

Prospectus & Proposal

This document provides a summary of cover and application form for the Plastics Combined Insurance Policy

Plastics Combined



Commercial Division

An Introduction to NIG

Thank you for choosing NIG as your Plastics Combined insurer. We have been established for over 100 years and provide insurance products to over 3 million customers across the UK. Operating from our London Head Office and network of regional offices, we sell our policies through over 2500 professional intermediaries at over 5000 locations. With assets of more than £840 million, we are a major force at the heart of the British Insurance industry.

We are part of the Churchill Group and one of the six largest general insurance groups.

Churchill itself is a member of the Credit Suisse Group - one of the world's leading financial services companies with current assets under management of over £615 billion and 80,000 staff worldwide.

Visit www.nig-uk.com for more details.

Plastics Combined Proposal Form

A Policy specifically designed to provide flexible cover for businesses in the plastics industry.

A brief summary of cover is given at the end of this form. A specimen copy of the policy wording is available on request.

Methods of Payment

Available in most cases at competitive terms - please ask for details.

Helplines

When you become a NIG Plastics Combined Policyholder you will be entitled to the valuable additional benefit of:

24 hour business assistance services

Free Helpline services available 24 hours a day, 7 days a week for:-

Legal Advice on any business problem including Employment, Tax, Contract Disputes etc

Emergency Assistance - rapid response from reputable local contractors to deal with any sort of emergency on your premises, including burst pipes, drainage problems, gas, electricity failures, serious roof damage

Glass replacement and Locksmith Services - rapid call outs for any glazing or door & window security problems.

PROPOSERS DETAILS

NAME IN FULL

COMPANY REGISTRATION NUMBER

TRADING NAME

POSTAL ADDRESS

Postcode must be shown Post Code

ADDRESS OF PREMISES TO BE INSURED **A**

Postcode must be shown Post Code

ADDRESS OF PREMISES TO BE INSURED **B**

Postcode must be shown Post Code

BUSINESS PHONE NO

BUSINESS/TRADE*

*Please describe all of your activities to be insured

PERIOD OF INSURANCE 12 MONTHS FROM

GENERAL QUESTIONS

1 Please state how the Premises are occupied by you (e.g. factory, warehouse, office)

2 Do you trade from any other address which is not to be included under this Insurance? YES NO
If 'yes' give details

3 How long have you been established at the Premises? Elsewhere?

4 If this is your first venture, give details of your experience.

5 Either personally or in any business capacity, have you or any director or partner in the business proposed ever been

a convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence? YES NO

b declared bankrupt or the subject of bankruptcy proceedings? YES NO

c the subject of a County Court Judgement (or Scottish equivalent)? YES NO

d a director or partner in any business which has been the subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administrative order or administrative receivership proceedings? YES NO

If 'yes' give details

6 i Do you keep stock and sale books and other records of the business? YES NO

ii Are they kept in a fire proof cabinet or safe? YES NO

If 'no' where are they kept?

SECTION 1: PROPERTY DAMAGE

Is Insurance required for (tick if yes)

Fire & Specified Perils?

Theft?

or

All Risks? incorporating all of the above plus accidental damage cover (subject to standard All Risks Exclusions)

1 Property to be Insured

Note 1 All items below with the exception of Stock and Stock Debris Removal can be covered on a Day One basis. If this is required please tick the box below and indicate the % uplift required. The figure then entered under "Sum to be Insured" will be the Declared Value. The Declared Value should represent the full replacement costs of the property at the commencement of the period of insurance.

Note 2 If any of the Sums Insured apply to more than one premises, please give the appropriate breakdown on a separate sheet.

	Day One	%Uplift	Sum to be Insured
The Buildings of the Premises (including landlords fixtures & fittings, outbuildings, walls, gates and fences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenants Improvements/Decorations for which you are responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plant, Machinery, Trade Fixtures, Fittings and All Other contents except Portable Hand Tools and Electronic Business Machines, Computers and Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customers Goods for which you have accepted responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portable Hand Tools belonging to Proposer and/or Employees and for which the Proposer has accepted responsibility (Maximum value any one tool £500)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximum value any one Employees Tools £	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Business Machines, Computers and Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock in Trade (except for that stated below)			<input type="checkbox"/>
Stock Debris Removal			<input type="checkbox"/>
Stock at Exhibitions: Number per year <input type="checkbox"/>		per exhibition	<input type="checkbox"/>

