

**FIRE & ALLIED PERILS (INCL. CATASTROPHE) / MATERIAL DAMAGE ALL RISK INSURANCE  
 PROPOSAL FORM  
 (PROPERTY OWNERS)**

**PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT**

**THE PROPOSER**

1. (a) Name of Proposer(s) in full (If a Company, state full legal name)  
**BLOCK LETTERS PLEASE** (Mr. / Mrs. / Miss)

(b) Local Postal Address: \_\_\_\_\_ Overseas Address: \_\_\_\_\_

(c) Phone No. (Work): \_\_\_\_\_ (Home): \_\_\_\_\_ (Mobile): \_\_\_\_\_

(Email): \_\_\_\_\_ (Fax): \_\_\_\_\_ (Other): \_\_\_\_\_

(d) Occupation / Profession / Trade / Business: \_\_\_\_\_

(e) State Desired Period of Insurance From: \_\_\_\_\_ To: \_\_\_\_\_

**THE PROPERTY**

2. (a) Address of premises to which insurance is to apply:

(b) Block and Parcel: \_\_\_\_\_ Block \_\_\_\_\_ Parcel: \_\_\_\_\_

(c) Is there a Mortgage Interest on this Property? If 'yes' state Mortgagee: \_\_\_\_\_

(d) How is the Property constructed:-

Exterior Walls: \_\_\_\_\_ Interior Walls: \_\_\_\_\_  
 Roofed with: \_\_\_\_\_ Type: Flat  Gable  Hip  Parapet

Floor of: \_\_\_\_\_ Foundation: Solid  Columns  Sealed  Split Level  Other  Specify: \_\_\_\_\_

Number of Storeys: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Age of Building: \_\_\_\_\_

(e) How is the Property Protected:-

Are there any hurricane protection features: Straps  Shutters  Ties  Other  Specify: \_\_\_\_\_

Is the Building protected by a Fire &/or Security Alarm? Yes  No  If Yes, please specify type of system: \_\_\_\_\_

Is the Building equipped with Fire Fighting Appliances? Yes  No  If Yes, please specify type of system: \_\_\_\_\_

- (f) How often do you inspect all Plant / Equipment / Fire Fighting Appliances pertaining to your property? \_\_\_\_\_
- (g) What is the approximate height of the Foundation of the Building above sea level? \_\_\_\_\_
- (h) What is the approximate distance to the Ocean / Canal / Lake: \_\_\_\_\_
- (i) Is the Property in a good state of repair and will it be maintained as such? Yes  No

**THE OCCUPANCY**

- 3 (a) How will the premises be occupied? Office  Mercantile: Retail/Wholesale  Habitational  Service Industry: Restuarants/Dry Cleaners/ Service Stations  Institutional: Hospital/School/Churches  Manufacturing:
- (b) Specify all current occupiers: \_\_\_\_\_
- (c) State any Special Hazards of occupiers: \_\_\_\_\_
- (d) Are there any hazardous goods located outside the building(s) and within 30 feet (10 metres) thereof? If so, give particulars: \_\_\_\_\_

**ADJOINING OR ADJACENT BUILDINGS**

- 4 Please state:-
- (a) the distance from Adjoining / Adjacent Buildings: \_\_\_\_\_
- (b) the occupancy of Adjoining / Adjacent Buildings: \_\_\_\_\_
- (c) construction of Adjoining / Adjacent Buildings: \_\_\_\_\_
- (d) number of stories of Adjoining / Adjacent Buildings: \_\_\_\_\_

**PREVIOUS INSURANCES**

- 5 (a) Are you now or have you ever been insured against any of the risks proposed? Yes  No
- If 'yes', who was your Insurer: \_\_\_\_\_
- (b) Have you or any other Proposer/Director/Officer having interest in this property ever :-
- i. Had any insurance refused, been subjected to special terms or been asked to take extra precautions? Yes  No
- ii. Been convicted of, or been charged with but not yet tried for, arson or any offence involving dishonesty or any kind such as fraud, robbery, theft, or handling stolen goods? Yes  No
- If 'yes' to any items, please give full details: \_\_\_\_\_

**CLAIMS HISTORY**

- 6 (a) Have you sustained loss or damage by any of the risks or liabilities you now wish to insure? (All losses must be included whether claim made/paid or not) Yes  No  If 'yes', please complete the table below:

