







SMALL BUSINESS PACKAGE PROPOSAL FORM

<i>Please complete all details on this form. Please write in BLOCK LETTERS and tick <input checked="" type="checkbox"/> correct answer boxes where applicable.</i>			
1. Name of Proposer:		Registration #:	
2. Postal Address:		3. Location of Property to be Insured:	
		Proximity to sea:	
4. Tel No	5. Fax No	6. Email Address:	
7. Trade/Occupation:		8. Period of Insurance; From:	
		To:	
9. Name of Contact Person:		10. Job Title:	
11. Postal Address:		12. Tel No Mobile	13. ID No
14. Construction of External Building Walls		%	14. Construction of Internal Building Walls
<input type="checkbox"/> wood			<input type="checkbox"/> wood
<input type="checkbox"/> clay bricks			<input type="checkbox"/> clay bricks
<input type="checkbox"/> bricks with no concrete and steel			<input type="checkbox"/> bricks with no concrete and steel
<input type="checkbox"/> masonry blocks with steel and concrete			<input type="checkbox"/> masonry blocks with steel and concrete
<input type="checkbox"/> unreinforced brick with columns of poured cement			<input type="checkbox"/> unreinforced brick with columns of poured cement
<input type="checkbox"/> reinforced concrete frame with unreinforced masonry brick walls			<input type="checkbox"/> reinforced concrete frame with unreinforced masonry brick walls
<input type="checkbox"/> shear concrete walls			<input type="checkbox"/> shear concrete walls
<input type="checkbox"/> other			<input type="checkbox"/> other
15. Construction of Roof frame: <input type="checkbox"/> wood <input type="checkbox"/> steel <input type="checkbox"/> concrete			
<input type="checkbox"/> other			
16. Roof Covering Material: <input type="checkbox"/> metal Sheeting <input type="checkbox"/> wooden Shingles <input type="checkbox"/> asphalt shingles <input type="checkbox"/> asphalt torch-down			
<input type="checkbox"/> other			
17. Shape of Roof:			
<input type="checkbox"/> hip 	<input type="checkbox"/> saltbox 	<input type="checkbox"/> gable 	
<input type="checkbox"/> flat 	<input type="checkbox"/> Gambrel 	<input type="checkbox"/> mono-pitch 	
<input type="checkbox"/> other			
18. Construction of Floor:		Floor covered with:	
<input type="checkbox"/> wood		<input type="checkbox"/> wood	
<input type="checkbox"/> concrete		<input type="checkbox"/> ceramic tiles	
<input type="checkbox"/> metal		<input type="checkbox"/> paint	
<input type="checkbox"/> other		<input type="checkbox"/> carpet	
		<input type="checkbox"/> other	
19. Number of Floors:			
20. Are all Floors Constructed of Concrete? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> other			21. Square Footage:
22. Type of Foundation: <input type="checkbox"/> strip/solid <input type="checkbox"/> columns <input type="checkbox"/> other			

INDICATE BELOW WHETHER OR NOT THE BUILDING HAS ANY OF THE FOLLOWING FEATURES		
23. Hurricane Straps <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Hurricane Shutters <input type="checkbox"/> Yes <input type="checkbox"/> No	25. Other Hurricane Protection <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No	27. Fire Hose <input type="checkbox"/> Yes <input type="checkbox"/> No	28. Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No
29. Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	30. Burglar Alarm; <input type="checkbox"/> Yes <input type="checkbox"/> No Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No	31. Burglar Bars on: Doors <input type="checkbox"/> Yes <input type="checkbox"/> No Windows <input type="checkbox"/> Yes <input type="checkbox"/> No
32. Security guards on premises <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes please give details.</i>		
FIRE AND OTHER PERILS		
What value is to be insured for;		
33. Buildings \$	34. Leasehold improvement \$	35. General Contents \$
36. Stock in Trade \$	37. Plant, Machinery and Equipment \$	
38. Burglary, First loss limit: Standard \$15,000 <input type="checkbox"/> Yes <input type="checkbox"/> No Higher Limit \$		
39. How long has the Business been in Operation?		
40. Is the Business presently Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No; <i>If yes please state Name of Insurance Company</i>		
41. Are you the sole tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No; <i>If no please state the other businesses</i>		
42. Are neighbouring buildings closer than 12 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No; <i>If yes please state.</i>		
(a) The type of Businesses carried on within		
(b) The construction of the neighbouring Building/s		
43. Is there a Mortgagee or Financial Interest to be endorsed on the Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No; <i>If yes please give details</i>		

PUBLIC LIABILITY

Choose a limit for Public Liability: \$250,000 \$500,000 \$750,000 \$1,000,000

44. Are the premises in a good state of repair? Yes No

45. Are you responsible for the repairs to the premises? Yes No

46. Does the Business use;

Hoists

Lifts

Cranes

Passenger Lifts

Escalators

Other operated lifting Apparatus

Heating Equipment

Burning Equipment

Welding Equipment

Flame Cutting Equipment

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47. Are any of the following kept on the premises?

Acids

Chemicals

Gases

Asbestos

Explosives

Other Dangerous Substances

Radioactive substances or other sources of ionizing radiations?

Yes No; *If yes please give details*

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48. Do you engage in work at other premises? Yes No; *If yes please state nature of work;*

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49. Is the Business presently insured for Public Liability? Yes No; *If yes please state name of present Insurer*

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GOODS IN TRANSIT

57. Do Vehicles carry Fire Extinguishers? <input type="checkbox"/> Yes <input type="checkbox"/> No	58. Are the vehicles fully enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No
59. Does an employee always remain with the loaded vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	60. Is the vehicle loaded and unloaded by your own employees? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREVIOUS INSURANCE / LOSS HISTORY

61. Has any of your insurances in respect of coverage being proposed under this Package ever been declined or cancelled?
 Yes No; *If yes please name of Insurance Company and reasons for declination or cancellation*

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62. Has the Proposer sustained loss or damage or had a claim brought against them within the last five years in respect of any coverage being proposed under this Package? Yes No; *If yes please state date of loss and details*

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GENERAL ADDITIONAL INFORMATION

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DISCLOSURE

All important facts which may affect the acceptance or assessment of the coverage requested by this proposal must be disclosed. If you are in doubt about what is important, tell us or your broker. Failure to disclose these facts may invalidate the Policy.

DECLARATION AND SIGNATURE

I/we declare that to the best of my/our knowledge and belief the information on this form is true in every respect. I/we also declare that if anything on this form was written by another person, he or she acted as my/our agent for this purpose. I/we agree that this proposal and declaration will be the basis of the contract between me/us and the Company.

I/we agree that the Company may disclose details of or relating to this agreement, particulars of any claim or payment made pursuant to this agreement to any third party and the Company may make such enquires regarding my/our creditworthiness or insurance history as the Company sees fit.

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Date (dd/mm/yy)	Company Stamp	Signature of Proposer
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OFFICIAL USE ONLY

Effective Date: (dd/mm/yy)	Expiry Date: (dd/mm/yy)
Policy Number:	Client Code:

The Company reserves the right to refuse any proposal