2 Are the Premises to be insured

- a built entirely of brick, stone or concrete and roofed with slates tiles or concrete? YES NO
- b heated by gas (but not liquid petroleum gas) electricity or oil fired central heating? YES NO
- c in a good state of repair with all machinery properly fenced or guarded and in good order? YES NO
- d in a low lying area subject to flooding? YES NO
- e solely occupied by you? YES NO

If you have answered 'no' to (a) (b) (c) or (e) or 'yes' to (d) please provide full details below, continuing on a separate sheet if necessary

3 Is a Burglar Alarm System installed at the Premises?

YES NO

If 'yes' state

a Name of Alarm Company

b Is it maintained by the Alarm Company under contract? YES NO

c Method of Signalling (e.g. Redcare - Digital Communicator- Bell only)

4 Do you require Subsidence, Ground Heave and Landslip on the Buildings?

YES NO

If 'yes' state whether

a the Premises have suffered or are showing signs of damage from these perils YES NO

b the properties either side of the Premises have suffered or are now showing signs of this damage YES NO

c to your knowledge the vicinity is susceptible to such damage YES NO

d the Premises are in the immediate vicinity of any river bank, railway embankment, cliff, quarry, mine or other underground working or on made up ground? YES NO

e are there any trees or shrubs over 20ft in height within 30ft of the Premises YES NO

If 'yes' please provide full details (ie type of trees, number and distance from the Premises)

5 Are the Premises Sprinklered?

YES NO

If 'yes' please give details of the system

SECTION 2: BUSINESS INTERRUPTION

Please tick Perils required*

Fire

Special Perils

Theft

All Risks

*Only available if also selected under Section 1

1 Please insert the Sum Insured or Estimate required against the items to be insured, bearing in mind the maximum Indemnity Period:

Sum to be Insured

Gross Profit

Gross Revenue

Increase in Cost of Working

Cost of Document Replacement

2 Outstanding Debit Balances (based on the maximum outstanding at any one time)

3 Indemnity Period required? *This should be a minimum of 12 months

* **months**

4 If Gross Profit or Gross Revenue is insured this policy includes a £250,000 limit in respect of the UK extensions mentioned below. Please insert any increases required.

a Unspecified Suppliers

b Unspecified Customers

c Storage Sites

d Property in Transit and Temporary Removal

e Contract Sites

f Failure of Public Supply (electricity, gas, water, telecommunications)

5 Is cover required for business interruption caused by any of the perils insured at the premises of specific suppliers and/or customers?

YES

NO

If 'yes' please state as a percentage the amount of Gross Profit that would be affected and the suppliers' and/or customers' name and address:

i supplier

<input type="text"/>	<input type="text"/> %
----------------------	------------------------

ii customer

<input type="text"/>	<input type="text"/> %
----------------------	------------------------

6 Please give details of any other extensions required, with limits.

7 State type of records kept of Outstanding Debit Balances

8 Are they kept in a fire resisting safe, compartment or cabinet?

YES

NO

9 Are duplicate records kept?

YES

NO

If 'yes' state where they are kept

SECTION 3: GOODS IN TRANSIT

1 State nature of goods carried

2 Do you engage in transit of goods outside the United Kingdom? YES NO

If 'yes' give details and countries regularly visited

3 For carriage of goods by your **own** vehicles state

i Maximum Sum Insured required per vehicle if over £5,000

ii Maximum number of vehicles that will transport the goods

iii Makes and Types of Vehicles used for carrying the goods

vi Are the vehicles fitted with special locking devices, immobilisers and/or alarms? YES NO

If 'yes' give details

v Maximum Sum Insured required for any one event i.e. if more than one vehicle is left loaded for transit at any location at any time. **(Please refer to the cover summary regarding restrictions in the cover for overnight risk)**

iv Are any of the vehicles open sided or curtain sided or fitted with soft or open hoods* YES NO

If 'yes' give details of vehicle

***NB Storm Damage will be excluded. Also, theft or attempt thereat from these types of vehicles will be excluded unless the vehicle is stolen at the same time.**

