

INDUSTRIAL ALL RISKS PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PROPOSER DETAILS

1. Name of the Proposer (in full)			
Postal Address	P.O Box:	Code:	Town:
Telephone Contact/ Cell Phone			
Email Address			
PIN No.	(Attach copy of the certificate)		
Proposer's Business or Occupation(s)	If more than one, please specify		
Situation of the premises for which the insurance is required			
Period of Insurance:	From:	To:	

Section A – Material Damage

<u>PROPERTY TO BE INSURED</u>	<u>SUMS TO BE INSURED</u>
1. Building(s)	
2. Furniture, fixture and fittings	
3. Plant and machinery consisting of	
4. Stock in trade consisting of	
5. Goods held in trust or on commission for which the proposer is responsible	
6. Others (Please Specify)	

Do you require cover against theft/burglary?	☐ YES	☐ NO
	If 'Yes' state sum to be insured	
Has the proposer, whilst trading in this or any other premises suffered any loss or damage by fire or theft in the last three years?	☐ YES	☐ NO
	If 'Yes', please state amount of loss	

CONSTRUCTION OF BUILDING(S) (If more than one give particulars of each)

What material is used in the construction of

Walls

☐

Floors

☐

Roofs

☐

Others

What is the height in storeys?

What is the construction of the adjacent buildings and for what purposes are they occupied?

Is/are the building(s) to be insured or any portion of it/them subject to mortgage, Bill of Sale or Higher Purchase Agreement?

☐

YES

☐

NO

If yes, give particulars

OCCUPATION OF THE BUILDING

How long have you occupied the premises?

Details of any other tenant and nature of their business

Are any hazardous goods kept in the premises?

Is any process of manufacture or spray painting carried on in the building?

Have increased rates been required for such proposals or renewals?

☐

YES

☐

NO

If so, what is their nature and does their value exceed 5% of the total Sum Insured?

Section B – Loss of profits

COVER REQUIRED		SUM INSURED
ITEM 1	ON GROSS PROFIT	
	The specified working expense to be excluded are	
	Purchases (less discounts received)	
	Wages	
	Increased cost of working	
ITEM 2	ON ALL WAGES	
	100% for _____ weeks (minimum 4 weeks) and _____ % for the remainder of the Indemnity period	
ITEM 3	ON AUDITORS/ACCOUNTANTS' FEES	
	TOTAL SUM INSURED	

MAXIMUM INDEMNITY PERIOD _____ MONTHS

Do you require cover in respect of additional perils?

☐ YES

☐ NO

If 'Yes' please state the required perils

NB. It is essential that your Fire policy should be extended to include the same additional perils.

Are you now or have you previously been insured against Fire/Loss of Profits/Consequential Loss?

☐ YES

☐ NO

If 'Yes' please give policy number and name of the insurer

Has any insurance company or underwriter ever refused, cancelled declined to renew or imposed special terms on any insurance of this or any other class proposed or effected by you, whilst trading in the above or any other name?

☐ YES

☐ NO

If 'Yes' give details

When does your financial year end?

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

I/we consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

Executed at this _____ day of _____ 20____

Name:

Name and Designation of Contact Person:

Telephone of Contact Person:

SIGNATURE

DATE _____

ITEM NO. 1 - GROSS PROFIT

EXTRACT FROM THE ACCOUNTS OF THE BUSINESS FOR THE LAST FINANCIAL YEAR

The sum of	(a) Turnover (less discounts allowed) and
	(b) Closing stock
From which deduct the sum of	(a) Opening Stock
	(b) The following specified Working Expense (i.e. those which vary directly with Turnover)
	(i) Purchases (less discounts received)
	(ii) Wages (if insured by item 2 – see note below)
Annual Gross Profit	
Adjust for current trend of business	
Maximum Indemnity Period _____ months	If exceeding 12 months, increase sum insured proportionately
Sum to be insured on Gross Profit	

ITEM 2 – WAGES

If it considered that the services of some employees could temporarily be dispensed with, a limited form of wage insurance can be arranged by a separate item, using the Dual Basis method. Such an item is available only in conjunction with the insurance on Gross Profit with an indemnity period of not less than 12 months, and it will then be necessary to exclude Wages from the Gross Profit item.

The Dual Basis Wages item is designed to cover all wages for an initial period and then a percentage of the wage roll for the remainder of the indemnity period. The item has an in-built flexibility which enables the cover to be adjusted to best suit the situation prevailing after a fire. For example, if the insurance selected is 100% of wages for the first 8 weeks and 33.00% of the remaining 44 weeks, the cover can be consolidated to provide full insurance for 17 weeks if this could prove more advantageous in meeting the loss sustained.

The total sum insured should be based on the total annual remuneration (including NHIF contributions (if applicable), bonuses and other payments pertaining to wages) of all employees.

Annual wage roll _____

If indemnity period exceeds 12 months, increase the sum insured proportionately _____

Sum to be insured on wages _____

ITEM NO.3

Professional Accountants charges for producing and reporting on any particulars or details required by the Company in connection with a claim.