

FIRE & ASSOCIATED PERILS INSURANCE PROPOSAL FORM

(BUSINESS PREMISES)

(DO NOT LEAVE ANY ANSWERS BLANK – FILL IN “NIL” OR “N/A”)

1. Name of Proposer (in full).....
BLOCK LETTERS PLEASE
2. Postal Address
- Contact No. (H)..... (O)..... Cell
- Fax Email
3. Profession or Occupation
4. Situation of Premises for which the Insurance is required
-GPS:.....
5. Term of Insurance from 20 to 20

DESCRIPTION OF BUILDINGS

Building	Number of floors	Walls of	Roof of	Partitions of	Dimensions	Floors of	Occupied as
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

AMOUNT TO BE INSURED

Statement of Values

It is important that you should ensure that the values given below are adequate, as cover is subject to Average Clause: **If the value at risk is greater than the sum insured, the insured shall be considered as being his own insurer for the difference and shall bear a ratable proportion of the loss accordingly.**

	No. 1	No. 2	No. 3	No. 4	No. 5
(a) On the Building only N.B. –Boundary and compound walls and fences are excluded					
(b) On Business and Office Furniture, unused Stationery, Fixtures, Fittings and Movable Utensils N.B. –Money, Securities, Documents, Stamps, Manuscripts and Business Books are not included in the above.					
(c) On Stock-in-Trade consisting principally of the property of the Proposer or held by him (or them) in trust or on commission for which he is (or they are) responsible					
(d) On Machinery and Plant, mounted and in use					
(e) On Months' Rent					
(f) On					

Questions to be answered by the Proposer, which, with replies, will form the basis of the proposed insurance

The same description is required of the premises whether the proposed insurance is in respect of Buildings or Contents

<p>1. TRADE OR BUSINESS:-</p> <p>(a) How are the premises occupied?</p> <p>(b) Is any retail trade carried on?</p> <p>(c) What manufacturing processes or repair work (if any) are carried on within the premises?</p> <p>(d) Are any of the goods to be insured of a hazardous nature?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
<p>(e) Are there any hazardous goods located outside the building(s) and within 30 feet (10 metres) thereof? If so, give particulars.</p>	<p>(e)</p>
<p>2. ADJOINING OR ADJACENT BUILDINGS (IF ANY):-</p> <p>(a) What is the Construction of</p> <p style="padding-left: 20px;">(i) External Walls?</p> <p style="padding-left: 20px;">(ii) Roofs?</p> <p>(b) How are the buildings occupied?</p> <p>(c) What is the distance between adjacent buildings and the premises to be insured?</p>	<p>(a)</p> <p style="padding-left: 40px;">(i)</p> <p style="padding-left: 40px;">(ii)</p> <p>(b)</p> <p>(c)</p>
<p>3. If there is any fire insurance in force on the same property, state:-</p> <p>(a) Name of Insurer(s)</p> <p>(b) Amount of Insurance(s)</p>	<p>(a)</p> <p>(b)</p>
<p>4. Have you ever had a Proposal or Renewal of Insurance declined, or a Policy cancelled, or Renewal invited at a specially increased rate? If so, state name of Insurer and full particulars in each case.</p>	
<p>5. Have you ever had a loss by fire or other allied perils? If so, please give details.</p>	
<p>6. Do you:-</p> <p>(a) Take stock at least once a year?</p> <p>(b) Keep a proper set of accounts? If so, is system manual or electronic?</p> <p>(c) Is there a procedure in place to safe guard these accounts against insured perils?</p>	
<p>7. How long have you carried on business in these premises?</p>	
<p>8. (a) Have you carried on business at any other premises?</p> <p>(b) If so, where, and what was the trade carried on?</p> <p>(c) If so, was the property insured and where</p>	
<p>9. What fire extinguishing facilities exist within the premises?</p>	

10. Does any party have a legal interest in any of the above property that should be specified under this Policy? If so, specify.	
11. Are there any material facts not already disclosed affecting or likely to affect that proposed insurance?	

I/we declare that to the best of my/our knowledge and belief, the information provided in connection with this proposal, whether in my/our own hand or not, is true and I/we have not withheld any material facts. I/we understand that non-disclosure or misrepresentation of a material fact will enable insurers to void the insurance. A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your insurance broker. I/we understand that signing this proposal does not bind the Proposer to complete the insurance, but agree that should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Date Signature of Proposer

FOR OFFICE USE ONLY	
Policy No.	Premium.
Customer No.	Remarks:
Excess	
Agency	

FIRE & ASSOCIATED PERILS INSURANCE BUSINESS PREMISES

Summary of Cover

Destruction or damage caused by Fire and Associated Perils thus:-

1. Hurricane/windstorm damage/earthquake/volcano
Explosion damage
Aircraft damage
Impact damage
Riot/strike/malicious damage
Flood/burst pipes/overflow damage
2. As stated above but excluding Hurricane/
windstorm damage/earthquake/volcano
3. Fire, Lightning & Explosion only



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ARE YOU COVERED IN THE FOLLOWING VITAL AREAS?

Business Interruption
Public and Property Liability
Employers Liability
Products or Professional Liability
Loss of Money
Glass
Burglary and Fidelity
Marine and Air Cargo
Inland Goods in Transit
Motor
Aviation
Group Health and Accident
Group Life and Pensions