4 For carriage of goods by Road Haulage Contractor, Railway Operator, Post Office or Inland Air Freight state

i Maximum Value any one consignment if over £5,000

ii Estimated Total Annual Invoice Value of goods transported

SECTION 4: LOSS OF MONEY

Please state Maximum Amount at any one time

1 i in transit and/or in a Bank Night Safe if over £2,500

ii on the Premises during Business Hours if over £2,500

iii on the Premises after Business Hours

a in a locked safe if over £1,000

Please give the following information about safes

Make and Model	Age (yrs))	Whether anchored to the Floor	Limit required for Negotiable Money

b not in a locked safe if over £250

iv with travellers or collectors if over £500

v in Private Dwelling of Proposer or authorised director/partner/employee if over £250

2 Estimated Annual Amount of Money in Transit **(excluding crossed cheques and other non-negotiable currency)**

SECTION 4: LOSS OF MONEY - *continued*

3 Where the Maximum Amount of Money in Transit at any one time exceeds £3,000 please answer the following

i How often is money banked or collected?

ii Are the journeys to the Bank made by

a You and/or your staff? YES NO

b Security Company? YES NO

iii Are the journey times and routes varied? YES NO

iv Where the journeys are made by you how many people accompany the money?
(at least two persons will be required)

v Where the journeys are made by a Security Company, have they accepted responsibility for the money? YES NO

SECTION 5: PERSONAL ACCIDENT following ASSAULT

Standard Benefits per person insured are £5,000 Capital Sums and £50 per week for temporary total disablement (25% of this amount per week for temporary partial disablement).

If you require higher Benefits per person insured please tick one of the following options:

1 a £10,000 Capital Sums and £100 per week for temporary total disablement (25% of this amount per week temporary partial disablement)

b £20,000 Capital Sums and £200 per week for temporary total disablement (25% of this amount per week temporary partial disablement)

SECTION 6: EMPLOYERS LIABILITY SECTION 7: PUBLIC LIABILITY SECTION 8: PRODUCTS LIABILITY

1 For Public/Products Liability please indicate the Indemnity limit required: £1,000,000 £2,000,000 £5,000,000

2 Do you undertake work in or on any nuclear plant or power station: gas or chemical works or stores;
oil refineries or bulk oil storage, offshore installations, airports, ships docks and/or mines?

YES NO

If 'yes' give full details below. **Please note that cover for this work cannot be granted until confirmed by NIG.**

3 Will you process, use, handle or store any of the following in connection with your business

i silica asbestos or any substance containing asbestos? YES NO

ii radioactive substance(s)? YES NO

iii any other industrial materials that are toxic, explosive, flammable, corrosive or an irritant? YES NO

If 'yes' give full details

4 Do you store liquids or gases in bulk? YES NO

If 'yes' give full details

SECTION 6: EMPLOYERS LIABILITY SECTION 7: PUBLIC LIABILITY SECTION 8: PRODUCTS LIABILITY - continued

5 Do you discharge toxic or dangerous substances into the atmosphere, sewers, waterways or elsewhere? YES NO

If 'yes' give full details, including method of treatment and disposal. **Please note that cover for this work cannot be granted until confirmed by NIG**

6 Is all of your lifting plant and pressure vessels/boilers which are subject to Statutory Regulations regularly inspected by qualified engineers as required by the legislation? YES NO

7 a Do you comply with the requirements of the Factories Act, the Health and Safety at Work Act, and the Control of Substances Hazardous to Health Regulations (and any special regulations thereunder) or any similar legislation? YES NO

b Have you or any of your Directors, Partners or Employees ever been:-

i Prosecuted under any of these Acts or Regulations YES NO

ii Served with a Prohibition Notice under the Health and Safety at Work Act YES NO

If 'yes' give details

8 Indicate the nature of the surrounding neighbourhood of the Premises (in the range of less than 1km)

- | | |
|--|--|
| <input type="checkbox"/> Industrial area | <input type="checkbox"/> Public services (hospital, schools etc) |
| <input type="checkbox"/> Light industrial area | <input type="checkbox"/> Surface water (river, stream etc) |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Residential area |
| <input type="checkbox"/> Forest | <input type="checkbox"/> Other (please specify) |

9 Have you or, to your knowledge, any former owner or occupier of the site in respect of the premises at any time:

a been prosecuted or sued for any pollution problem? YES NO

b had any incidents of pollution, or incidents likely to cause pollution? YES NO

c carried on any industrial activity which was the subject of an environmental permit or licence? YES NO

