

# In partnership with



# National Farmers Union Mutual Commercial Combined Proposal Form – New Joiners

(Applicable to Genuine Jersey Members with a <u>turnover of under £75,000 per annum</u>)

# **PLEASE NOTE:**

This scheme has been set up to offer cover to those self-employed and/or a Partnership, Commercial Enterprises and Limited companies who are members of Genuine Jersey and whose activities require minimum Public Liability cover to exhibit at craft fairs, markets, galleries and the like within the Geographical Limits and also to cover selling items from their home.

If this does not meet with your Business requirements and you need additional cover such as cover for your Business premises, please contact us directly to enable us to provide you with an alternative quotation.

|  | s (including p | ostcode) o  | f proposer :  |            |        |         |                 |
|--|----------------|-------------|---------------|------------|--------|---------|-----------------|
|  |                |             |               |            |        |         |                 |
|  |                |             |               |            |        |         |                 |
| Telephone Number:  |                |             |               |            |        |         |                 |
| Email Address:   |                |             |               |            |        |         |                 |
|  |                |             |               |            |        |         |                 |
| IPORTANT: If you work from I                                   | Home have y    | ou advised  | your Home     | Insurand   | e Pro  | vider?  |                 |
| you're self-employed and wo                                    |                |             |               | -          |        |         |                 |
| lvise your Home Insurance Pr                                   | ovider as this | could affe  | ct the terms  | of your    | Home   | e Insur | ance policy.    |
|  |                |             |               |            |        |         |                 |
| Please provide a full and do                                   | atailed descri | intion of a | II Rusinass a | activitios | : unde | ortakaı | n including anv |
| Please provide a full and de products produced / manufa        |                | iption of a | ll Business a | activities | unde   | ertakei | n including any |
| products produced / manufa                                     |                | iption of a | II Business a | activities | unde   | ertakei | n including any |
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| products produced / manufa  Genuine Jersey Authorised Si Name: | ctured:        | ption of a  | II Business a | activities | s unde | 03      | / 2025          |

|  | Please tick cover option required |
|--|-----------------------------------|
| • COVER OPTION 1   | орион тециней                     |
| Public & Products Liability - £5,000,000 limit of indemnity.                                   |                                   |
| £120.00 Annual Premium -£20.00 Islands Group Sponsorship +£20.00 Admin Fee = £120.00           |                                   |
| £250 excess each and every loss  |                                   |
| COVER OPTION 2   |                                   |
| Public & Products Liability - £5,000,000 limit of indemnity                                    |                                   |
| • Stock (Within the Geographical Limits & whilst in transit ) £5,000                           |                                   |
| <ul> <li>Contents (Within the Geographical Limits &amp; whilst in transit ) £5,000</li> </ul>  |                                   |
| £170.00 Annual Premium -£20.00 Islands Group Sponsorship +£20.00 Admin Fee = £170.00           |                                   |
| £250 excess each and every loss  |                                   |
| COVER OPTION 3   |                                   |
| Public & Products Liability - £5,000,000 limit of indemnity                                    |                                   |
| <ul> <li>Stock (Within the Geographical Limits &amp; whilst in transit) £10,000</li> </ul>     |                                   |
| <ul> <li>Contents (Within the Geographical Limits &amp; whilst in transit ) £10,000</li> </ul> |                                   |
| £220.00 Annual Premium -£20.00 Islands Group Sponsorship +£20.00 Admin Fee = £220.00           |                                   |

£250 excess each and every loss

# **Definitions of Cover**

# **Geographical limits**

United Kingdom, the Channel Islands and the Isle of Man

#### Stock

Stock and materials in trade owned by YOU or for which YOU are responsible.

# **Public Liability**

Please refer to YOUR schedule to see if this is operative

WE will indemnify YOU for all sums which YOU are legally liable to pay as damages arising from:

- 1. accidental INJURY;
- 2. DAMAGE to PROPERTY;
- obstruction, trespass, nuisance or interference with any right of air, light, water, way or privacy; and/or
- 4. wrongful arrest, detention or false imprisonment of any person; occurring within the GEOGRAPHICAL LIMITS during the PERIOD OF INSURANCE in connection with YOUR BUSINESS and not arising from PRODUCTS other than:
  - 1. PRODUCTS remaining in YOUR custody or control; or
  - 2. any food or drink sold or supplied to visitors for consumption on YOUR premises.

