



Policy No. _____

A. Proposer's details

1. Title _____ 2. Full Name/Business Name _____ M F M S D O
 3. Sex 4. Marital Status
 5. Alias _____ 6. Date of birth DD / MM / YY _____ 7. Place of Birth _____ 8. Nationality _____ 9. Country of Citizenship _____
 10. National ID# / Business Reg. ID# _____ 11. Postal Address/Physical Address (Building Name/Apt. No., Parish, Country) _____
 12. Are you affiliated with any high ranking Government, military or State Officials? Yes No If yes, please state affiliations _____
 13. Is the annual premium to be paid in excess of \$10,000.00 local currency? Yes No If yes, please complete the Declaration of Source of Funds form _____
 14. Telephone (work) _____ 15. Telephone (Home) _____ 16. Cellular _____ 17. E-mail Address _____
 18. Occupation and Employer / Nature of Business _____ 19. Company Registration no. _____

B. Situation of buildings to be insured

Building #1: 1. Address (Building no., Street, Parish, Country) _____
 Latitude _____ Longitude _____ Altitude _____

Building #2: 3. Address (Building no., Street, Parish, Country) _____
 Latitude _____ Longitude _____ Altitude _____

Building #3: 2. Address (Building no., Street, Parish, Country) _____
 Latitude _____ Longitude _____ Altitude _____

Building #4: 4. Address (Building no., Street, Parish, Country) _____
 Latitude _____ Longitude _____ Altitude _____

C. Construction of buildings to be insured

	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 in:	_____	_____	_____	_____
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 is 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