If 'yes' give full details

10 i Do you carry out work away from the Business Premises? YES NO

If 'yes' give details

ii Is any of this work outside of the United Kingdom? YES NO

If 'yes' state countries and what percentage of your total work this represents

iii Does any of your work away from the business Premises involve the use of

a welding or cutting equipment or other equipment involving application of heat? YES NO

b cradles and/or other lifting equipment? YES NO

If 'yes' give details

11 Does any of your work produce noise level above 85dB(A)? YES NO

If 'yes' give details and state what precautions are taken

12 Have you entered into any agreement assuming a liability for injury, illness, loss or damage for which you would not have been liable in the absence of such agreement? YES NO

If 'yes' please supply a copy of the agreement.

13 Where Bona-Fide Sub Contractors are used, do you check that they are insured for public/products liability insurance? YES NO

14 Please state Estimated Annual Wages, Salaries and other Earnings as below:

Note The estimates should include all payments to Working Directors/Partners, Labour only Subcontractors, Self Employed Persons and people hired or borrowed, and should be stated as Gross i.e. before deductions. A minimum of £15,000 per partner or director must be applied.

At the Premises

Working Principal(s) (specify duties) £

Clerical/Secretarial/Administrative £

Employees using woodworking machinery power presses and guillotines £

All Other Employees (specify duties) £

Work Away from the Premises

Working Principal(s) (specify duties) £

Commercial Travellers/Salesmen £

All Other Employees (specify duties) £

Bona Fide Sub-Contractors (specify duties) £

15 Under Employers Liability do you wish to insure injuries to Working Partners? YES NO

Note - Many businesses must be registered with the Local Authority or with HSE for health and safety purposes. If you are in any doubt please consult your nearest HSE office (details in the telephone directory under "Health and Safety Executive")

16 Describe types of Products manufactured, sold, supplied, repaired, serviced, tested, processed and/or purchased for resale. (Please provide catalogues or similar literature).

17 Please state:-

- a** Estimated annual turnover
- b** Percentage exported to:
 - i** U.S.A or Canada
 - ii** European Union
 - iii** elsewhere

Goods Manufactured by you	Goods repaired, processed, altered or treated	Goods Retailed/Wholesaled
£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
%	%	%
%	%	%
%	%	%

18 State actual turnover of exports to U.S.A./Canada for the past 12 months. £

19 In which overseas countries do you have offices, assets, representation or agents?

20 Do you import raw material, components or finished products?

YES NO

If 'yes' please provide:-

Details of goods	Countries involved	% of annual turnover
	(i) European Union	
	(ii) elsewhere	

21 Where goods or material are purchased by you or work is carried out on your behalf do you forgo under contract any right of action which may otherwise be available?

YES NO

If 'yes' please enclose a copy of the contract wording(s).

22 Are any goods intended for installation in or to form part of aircraft, watercraft, drilling rigs, atomic or nuclear plant or motor vehicles?

YES NO

If 'yes' please give details including annual turnover of such goods.

23 Which Products are:-

a manufactured/supplied to own design/specification/formulation?

b manufactured/supplied to a design/specification/formulation laid down by customer?

24 Do you have a separate design team?

YES NO

If 'yes' what are their technical qualifications and practical experience?

25 Describe extent and type of tests and checks undertaken before Product goes into production.

- 26** Do you maintain an adequate system of records which would enable identification of:
- a** source of Product/raw materials/components parts purchased? YES NO
 - b** source of design of Products manufactured by you? YES NO
- 27** Is it possible to trace the ultimate customers of individual Products or batches in order to recall the Products? YES NO
- 28** Has recall ever been necessary or been considered? YES NO
- 29** Are all goods labelled and supplied with clear instructions in the language of the country to which they are supplied? YES NO
- 30** Are product-hazard warnings clearly shown on Product, packaging and/or instruction manuals? YES NO
- 31** Do your Legal and Design Departments see all advertising material, sales brochures, operating manuals, etc. to check for misleading statements? YES NO
- 32** Have you or any Principal in the business ever been prosecuted or received notice of intended prosecution under the Consumer Protection Act, Food Safety Act or any similar legislation? YES NO

If 'yes' give details

If you have placed a tick in any of the shaded boxes (Questions 26-32) please provide full details below

SECTION 9: ENGINEERING MATERIAL DAMAGE

1 Do you require **Plant Inspection?** YES NO

If 'yes' please list the plant below.

