

FIRE INSURANCE PROPOSAL FORM

Proposer's Name (in BLOCK LETTERS):

Proposer's Postal Address:

Contact Info: Home: Work: Mobile: Email:

Location of Premises /Items to be Insured:

Proposer's Occupation:

Term of Insurance: From To:

AMOUNTS TO BE INSURED

| | | Amount 1 | Amount 2 | Amount 3 |
|-----|---|----------|----------|----------|
| (a) | On the Building Only | | | |
| (b) | On Household Furniture and Personal Effects | | | |
| (c) | On Business and Office Furniture, Equipment, Fixtures, Fittings and Unused Stationery | | | |
| (d) | On Stock in Trade consisting principally of | | | |
| (e) | On goods held in trust or on commission consisting of | | | |
| (f) | On Machinery and Plant mounted and in use | | | |
| (g) | On Month's Rent | | | |
| | TOTAL | | | |

1. (a) What materials are the external walls including frame ?

(b) What is the construction of the roof and the roof frame?

(c) How many storeys are there including ground floor?

(d) What is the age of the building?

2. By whom are the premises **owned**?

3. By whom are the premises **occupied**?

4. State the distance from the nearest neighbour's building, the construction of and the purposes for which they are occupied?
.....

5. State fully the purpose for which the building to be insured or building containing the property to be insured is/are occupied(whether by yourself or by others?)
.....
.....

6. Is the property proposed to be insured mortgaged? Yes No

If yes, state mortgagee's name and address _____

7. Is any of the property already insured by this or any other Company Yes No

8. Do you wish to insure your stock? Yes No

If yes, please state

(a) When did you start business? _____

(b) (i) The date of your last stock taking? _____

(ii) What was then the value of your stock (Cost Price)? \$ _____

(c) The present value of your stock (Cost Price)? \$ _____

(d) The average value of your stock (Cost Price)? \$ _____

9. Are any oils, spirits, explosives or other hazardous goods stored at the location? Yes No

If so, state

(a) the type _____

(b) the quantity _____

(c) the method of storage _____

10. Has any application for insurance for this or any other property been cancelled or declined by any Company or Underwriter? Yes No

If yes, please give details _____

11. For what additional perils do you require cover?

Earthquake Hurricane Flood Riot & Strike Malicious Damage
Explosion Aircraft Damage Burst Pipes Bush Fire Impact Damage

12. Should you require cover for the peril of Earthquake please answer the following

What is the Construction of the building? Please answer yes to the correct description:

(a) (i) All Wood or Metal or with Metal or Asbestos cladding on Wood or Metal Frame Yes No

(ii) Steel or Reinforced Concrete Frame with walls and Roof of Reinforced Concrete Yes No

(b) Wall of Brick, Stone, Concrete, Concrete Block, Part Metal or any Combination thereof Yes No

(c) Steel or Reinforced Concrete Frame with walls of Brick, Stone Concrete, Concrete Block, Part Metal or any Combination thereof Yes No

(d) Other than A, B or C _____

13. Have you ever sustained any loss by fire or any other perils? If so, give particulars. Yes No

I/We desire to effect with the Company an Insurance in the terms of the policy used for this class of business and I/we warrant that the above statements and particulars are correct and complete. I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

This insurance will not be in force until the proposal has been accepted by the Company and the Premium or a Deposit paid except as provided by an official Cover Note issued by the Company.

Signature of Proposer Date

N.B (i) For Joint Insureds' the proposal form must be signed by all Insureds.

(ii) For Company Insured the Company's Stamp must be affixed to signature.

FOR OFFICIAL USE

Agent Premium: \$

Period: From: To: Invoice Number:

Checked By: Date: