

**MATERIAL DAMAGE ALL RISK INSURANCE  
 PROPOSAL FORM  
 (BUSINESS PREMISES)**

**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) **MAILING** 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: \_\_\_\_\_ Total 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) What is the approximate height of the Foundation of the Building above sea level? \_\_\_\_\_

(g) What is the approximate distance to the Ocean / Canal / Lake: \_\_\_\_\_

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**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) Give details of all business operations to be conducted: \_\_\_\_\_

(c) State any Special Hazards of your operations: \_\_\_\_\_

(d) Do you use any goods of hazardous nature? Yes  No

Specify: \_\_\_\_\_

(e) Is there cooking or heating equipment? Yes  No

Specify: \_\_\_\_\_

(f) Do you conduct any manufacturing or repair work? Yes  No

Specify: \_\_\_\_\_

(g) Is any trade or business other than that of the proposer carried on within the premises? Yes  No

Specify: \_\_\_\_\_

(h) What is the square footage of the space you occupy for you business? \_\_\_\_\_

(i) How often do you inspect all Plant / Equipment / Fire Fighting Appliances pertaining to your business? \_\_\_\_\_

(j) Specify all current occupiers adjacent / adjoining the space you occupy: \_\_\_\_\_

(k) State any Special Hazards of the adjacent / adjoining occupiers: \_\_\_\_\_

(l) Are adjoining buildings cut off by brick, stone or concrete walls, at least 9 inches (22 centimetres) thick, with out openings, going up to and through the roof? Yes  No  If not, give details of the separation: \_\_\_\_\_

(m) Are there any hazardous goods located outside the building(s) and within 30 feet (10 metres) thereof? If so, give particulars: \_\_\_\_\_

- (n) Do you:— (a) Take stock at least once a year? Yes  No
- (b) Keep a proper set of account books? Yes  No
- (c) Keep such books in a fireproof safe? Yes  No
- (d) Remove such books to another building when the above premises are closed? Yes  No

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**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: \_\_\_\_\_

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**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/business 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: \_\_\_\_\_

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**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

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**BASIS OF SETTLEMENT**

7 (a) Indicate the basis of loss settlement required:-

- Indemnity** - The Sum Insured on all property proposed for insurance should be adequate that you are properly indemnified. You should take into account depreciation and wear and tear and in the case of stock, the Cost Price to you.
- Reinstatement** – The Sum Insured should be adequate to replace as new the property you select to insure on this basis. Reinstatement conditions do not apply to Stock.

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**COVERAGE REQUIRED**

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Item	Description	Sum Insured
1	Buildings if owner occupied	\$
2	On Business and Office Furniture, Fixtures, Fittings and Office Equipment	\$
3	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	\$
4	On Machinery and Plant, mounted and in use	\$
5	Other Contents	\$
6	Tenants Improvements & Betterments (Fit-out that the Proposer is responsible for)	\$
7	Other: - Specify	\$
Total Sum Insured:		\$

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**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:

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Please Print Name & Position Held if Company: .....

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**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 Napthalene 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