

FIRE/BURGLARY INSURANCE
PROPOSAL FORM

1. Proposer's name in full: _____

2. Proposer's address: _____

3. Profession or trade: _____

4. Property to be insured: _____

5. Description of the building to be insured or in which the property to be insured is situated
 - a) Construction of walls: _____
 - b) Construction of roof: _____
 - c) How many storeys?: _____
Basement (if any) used as: _____
Ground floor is used as: _____
 - d) How is the building lighted?: _____
6. Situation of the risk (town, street and number): _____
7. Owner of the building: _____
8. Sum to be insured on
 - a) The building: _____
 - b) Merchandise and goods consisting of: _____
 - c) Machinery: _____
 - d) Household furniture and personal effects: _____
 - e) Fixtures, fitting and utensils: _____
 - f) Jewellery, silver articles and furs etc.: _____
9. On which floor are the goods to be insured situated: _____
10. Period for which insurance is required: _____
11. Date from which insurance is to begin: _____
12. Does the risk adjoin any building containing a store for benzine or mineral oils, a garage or any building constructed of wood or bogdadli or any material of hazardous nature?: _____

13. Is the property to be insured now with any other company? If so, give the name of company and sums insured: _____

14. Have you ever sustained loss by fire or burglary?: _____
15. Has this insurance ever been declined or cancelled by any other insurance company?: _____

16. Will a complete record of stock received and sold be kept?: _____

If not, how would the exact amount of a loss be ascertained?: _____

17. What precautions will be taken for

a) Securing outer doors?: _____

b) Protecting ground floor and basement windows?: _____

c) Protecting skylights and other means of entrance?: _____

18. Have thieves ever entered or attempted to enter premises occupied by proposer?: _____

If so, give full particulars, stating when and how access was obtained and the extent of the loss: _____

Date: _____ Signature: _____

The insurance will not commence until this proposal has been accepted by the Company and the first premium paid.

LOSS OF PROFITS FOLLOWING FIRE PROPOSAL

Please fill details in block letters

Proposer's name in full: _____

Postal address: _____

Address to which proposal relates: _____

Nature of business: _____

Date from which insurance cover is desired: _____

Sum to be insured

Cover required (as calculated on page 2):

Item 1 On Gross Profit

The specified working expenses to be excluded are

(i) Purchase (less discount received) (iii)

(ii) Wages (iv)

Item 2 On All Wages

100% for _____ weeks and _____ % for the remainder of the Indemnity period

Item 3 On Professional Accountants Charges

Total sum insured _____

Maximum indemnity period _____ months

1. Do you require cover in respect of additional perils? Yes No

If 'yes', please state your requirements: _____

N.B It is essential that your fire policy should also be extended to include the same additional perils. _____

2. Are you now or have you previously been insured against Loss of Profit Consequential Loss? Yes No

If 'yes', give details: _____

3. Have you whilst trading in the above or any other name ever had a fire or suffered damage by any of the additional perils to be covered? Yes No

If 'yes', give details: _____

4. Has any insurance company or underwriter ever refused, cancelled, declined to renew or imposed special terms on any insurance of this or any other class proposed or effected by you, whilst trading in the above or any other name? Yes No

If 'yes', give details: _____

5. Please state

(i) the company or underwriter with whom you are insured against fire: _____

(ii) the name and address of your professional accountants: _____

(iii) when your financial year ends: _____

DECLARATION

I / We hereby applies for insurance as set out herein and declares that the statements made are true and agree that this Proposal and Declaration shall be the basis of the contract between the Company and myself/ourselves.

Date: _____ Signature of Proposer: _____