



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

**A. Applicants' 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.

(\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
Telephone Mobile Email Address

14. Occupation and Employer \_\_\_\_\_

**B. Event Details/Nature of Business**

Period of Insurance (a) DD/MM/YYYY HH/MM AM/PM DD/MM/YYYY HH/MM AM/PM  
Date from Time Date to Time

1. Give full details of the event for which this insurance is required:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Where will the event be held?  
\_\_\_\_\_

3. How many people expected to attend _____	4. Do you desire to insure your liability for damage to property caused by Fire or Explosion? Yes <input type="radio"/> No <input type="radio"/>	5. Is the indemnity granted to be extended to cover liability arising out of the erection of temporary stalls, platforms, stages and the like? Yes <input type="radio"/> No <input type="radio"/>
6. State limit of indemnity required for any one accident \$ _____	7. Have any claims been made against you during the past five years in connection with your liability to members of the public? Yes <input type="radio"/> No <input type="radio"/>	8. Security in place Yes <input type="radio"/> No <input type="radio"/>

9. If you have answered YES in to number 7 please give details below  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I hereby declare that the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld. I undertake to exercise all ordinary and reasonable precautions for the safety of the property. I further declare that if such statements and particulars are in the writing of any person other than myself, such persons shall be deemed to have been my AGENT for the purpose of filling in the same. I agree that this declaration and the answers given above shall be the basis of the contract between me and Sun General Insurance Ltd. I further agree to accept a Policy subject to the usual conditions prescribed by Sun General Insurance Ltd., and endorsed on their Policy, and to pay the first premium thereunder when called upon to do so.

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Agent No. and Signature \_\_\_\_\_

**SUN GENERAL INSURANCE RESERVES THE RIGHT TO DECLINE ANY PROPOSAL**

FOR OFFICE USE ONLY	POLICY No.	INCEPTION DATE:-	PROPOSAL ACCEPTED BY:-
	INS. No.		DATE:-
	FILE No.		PREMIUM: \$