



Policy No. \_\_\_\_\_

**A. Proposer's details**

Title \_\_\_\_\_ 1. Full Name \_\_\_\_\_ M  F  2. Sex \_\_\_\_\_ M  S  D  3. Marital Status \_\_\_\_\_ 4. E-mail Address \_\_\_\_\_

5. Postal Address (Street, Parish, Country, Postal Code) \_\_\_\_\_  
( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_

6. Telephone (work) \_\_\_\_\_ 7. Fax (work) \_\_\_\_\_ 8. Cellular \_\_\_\_\_

9. Type of Business / Trade \_\_\_\_\_ 10. Company Registration No. / National Registration No. \_\_\_\_\_

**B. Situation of buildings you wish to insure**

<p><b>Building #1:</b> _____ 1. Address (Street, Parish, Country) _____ _____ Latitude _____ Longitude _____ Altitude _____</p> <p><b>Building #2:</b> _____ 3. Address (Street, Parish, Country) _____ _____ Latitude _____ Longitude _____ Altitude _____</p>	<p><b>Building #3:</b> _____ 2. Address (Street, Parish, Country) _____ _____ Latitude _____ Longitude _____ Altitude _____</p> <p><b>Building #4:</b> _____ 4. Address (Street, Parish, Country) _____ _____ Latitude _____ Longitude _____ Altitude _____</p>
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**C. Construction of buildings you wish to insure**

	Building #1	Building #2	Building #3	Building #4
1. Number of floors:	_____	_____	_____	_____
2. External walls constructed of:	_____	_____	_____	_____
3. Roof constructed of:	_____	_____	_____	_____
4. Partitions constructed of:	_____	_____	_____	_____
5. Ceilings constructed of:	_____	_____	_____	_____
6. Floor finished of:	_____	_____	_____	_____
7. Building occupied as:	_____	_____	_____	_____

**D. Tell us the amount you would like to insure**

	Building #1	Building #2	Building #3	Building #4
(a) On the Building only N.B. - Boundary 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) Leasehold Improvements	\$ _____	\$ _____	\$ _____	\$ _____
(f) On ( _____ ) Month's Rent	\$ _____	\$ _____	\$ _____	\$ _____
(g) Other .....	\$ _____	\$ _____	\$ _____	\$ _____

**E. Important Questions**

**1. TRADE OR BUSINESS:-**

- (a) How are the premises occupied? \_\_\_\_\_
- (b) Is the business being carried on?  
• Wholesale  • Retail
- (c) What manufacturing process or repair work (if any) are carried on within the premises? \_\_\_\_\_

(d) Is any trade or business other than that of the Proposer carried on within the premises? If so, give particulars:-  
\_\_\_\_\_

2. Will flammable liquids be stored on the premises? YES  NO   
If YES, please state the nature of the liquid and how it is stored:  
\_\_\_\_\_

3. Is there any work done on the premises which involves the application of heat or heat processes? YES  NO   
If YES, please give details  
\_\_\_\_\_

4. Will stock and/or raw materials be stored on pallets? YES  NO

5. Give details of the type, manufacturers and location on the premises of all fire fighting equipment and appliances:-  
\_\_\_\_\_

6. Will the premises be unoccupied for more than 30 days in any one year? YES  NO

7. Do the premises adjoin any other premises? YES  NO  If YES, please state:-  
 (a) The trade / occupation of the adjoining premises: \_\_\_\_\_  
 (b) Construction (material): • Walls \_\_\_\_\_ • Roof \_\_\_\_\_

8. Except as stated in Q. 7, are there any premises within 25 feet of your premises which carries on a hazardous trade or occupation or any other circumstances which are likely to increase the risk of fire? If YES, please give full details; particulars:-  
\_\_\_\_\_

9. Is there any insurance on the same property in force with this or any other Insurance Company? If YES, please state:  
 (a) Name of Insurance Company: \_\_\_\_\_  
 (b) Amount Insured \_\_\_\_\_ (c) Type of Cover: \_\_\_\_\_

10. Has any Insurance Company declined, refused to renew or cancelled insurance on this or any other risk in which you have been interested or any person associated with you in business at any time has been interested? YES  NO  If YES, please state:-  
 (a) Name of Insurance Company: \_\_\_\_\_  
 (b) Reason for declination/refusal/cancellation: \_\_\_\_\_

11. Have you ever had a fire at these or any other premises which you have either owned, occupied or in any way had an interest in? YES  NO   
If YES, please state the name(s) of the insurance Company(ies) involved.  
\_\_\_\_\_  
\_\_\_\_\_

12. If any machinery used for manufacturing purposes, state its nature, and also motive power used:  
\_\_\_\_\_  
\_\_\_\_\_

**F. Mortgagee or other interest**

1. Please state the name & Address of mortgagee or other interest  
\_\_\_\_\_  
\_\_\_\_\_

**G. Date of insurance coverage**

Dates for insurance coverage: DD/MM/YYYY DD/MM/YYYY  
Start Date End Date

**H. DECLARATION**

I declare that, to the best of my knowledge and belief, the above statements made by me or on my behalf are true and complete. I agree that this proposal and declaration shall be the basis of the contract between myself and the Company.

Signature: \_\_\_\_\_

Date: DD/MM/YYYY