Date of Loss	Particulars	Total Loss	Amount Paid/Claimed

**COVERAGE REQUIRED**

7

Item	Description	Sum Insured
1 (a)	Buildings	\$
(b)	Buildings	\$
(c)	Buildings	\$
(d)	Buildings	\$
(e)	Buildings	\$
(f)	Buildings	\$
2	Pool	\$
3	Tennis Hard Courts	\$
4	Paths, Driveways & Decking	\$
5	Boundary Wall, Fences & Gates	\$
6	Plant & Equipment forming part of the Building	\$
7	Any Fit-out that the owner is responsible for:	\$
8	Other: - Specify	\$
9	Removal of Debris	\$
10	Professional Fees	\$
11	Contents	\$
12	Plant & Equipment not forming part of the building	\$
13	On            month's rent of the building	\$
Total Sum Insured:		\$

**DECLARATION**

I/We hereby warrant the truth of the above statements. I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions.

Date:

Signature of Proposer:

Please Print Name &amp; Position Held if Company:

**OFFICE USE ONLY**

Deductible(s) to be applied:

Catastrophe:

All other Perils:

Other:

Rates applied:

Building

Contents:

Loss of Rent:

Other Charges:

Total Premium:

Underwriter:

Date Completed:

## LIST OF HAZARDOUS GOODS

Acetaldehyde  
Acetone  
Alcohol  
Aluminium chloride  
Aluminium Powder  
Anilene  
Asphalt  
Bagasse  
Bags which have contained chlorates. Nitrates  
sugar, oily or greasy material  
Bamboo Fibre  
Barium Sulphide  
Bass  
Beeswax  
Benzene  
Benzine  
Bitumen  
Calcium  
Calcium carbide  
Camphene  
Camphor  
Cane Fibre  
Carbon Disulphide (or Bisulphide)  
Cattle Cake  
Celluloid or Celluloid Goods  
Charcoal  
Chlorates of all kinds  
Chloride of Lime  
Chlorites  
Cocoa Butter  
Coconut Fibre  
Coir Fibre or Yarn  
Copra and Copra Cake  
Cork  
Cotton Lint, Seed Cotton and Cotton Seed  
Creosote  
Explosives of all kinds  
Fats  
Feathers  
Fertilisers  
Films, Cellulose Nitrate Base  
Firelighters  
Fireworks  
Fish Meal  
Flammable Liquids  
Flax  
Flock  
Formaldehyde  
French Polish  
Fuel Oils  
Gases in Steel Cylinders  
Ghee  
Glycerol  
Grasses of all kinds  
Grease  
Groundnut Cake and Meal  
Groundnuts  
Hemp  
Insecticides  
Jute  
Kapok  
Lacquers  
White Spirit  
Wool  
Lanolin  
Lime  
Linen Fibre  
Linseed  
Magnesium Powder  
Manilla Hemp  
Matches of all kinds  
Matting  
Methylated Spirit  
Mungo  
Naptha  
Naphthalene  
Nitrates of all kinds  
Nitric Acid  
Nitrites of all kinds  
Oils of all kinds  
Ollseed Cake, Pellets, Cube or Meal  
Paints and Thinners (but excluding water based  
emulsion paints)  
Paint or varnish Removers  
Palm Nuts  
Peroxides of all kinds  
Petroleum Jelly  
Phosphorous ..Amorphous or Red  
Phosphorous ..White or Yellow  
Pitch  
Potassium  
Printing Inks  
Raffia  
Rags, Clean  
Resins  
Rice  
Rubber including Rubber Goods.  
Rubber Waste and Reclaimed Rubber  
Rubber Foam and Rubberised Hair  
Rubber Solution  
Rust Removers  
Sawdust  
Shavings. Wood or Paper  
Shellac  
Shoddy  
Sisal  
Sod urn  
Solvents  
Spirits of all kinds not in Bottles  
Stains  
Straw  
Sugar  
Sugar Beet Pulp  
Sulphur  
Sulphur Dyes, unless containing at least 10  
percent 01 inert inorganic salts and packed in  
airtight metal vessels  
Synthetic Rubber  
Tallow  
Tar  
Tow of all kinds  
Turpentine  
Varnishes  
Vegetable Fibres of all kinds  
Waste of all kinds  
Waxes of all kinds

