to include your stock, including items for resale but excluding animals at your premises. <b>Excess</b> as stated on your Insurance Schedule/Quotation	£
1e	<b>Computer &amp; Other Business Equipment</b> Cover - Defined policy events <b>including</b> accidental damage, designed to include computers, word processors, VDUs, keyboards and printers, facsimile machines, photocopiers and telecommunication equipment, freezers, grooming equipment etc. <b>Excess</b> as stated on your Insurance Schedule/Quotation	£

If any one item in section 1e is valued over £1,000, please provide details, including sum(s) insured:


#### Accidental Damage

Do you require accidental damage on the following? Buildings (1a)  Contents (1b)  Stock (1c)

**Excess** as stated on your Insurance Schedule/Quotation Providing the corresponding section 1a, 1b or 1c is also selected

**This section is not included as standard in Buildings/Contents/Stock and can be covered at an ADDITIONAL premium**

### SECTION 2: Business Interruption

Only available if at a minimum, sections 1a and/or 1b are purchased. If premises are rented, it may not be necessary to purchase 1a.

Do you require cover for business interruption? Yes  No

**Excess** as stated on your Insurance Schedule/Quotation

Designed to cover loss of revenue due to the business being interrupted as a result of an event defined under section 2. Benefit payable up to 12 months following the event and is based on annual revenue

What is your annual revenue? £

### SECTION 3: Money

Do you require cover for money on the premises and in transit? Yes  Fixed limit £4,000 No

**Excess** as stated on your Insurance Schedule/Quotation

Yes  Fixed limit £8,000 No

### SECTION 4: Own Goods in Transit

Do you require cover for your own goods in transit? Yes  Fixed limit £2,000 No

**Excess** as stated on your Insurance Schedule/Quotation

Yes  Fixed limit £4,000 No

### SECTION 5: Specified All Risks

You may require cover for this if you require cover for Business Equipment covered under 1e away from the Insured premises, for example mobile groomers

Do you require cover for items of equipment that are taken off the Insured premises, including any associated transit risk? Available for items insured under 1e UK & European Union  No

**Excess** as stated on your Insurance Schedule/Quotation

Business Equipment <i>Any item insured under this section must be included under 1e</i>	Sum to be insured	State below sum to be insured
Cover designed for items of equipment both on and off the insured premises <b>including</b> any associated transit risk in the United Kingdom or Europe. <b>Excess</b> as stated on your Insurance Schedule/Quotation.	£0 to £2,000	
	£2,001 to £5,000	
	£5,001 to £30,000	

If any one item is valued over £500, please provide details, including sum(s) insured and make, model, serial number if applicable:


## SECTION 7: Employers' Liability

Do you require cover?

Yes

Limit of indemnity  
£10,000,000,  
£5,000,000 in  
respect of terrorism  
and asbestos

No

*Excess as stated on your Insurance Schedule/Quotation*

How many staff do you employ?

Full Time

Part Time

Unpaid

Do you have an Employer PAYE Reference Number (ERN)?

Yes

No

*(If Yes, please give reference number i.e. 123/AB1234)*

**THIS INFORMATION IS COMPULSORY**

Reference no.

Is the business exempt from holding an Employer Reference Number (ERN) because all Employees are paid below the PAYE threshold?

Yes

No

*If No, please provide details to explain why there is no Employer Reference Number e.g. volunteers only, self employed people only etc*

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Do you have any subsidiary companies?

Yes

No

*If Yes, please provide the business name, address, nature of the business, Employer Reference Number and if it is a parent or child company?*

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What was the wage bill of the business in the last 12 months?

*(If this is a new venture indicate the projected wage bill in this box)*

£

Projected?

## SECTION 8: Public Liability

Do you organise any events in relation to the insured activities?

Yes

No

*If Yes, please give details of the event, what is involved, the animals involved, number of times per year etc*

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Do you attend any events in relation to the insured activities that are organised by third parties e.g. fete's, fairs etc?

Yes

No

*If Yes, please give details of the events, what is involved, the animals involved, number of times per year etc*

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### Products Liability

Do you require extended Products Liability cover for goods that are manufactured by the proposer(s)/business/organisation?

Yes

Limit of indemnity  
£5,000,000

No

*Excess as stated on your Insurance Schedule/Quotation*

*If Yes, please give full details of what is being manufactured, turnover for this part of the business, are items sold outside the UK?*

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Do you need to increase your Public Liability for any other activity i.e. fundraising etc?