2 Is insurance required? YES NO

a if 'yes' please indicate if cover is to be on the basis of

Specified Machinery (tick if required)

or

All Machinery (tick if required)

Sum Insured £

If Specified Machinery please list the plant below

Description of Plant	Inspection Y/N	Insurance Y/N

NB If "All Machinery" basis is chosen, but some of that plant requires inspection please list above those items that are to be inspected.

b Is the level of cover to be:

Breakdown and Explosion (tick if required)

or

Sudden and Unforeseen Damage (tick if required)

SECTION 10: ENGINEERING BUSINESS INTERRUPTION

Is Insurance required? YES NO

1 If 'yes' please indicate

the Annual Gross Profit

£

and Maximum Indemnity Period required

months

SECTION 11: COMPUTER INSURANCES

Is Insurance required? YES NO

1 Please list the Equipment to be insured, its replacement cost and the Geographical Limit to apply.

NB The options for Geographical Limits are as for Section 12.

Description of Equipment	Geographical Limit	Replacement Cost

2 Optional Business Interruption extensions are available. If either of these are required please indicate below and state the Sum Insured and Maximum Indemnity Period required

	Sum Insured	Maximum Indemnity Period
a Loss of Information	£ <input type="text"/>	<input type="text"/> months
b Increased Cost of Working	£ <input type="text"/>	<input type="text"/> months

SECTION 12: ALL RISKS ON SPECIFIED MACHINERY/APPARATUS

Is Insurance required?

YES

NO

Note This cover is not necessary if **All Risks** cover has been taken under Section 1 and Geographical Limit A applies.

If 'yes' complete below details of plant/machinery to be insured and the Geographical Limit to apply.

The options for **Geographical Limits** are:

- A** The Premises
- B** Anywhere in the United Kingdom, Channel Islands and Isle of Man (including The Premises)
- C** Europe which means anywhere in the United Kingdom, Channel Islands and Isle of Man and the countries of the European Union
- D** Worldwide which means anywhere in the World including the United Kingdom and Europe.

Make and Type of plant/machinery or vending machine	Serial No (if plant/machine)	Geographical Limit	Type of Contents (if vending machine)	Sum Insured

INSURANCE HISTORY

1 Have you or any director or partner in connection with this or any other business ever been insured for the risks now proposed?

YES

NO

If 'yes' please advise Name of Insurer(s) Branch and Policy Number(s) and Expiry Date

2 How many years have you been insured previously?

3 In respect of the covers proposed, have you or any director or partner, either in the name of the business proposed or in the name of any other business in which any of you have had an interest ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?

YES

NO

If 'yes' give details

INSURANCE HISTORY - *continued*

- 4 Give details below of all losses or damage sustained by, and/or claims made against, you or any director or partner, either in the name of the business proposed or in the name of any other business in which any of you have had an interest, in the last five years (whether the incident was insured or not.) If none answer "None"

Date & Year	Type of Claim	Brief Details	Amount Paid or Outstanding

DECLARATION

IMPORTANT NOTE

You are reminded that it is essential you provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material it should be disclosed. Failure to disclose any material facts may invalidate your policy or may result in your policy not operating fully. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We may also respond to enquiries by the Police concerning your policy in the normal course of their investigations. Where it is necessary to administer your policy efficiently or to protect your interests, we may disclose the data you have supplied to other third parties such as solicitors, loss adjusters, loss assessors or other insurers. You should show this notice to anyone insured under the policy, about whom personal information has been supplied.

Data Protection: the data supplied in this Form will only be used for the purposes of processing your policy of insurance, including underwriting, administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those, whom we have disclosed in this Form. It is important that the data you have supplied are kept up to date. You should therefore notify us promptly of any changes so that we may update our records. You are entitled upon the payment of an administration fee to inspect the data, which we are holding about you. If you wish to make such an inspection, you should telephone 0870 6099 920 and ask for a Subject Access Request Form. Alternatively, you may download a Subject Access Request Form from our Internet site at www.nig-uk.com.

