

**FIRE & ALLIED PERILS (INCL. CATASTROPHE) 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. /C 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: _____

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 your 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

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/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: _____

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

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.

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:		\$

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 & Position Held if Company:

OFFICE USE ONLY

Comments on Risk(s):

Comments on Rates(s):

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
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
White Spirit
Wool