Yes

No

*(If Yes, please give details)*

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## SECTION 9: Care, Custody and Control of Animals including Animals in Transit

Do you refer animals in your care to a veterinary surgeon if suspected of any infectious/contagious disease? Yes  No

Do you refuse admittance if animals are suspected of any infectious/contagious disease? Yes  No

Has any Insurer ever declined, cancelled, increased premiums or imposed special conditions due to adverse claims experience on any previous Veterinary Fees Policy held by you? Yes  No

(If Yes, please give details)

Have you held this type of insurance cover before? Yes  No

Have you or any Insurer paid for any veterinary treatment or incurred damage during transit in the past 24 months? Yes  No

(If Yes, please state gross amount paid in claims:)

	Year 1	£		Year 2	£
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## PAYMENT

Please confirm your preferred method of payment :

<input type="checkbox"/> <b>Credit Card</b> <small>2% Administration Charge will apply</small>	<input type="checkbox"/> <b>Debit Card</b>	<input type="checkbox"/> <b>Cheque</b>	<input type="checkbox"/> <b>Monthly Direct Debit</b> <small>Payable over 10 months interest free (0% APR)</small>
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## HOW WE USE PERSONAL INFORMATION

**How the Scheme Administrator uses personal information**

Brooks Braithwaite (Sussex) Limited are the data controller of any personal information you provide to us or personal information that has been provided to us by a third party. We collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our Privacy Policy - [www.brooksbraithwaite.com/privacy-policy-legal-notice/](http://www.brooksbraithwaite.com/privacy-policy-legal-notice/). If you are providing personal data of another individual to us, you must tell them you are providing their information to us and show them a copy of this notice.

**How Allianz use personal information**

For information about how Allianz Insurance plc use your personal data, you can find a copy of the Fair Processing Notice at [www.allianz.co.uk](http://www.allianz.co.uk). Alternatively, you can request a printed version by calling 0330 102 1837, by email [dataprotectionofficer@allianz.co.uk](mailto:dataprotectionofficer@allianz.co.uk) or by writing to the Data Protection Officer, Allianz, 57 Ladymead, Guildford, Surrey GU1 1DB.

**For sections 1 to 8 of this policy, Pen Underwriting Ltd act as underwriting agent for a consortium of Insurers noted under the 'Identity of Insurers' notice'.**

**How Pen Underwriting use personal information**

Pen Underwriting Limited are the data controller of any personal information you provide to Pen Underwriting or personal information that has been provided to Pen Underwriting by a third party. Pen Underwriting collect and process information about you in order to arrange insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with third parties such as insurers, brokers, reinsurers, claims handlers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators, police and government agencies or fraud prevention agencies.

Pen Underwriting may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see Pen Underwriting's Privacy Policy - <https://www.penunderwriting.co.uk/Privacy-and-Cookies>. If you are providing personal data of another individual to Pen Underwriting, you must tell them you are providing their information to Pen Underwriting and show them a copy of this notice.

## DECLARATION

**Important information we need to know about**

The information you have provided in this form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable. If you are in any doubt at all regarding any of the answers you have given, you should contact Brooks Braithwaite (Sussex) Ltd.

You must tell us as soon as you become aware of any changes to the information provided by you after you purchase your policy and during the period of your policy.

**Declaration**

I/We declare that the information I/we have given in this application is a fair presentation of the risk to Underwriters. I/We understand that if this duty is deliberately or recklessly breached, Underwriters may regard the Policy as void and are not required to return any paid premium.

I/We understand that if such a breach occurs, but was not deliberate or reckless, Underwriters' remedy shall depend upon what Underwriters would have done if I/We had complied with the duty of fair presentation:

1. Underwriters may regard the Policy as void if Underwriters would not have entered into the policy on any terms in the absence of the breach. In this case, Underwriters will return the premium paid.
2. If Underwriters would have entered into the Policy, but on different terms (other than terms relating to premium) the Policy will be treated as if those different terms applied from the outset, if Underwriters so require.
3. If Underwriters would have entered into the Policy but would have charged a higher premium Underwriters may reduce proportionately the amount to be paid on a claim (and, if applicable, the amount already paid on prior claims).

**DECLARATION - continued**

(If multiple proposers then all must sign)

Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>
Signed:	<input type="text"/>	Date of Signature:	<input type="text" value="DD/MM/YYYY"/>
Print Name:	<input type="text"/>	Position:	<input type="text"/>