DECLARATION

I/We:

- a declare that to the best of my/our knowledge and belief the information given in this Form is correct and complete in every detail
- b also understand that you may also process information which has been received from other insurers, financial institutions or industry databases concerning other incidents in which any person covered under the policy may have been involved
- c agree that if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this Form about other persons are given with their knowledge and authorisation
- d agree that this Proposal and Declaration, and the additional information on the insurance provided by my/our insurance intermediary on my/our behalf to The National Insurance and Guarantee Corporation Ltd trading as NIG ("the Company"), shall be the basis of the contract between me/us and the Company
- e also agree to accept a policy (a specimen of which is available on request) in the standard form issued by the Company for the insurance now proposed and to pay the premiums thereon.

Proposer's Signature Status Date

Summary of Cover

Note: Sections 1 to 8 are core covers and therefore compulsory.

Section 1: Property Damage

Your Property (as described in this Proposal Form) may be insured against loss or damage caused by

**Fire and Specified Perils (including Theft)
or
All Risks**

The choice is yours, but naturally All Risks cover will attract a higher premium.

Fire and Specified Perils include the following:

Fire, Lightning and Explosion excluding the explosion of boilers (except those used for domestic purposes only) economisers or other vessels/machines or apparatus which are under steam pressure. Earthquake, Subterranean Fire, Riots, Civil Commotion, Strikes and Labour Disturbances, Malicious Persons or Vandals.

Storm, Tempest, Flood, excluding damage to fences and gates and moveable property in the open. Bursting or overflowing of Water Tanks, Apparatus or Pipes (not being automatic sprinkler installations).

Impact caused by Aircraft (or articles dropped therefrom); vehicles and animals except falling trees, and/or collapse of TV/Radio Aerials and Satellite Dishes but excluding damage to fences and gates.

Theft by violent and forcible entry to or from the Premises.

Sprinkler Leakage.

All Risks include the following:

All the Specified Perils mentioned above plus Accidental Damage cover but excluding subsidence.

Basis of Cover

- 1** Cover for the Buildings, Tenants Improvements, Plant, Machinery, Trade Fixtures and Fittings, Portable Hand Tools, Electronic Business Machines, Computer and Software is on a reinstatement as new basis so make sure your Sum Insured is calculated accordingly.
- 2** The Policy contains the normal 'Average' clause so you must take care that all of your Sums Insured reflect the correct value at risk otherwise in the event of a valid claim the amount of your payment may be affected.
- 3** To keep pace with inflation the Sums Insured on all items are automatically index linked at each renewal.
- 4** There is a minimum excess of £250 under the policy.
- 5** A range of Extensions is incorporated as standard on the policy including cover for Customers' Moulds and Dies, Loss of Metered Water, Fire Brigade Damage to Grounds, Third Party Interests, Underground Services, Clearing of Drains and Theft Damage to Buildings.

Section 2: Business Interruption

Loss of Gross Profit or Gross Revenue due to reduction in turnover and increased cost of working following loss or damage caused by any of the insured Perils (whichever has been selected) provided there is a valid material damage claim. Declaration-Linking is included as standard with a free 133.3% uplift on the Estimated Gross Profit or Revenue.

The Policy incorporates the following Extensions

- Unspecified Suppliers
- Unspecified Customers
- Storage Sites
- Property in Transit and Temporary Removal
- Contract Sites
- Failure of Public Supply (60 minute time franchise applies)
- Denial of Access

Loss of Outstanding Debit Balances following damage can also be incorporated in this Section

Section 3: Goods in Transit

Loss or damage to your goods whilst being transported anywhere in the United Kingdom either by your own vehicles or by Third Party Carrier. The Policy includes £5,000 for own and Third Party vehicles as standard. Cover is on an All Risks basis subject to usual exclusions but note particularly we do not cover goods left in vehicles overnight unless in securely locked buildings or in a security compound under constant surveillance. There is a minimum excess of £100 and the cover is Subject to Average.

Section 4: Loss of Business Money

Loss by any cause occurring in any of the situations described in this Proposal except fraud or dishonesty of employees (unless discovered within 14 days) loss from unattended motor vehicles, errors or omissions and loss of value.

Cover includes

- 1 the policy includes limits of £2,500 for Money in Transit in a bank night safe or on the Premises in Business Hours and £1,000 in a locked safe overnight as standard.
- 2 loss of non-negotiable currency such as crossed cheques up to a Maximum Amount of £250,000.
- 3 damage to safes or carrying cases by robbery or attempted robbery for the cost of repair or replacement.
- 4 damage to clothing and personal effects during robbery or attempted robbery up to £500 any one person.

