



FIRE INSURANCE PROPOSAL FORM

Agency

Name of proposer in full (*Block letters, please*)

Occupation

Personal Identification Number (PIN) (**Attach Copy**)

1. Situation of property to be insured

2. Description of the property proposed for insurance (e.g. buildings, contents, machinery, stock etc)

3. Description of premises (even if contents only are to be insured) If more than one unit is involved, the space on the reverse side of the form may be used for further details

- a) Construction of walls
- b) Construction of roof
- c) Number of storeys
- d) Is a finance company or other party financially interested in the property? If so give details.

4. Occupation of premises

a) Describe your own use of the premises (e.g. retailing, storage etc.)

b) Do you occupy the whole of the premises? If not state how the remainder are occupied

c) Are hazardous material kept on the premises? If so, please give details and quantities

d) To what extent are the premises left unoccupied during the year?

5. Construction and occupation of adjoining or adjacent premises or land

6. Are there any other insurances on the property proposed for this insurance?

If so, please state names of insurers and sum insured

7. Amount to be insured (a separate sum should be stated for each separate building and the contents of each separate building)

Description of property

Sum insured

(IF THERE IS INSUFFICIENT SPACE ABOVE PLEASE ATTACH A SEPARATE SHEET OF PAPER

Total Sum Insured

8. Have you previously insured against fire or additional perils?

Yes No

If so, please state names of insurers

9. Have you ever suffered loss by fire?

Yes No

If so, give details of insurers.

10. Have you ever been refused insurance cover in respect of this or any other proposal?

Yes No

If so, give details

11. Are you interested in insuring against

(a) Additional perils? Yes No

b) Consequential loss? Yes No

12. State commencement date of cover

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Declaration

I/We warrant that the above statements are true and complete and I/We agree that this proposal shall be basis of the contract between me/us and the Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature Date

(Signing this does not bind you to complete this insurance)

Note

The inclusion of the premises or additional particulars in the following blank space will assist the Company in their consideration of the Proposal and will be much appreciated.