The most WE will pay for all damages arising directly or indirectly out of one incident or series of incidents attributable to one source or cause is the limit of indemnity shown on YOUR schedule.

In addition WE will pay COSTS.

#### **Product Liability**

Please refer to YOUR schedule to see if this is operative

WE will indemnify YOU for all sums which YOU are legally liable to pay as damages arising from:

- 1. accidental INJURY; and/or
- 2. DAMAGE to PROPERTY;

occurring during the PERIOD OF INSURANCE and caused by PRODUCTS (other than while remaining in YOUR custody or control) physically supplied from within the GEOGRAPHICAL LIMITS.

The most WE will pay for all damages arising during the PERIOD OF INSURANCE is the limit of indemnity shown on YOUR schedule.

In addition WE will pay COSTS.

#### Contents

Trade fixtures and fittings, machinery and all other contents and equipment owned by YOU or for which YOU are responsible and which relates to YOUR BUSINESS, including:

- 1. Tenants improvements, alterations and decorations;
- 2. Business books, documents, computer systems, records and programmes, designs or plans but only for the cost of the materials, labour and computer time necessary to reproduce them:
- 3. Patterns, models and moulds but only for the cost of the materials and labour necessary to reproduce them;
- 4. Personal effects other than MONEY and/or MONETARY DOCUMENTS of any director, EMPLOYEE or visitor not exceeding £500 for any one person; and
- 5. Wines and spirits used solely for entertainment purposes.

The following PROPERTY is excluded from the definition of CONTENTS:

- 1. Landlord's fixtures and fittings;
- 2. STOCK;
- 3. COMPUTER EQUIPMENT;
- 4. gaming, amusement or external vending machines;
- 5. motor vehicles licensed for road use, including their accessories;
- 6. deeds, bonds, bills of exchange or MONEY or MONETARY DOCUMENTS;
- 7. explosives; and
- 8. living creatures, pets or livestock.

# **Important Notice**

Liability arising from products which are to your knowledge exported directly or indirectly to the United States of America or Canada <u>is excluded as standard.</u>

Cover can be considered on an individual basis, subject to further information being provided.

# **OPTIONAL COVER EXTENSIONS**

# Is additional cover required?

(Insert Yes or No)

|   |                               | (111501                  | t ics of ivo     |
|---|-------------------------------|--------------------------|------------------|
| • EMPLOYERS' LIABILITY - £10,000,000 Limit  | of Indemnity                  | (Additional £50.00)      |                  |
| Indemnity in respect of accidental injury sustai the Insured  | ned by an emplo               | oyee following an act of | negligence by    |
| The definition of an employee is: Any person working for YOU in connection with 1 under a contract of service or apprenticeship 2 a labour master, labour-only sub-contractor of 3 self-employed; 4 working under a recognised work experience 5 a voluntary helper; 6 borrowed by or hired to YOU; or 7 a director of the company. | with YOU;<br>or a person supp | lied by either of them;  |                  |
| Important Note<br>Employers' Liability cover is a legal requirement<br>than one director  | nt for all compar             | nies who have employee   | es, or have more |
| This insurance will only cover a maximum of tw  | o full time emp               | oyees' and two part tim  | ne employees.    |
| If Employers Liability cover is required, please  | confirm:                      |                          |                  |
| 1. Estimated wage roll: £   |                               |                          |                  |
| 2. Number of full time employees:   | / Numb                        | er of part time employe  | es:              |
| DAS COMMERCIAL LEGAL PROTECTION   | (Additional £4                | 0.00)                    |                  |

This insurance gives you the financial support to protect yourselves against employment disputes, compensation awards, property protection, bodily injury and tax protection without the fear of overstretching your resource

# Cover includes:

- ➤ Legal defence and compensation awards for employment disputes
- > Expenses of Jury service
- Property protection and bodily injury events which have caused physical damage / trespass or bodily injury
- > Representation in regard to Tax appeals & social security regulation disputes

Copies of the full policy wordings are available on request

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# **CLAIMS EXPERIENCE**

Has the Proposer been subject to any claims during the past 3 years? YES/NO If Yes, please provide details:

| Date | Description of the claim | Amount of Claim |
|------|--------------------------|-----------------|
|      |                          |                 |
|      |                          |                 |
|      |                          |                 |

Have you or any person directly connected with the ownership or management of the business:-

- A. Ever had a proposal for insurance declined or deferred, a policy cancelled renewal of a policy refused or any special terms or conditions imposed?

  YES/NO
- B. Ever been convicted of arson or any offence involving dishonesty of any kind e.g. fraud, theft or handling of stolen goods?

  YES/NO
- C. Ever been prosecuted for breach of any statutory requirements?

YES/NO

If you have answered Yes to any of questions A to C, please give full details overleaf.

# **DECLARATION BY PROPOSER**

- I / We the undersigned declare that to the best of our knowledge all the statements and particulars given by me/us in this proposal are accurate and true and that no material facts have been omitted, misrepresented or miss-stated. I am/we are not aware of any other circumstances which are likely to affect the risk which is the subject to this proposal.
- I / We agree that the statements in the proposal shall form the basis of the contract between Avon Insurance plc and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so.

#### **Our Commitment to Mutuality**

We are fully committed to the concept of mutuality believing that this is the best way of providing sustainable value for money to our customers.

As a mutual we have no shareholders and do not therefore pay dividends. As a result we have one of the lowest expense ratios in the insurance industry. We are committed to ensuring that the combined benefits of our mutuality and a low expense ratio are passed on to our General Insurance customers via keen prices, wide cover and good service and our Financial Services customers through low charges, quality investment returns and personalised service.

In order that current and future generations of customers continue to enjoy the benefits of mutuality all new policies issued by NFU Mutual contain a windfall assignment clause. Effectively this means that in the unlikely event of demutualisation any windfall payment arising from the policy you are taking our would be paid to NFU Mutual Charitable Trust rather than the policyholder.

# In consideration of NFU Mutual accepting my proposal: -

- 1. I/we undertake and agree with NFU Mutual and the NFU Mutual Charitable Trust ("the Trust") to assign, pay or transfer to the trustees of the Trust all and any rights to which I/we may become entitled at any time by reason or in respect of my/our membership of NFU Mutual by reference to the policy proposed for, on, or in connection with, any transfer of part or all of NFU Mutual's business to any other person, firm or company or any change in the corporate status of NFU Mutual or any distribution out of the funds of NFU Mutual other than
  - a) the declaration of any customary annual, reversionary or terminal bonus attaching to a policy of life, annuity or capital redemption assurance or
  - b) any other benefit which the Board of NFU Mutual determines shall not be subject to my/our agreement to assign, pay or transfer;
- 2. I/we undertake to execute and deliver any transfer, deed and/or other documents together with any certificates of title or valuable consideration received by me/us as NFU Mutual or the Trust shall require in compliance with my/our undertaking and agreement set out above; and
- 3. I/we hereby irrevocably severally appoint NFU Mutual and the Trust and any officer of NFU Mutual or the Trust to act as my/our agent to execute on my/our behalf any assignment, transfer form, receipt or other document as may be required in order to effect the above assignment, payment or transfer and I/we hereby authorise and approve each and every act or thing which may be done or effected by NFU Mutual, the Trust or any officer of NFU Mutual or the Trust, as the case may be, in exercise of any of its or his powers and/or authorities given by me/us hereunder.

| NAMES (BLOCK CAPITALS) |      |
|------------------------|------|
| SIGNED                 | DATE |

Please complete this form and return it to Genuine Jersey Products Association (by post or by scanning a completed copy by email) for onward transmission to Hepburns. *Please do not send this form direct to Hepburns*. Please note that Hepburns are unable to hold cover until formal instructions are received from GJPA.

**Postal Address:** c/o Jersey Product Promotion, Tradewind House, 2<sup>nd</sup> Floor, 22 Esplanade, St Helier, Jersey, JE2 3QA

# **Payment to Hepburns**

To ensure your cover is continuous, please arrange payment before the renewal date of 25th March.

# **Payment Reference**

When making your payment to Hepburns, please quote the Genuine Jersey policy reference **HJ00030297 and your name** (personal name and business name for ease of reference).

If you are paying online and do not have enough character space to disclose the full payment reference information, please also send our accounts team an email to <a href="mailto:sherran.godfray@islands.je">sherran.godfray@islands.je</a> with the full information required.

Any delays in payment / reference issues may cause delays in documentation being issued.

# **Payment Options**

1. BACS - Internet bank transfer

Account Name: Hepburns Insurance Limited

Sort Code: 40-25-33 Account No: 61423517

# 2. Cheque

Made payable to 'Hepburns Insurance'.

- 3. In Cash at our offices
- 4. You can call us with your Credit/Debit card details on 01534 515151
- 5. Pay Online

www.hepburnsinsurance.com