

PROPOSAL FORM FOR FIRE INSURANCE

IMPORTANT NOTES

Filling and signing this application form does not automatically result in a contract. Insurance becomes in force once the insurance company has agreed to bind cover.

Insurers, their agents, brokers and insurance associations may share information to prevent fraudulent claims and for underwriting purposes.

All questions must be answered fully. Ticks and dashes are not sufficient.

Please answer every question fully.

1. Name of Proposer(s):

2. Address:

3. Telephone No:

4. E-mail address:

5. Website:

6. What is the usual business of the Proposer(s):

7. How long engaged therein?

PROPERTY TO BE INSURED	SUM INSURED AED
1. BUILDINGS	
2. _____ MONTHS RENT _____	
3. STOCK AND MATERIALS IN TRADE Consisting of _____ _____	
4. PLANT AND MACHINERY AND ALL OTHER CONTENTS _____	
5. OTHER PROPERTY (as follows) _____ _____ _____	
TOTAL SUM INSURED	

DO THE ABOVE SUM INSURED REPRESENT THE TOTAL VALUE OF THE PROPERTY TO BE INSURED?

IMPORTANT

EACH SUM INSURED IS DECLARED TO BE SUBJECT TO AVERAGE, that is to say if the property covered thereby shall at the breaking out of any fire or at the commencement of any destruction of or damage to such property by any other peril hereby insured against be collectively of greater value than such sum insured, then the Insured shall be considered as being his own insurer for the different and shall bear a rateable share of loss accordingly.

INFORMATION TO BE PROVIDED BY PROPOSER

1. Are the premises in your sole occupation? If not please give particulars of other businesses or trades carried on

2. How long have you occupied these premises? If only recently give previous address

3. Have you ever been insured? If so state name of Company and number of Policy

4. Have you or any of your partners (if applicable), ever had a proposal for insurance of any kind, or renewal of policy, declined or policy cancelled? If so give particulars

5. Have you or any of your partners (if applicable), ever sustained any losses by fire (or otherwise) in or on your premises? If so give details

6. Give particulars of any policies in force with this or other Companies covering any of the property to be insured

7. Give the following particulars of the nearest building or buildings
 - a) construction _____
 - b) height (approx.) _____
 - c) occupation _____
 - d) (i) if adjoining, whether communicating with proposer's premises _____
(ii) if separated, the distance of the separation _____
8. State which perils you would like to ensure against _____
9. Have you ever sustained any losses by any of these perils: _____
If so give particulars _____

10. Would you like to ensure your stocks on a Declaration Basis? If yes would you like to submit your declaration every month or every quarter?

DESCRIPTION OF BUILDINGS TO BE INSURED

1. Construction of external walls _____

2. Construction of roof _____

3. Construction of floors _____

4. Construction of interior walls _____

5. Number of floors _____

6. Describe the nature of goods stored in the store _____

7. What is the proportion of hazardous goods? _____

8. Give brief details of the manufacturing process _____

9. What is the form or lighting and/ or heating? _____

10. Give particulars of the standard of fire protection on your premises

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

I/We agree that this proposal shall be the basis of the contract between me/us and UNITED INSURANCE COMPANY PSC and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/we have read those answers and that they are correct.

Signature _____

Date _____

The insurance will not be in force until the proposal has been accepted by United Insurance Company and first premium paid.

Any other facts known to you which are likely to affect acceptance or assessment of the risk proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us as your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.

FOR OFFICE USE ONLY

ITEM	S.I.	RATE	PREMIUM	POLICY NO
				FIRST PREMIUM
				RENEWABLE PREMIUM
				RENEWABLE
				LTA EXPIRY DATE
TOTAL PREMIUM				
F.E.A. DISCOUNT				
L.T.A. DISCOUNT				
NET PREMIUM				