Section 5: Personal Accident following Assault

Compensation to any authorised employee involved in carrying Business Money and arising out of robbery or attempted robbery. The benefit payable as standard is £5,000 for death, loss of limbs, loss of eyes or permanent total disablement; and to correspond £50 per week for temporary total disablement or 25% of this amount for temporary partial disablement, payable up to a maximum of 104 weeks. Medical Expenses for temporary total disablement are also covered up to £500. Higher benefits are available on request.

Section 6, 7 and 8

Employers Liability

Bodily injury to employees arising out of their work whilst engaged in the Business in the United Kingdom or temporarily elsewhere in the world.

Public Liability

Your legal liability for death of or bodily injury to any person (other than an employee) and/or loss or damage to third party property happening in the United Kingdom or elsewhere in the world (in connection with the Business conducted at or from premises in the United Kingdom) - up to the selected Limit of Indemnity. The insurance also includes liability for obstruction, trespass or nuisance or interference with any rights of air light water or access and wrongful arrest.

For incidents occurring away from the Premises there is a Minimum Excess of £100 for property damage claims and this is increased to a Minimum of £250 where application of heat is involved or for damage to underground services.

There are also conditions requiring specific precautions to be taken in respect of the use of blow lamps or torches, welding or flame cutting equipment and for vessels used for the heating of bitumen.

Products Liability

Your legal liability for death of or bodily injury to any person (other than an employee) and/or loss or damage to third party property arising out of goods manufactured sold supplied, repaired, renovated, altered, treated, erected or installed by you in the course of your Business - up to the same Limit of Indemnity as selected for Public Liability.

Section 9: Engineering Material Damage

Cover is available for:

Inspections

Whether Statutory, Periodic or Special, the Inspection service is designed to meet our customers' legal obligations and to enable the provision of a safe working environment by giving independent assessment of plant condition. Fragmentation cover, which is impact damage to the Insured's other property by the inspected plant, is included.

Material Damage

This can be arranged on a **Specified Machinery** or **All Machinery** basis against either Breakdown and Explosion or Sudden and Unforeseen Damage.

Breakdown and Explosion cover provides for electrical or mechanical breakdown of plant and machinery and explosion of pressure plant. In connection with boiler and pressure plant, cover also includes collapse and overheating of the plant and in respect of boilers cracking, joint leakage and failure of seams. Explosion cover includes damage to own surrounding property by explosion.

Sudden and Unforeseen Damage cover provides for breakdown and explosion as above but additionally includes accidental damage e.g. by external impact and in respect of boiler plant joint leakage (between boiler sections) cracking or fracturing and overheating.

Standard Sums Insured

Cover provides for sums insured of:

£500,000 any one accident in respect of breakdown and explosion or sudden and unforeseen damage to insured items

£1,000,000 in respect of damage to own surrounding property caused by explosion of boiler or pressure vessels

£100,000 in respect of fragmentation (impact damage to own surrounding property)

Section 10: Engineering Business Interruption

Plant failure causing a production stoppage can have serious effects on a business. Engineering Business Interruption cover is available to protect against loss of Gross Profit or Revenue and Increased Costs of Working following insured events of Breakdown Explosion and Failure of Public Supply.

Section 11: Computer Insurances

Cover is available for damage to computer equipment, ancillary equipment, programs and records against All Risks and Residual Breakdown within the Geographical Limits. It should be noted that:

- Residual Breakdown is only available if the equipment is subject to a maintenance agreement or guarantee
- Cover is limited to 10% of the sum insured for equipment outside the UK or Republic of Ireland.

Optional Extensions are:

- Loss of Information (Reinstatement of Data)
- Increased Costs of working

Section 12: All Risks on Specified Machinery

All Risks cover (subject to standard exclusions) on individual items of machinery within the Geographical Limits as specified by you - minimum excess - £100.



NIG is the trading name of The National Insurance and Guarantee Corporation Ltd which is registered in England and Wales number 42133
(Registered Office: Crown House, 145 City Road, London EC1V 1LP) and is a member of the Association of British Insurers and the General Insurance Standards Council.

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