

**INDUSTRIAL ALL RISKS  
PROPOSAL FORM**

**IMPORTANT NOTICE**

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provide, please provide further information on your letterhead.
- All attached documents form part of this Proposal.

This application is for  New Business  Renewal-Policy Number (if known) is:.....

**1. Proposer(s)**

Name(s) in full of Principals/Partners/Directors: .....

.....

.....

Trading Name: .....

.....

.....

Postal Address ..... Postcode: .....

Contact Name: ..... NRIC : .....

**2. Full Name of Interested Parties(eg Mortgagee): .....**

Nature of Interest: .....

**3. Period of Insurance Requested : From: ..... To: .....**

**4. General Questions**

(If more than one person, director, company or entity comprises the insured, all questions apply to all persons, directors, companies and entities and answers provided will be regarded as answers by all parties to this proposal.)

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| (i) Has any insurer declined an application from you, or cancelled or refused to renew a policy for yours imposed special terms on your insurance?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (ii) Has the business been operation for less than twelve months?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (iii) Is any portion of the property to be insured in a state of disrepair or poor condition?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (iv) Has the business been operating without insurance for more than three months?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (v) Have you, or any person who will receive insurance production under the proposed policy been charged with, or convicted of any criminal offence in the past 10 years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (vi) Have you sustained any loss or damage to property (whether or not you made an insurance claim) in the last five years ?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (vii) Are there any relevant facts relating to the proposed risk which you should disclose to us ?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If "Yes" to any of the above, please provide full details:.....

.....



- (viii) Is the business trading profitably ?  Yes  No
- (ix) Are your financial accounts audited at regular periods ?  Yes  No
- (x) Is a complete record of kept of stock received and sold ?  Yes  No

If "No" , explain how a loss could be quantified and valued:.....  
 .....  
 .....

5. Location(s) of Property to be Insured

Location 1 ..... Postcode .....

Location 2 ..... Postcode .....

Location 3 ..... Postcode .....

6. Details of Premises listed (Provided details for each Location) :

	Location 1	Location 2	Location 3
Occupancy	.....	.....	.....
Construction			
Walls	.....	.....	.....
Frame	.....	.....	.....
Roof	.....	.....	.....
Floors-Ground	.....	.....	.....
Floors - Other	.....	.....	.....
No. of Storeys	.....	.....	.....
Approx. Age	.....	.....	.....

(If construction of walls consists of more than one material please advise approximate per centage split)

7. Declared Values

(i) Section 1 – Property Damage

	Location 1	Location 2	Location 3
Building/s	.....	.....	.....
Trade Contents(excluding stock)	.....	.....	.....
Stock/Merchandise	.....	.....	.....
Removal of Debris	.....	.....	.....
Other (Please specify)	.....	.....	.....
TOTAL DECLARED VALUE	.....	.....	.....

(ii) Consequential Loss in USD

Gross Profit	.....	USD
Professional Fees	.....	USD
Payroll	.....	USD
Additional Increase Cost of Working	.....	USD
Other	.....	USD
Total	.....	USD



Please declare consequential loss if business interruption would like to proposed.

8. Limits of Liability – Maximum Limit of Liability at any one Location:

Section 1 – Material Loss Damage .....

Section 2 - Consequential Loss .....

9. Fire Protection(at each Location)

Please tick which of the following are applicable

	Location 1		Location 2		Location 3	
Are the premises sprinkler protected ? If "Yes"	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Are they maintained under a service contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• What type of supply?	<input type="checkbox"/> Single	<input type="checkbox"/> Dual	<input type="checkbox"/> Single	<input type="checkbox"/> Dual	<input type="checkbox"/> Single	<input type="checkbox"/> Dual
Fire hydrants located throughout the permises	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Blankets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Horses and reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire extinguishers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hard wired thermal/smoke detectors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are premises on town water supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "No" , Please provide full details of water source: .....

10.Distance(in Kilometres) to nearest Fire Brigade .....

Is Fire Brigade Permanently staffed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Woodingworking – is dust extraction system used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If cooking equipment used, are deep fryers in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", are units fitted with thermostatically controlled cut off switches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

11.Security (at each location)

Please tick which of the following are applicable

	Location 1		Location 2		Location 3	
Are all perimeter doors deadlocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all perimeter windows protection by Bars/Grills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any skylights in the roof? If "Yes", how are they protected:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Random visit Security night patrols	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Electronic Burglar Alam with Movement sensors	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local sounding alarm only	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Connected to monitoring bureau	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes",

Monitored by whom: .....

- What type of System?       Land Line       Securitel       Digital Dialler



- Has the monitoring company been instructed to send a security patrol in response to alarm activation  Yes  No
- Does the monitoring company have access to the premises to investigate alarm activation?  Yes  No

Details of other security measures (eg. On site Guards/Watchman, Guard Dogs, CCTV):.....

.....

.....

.....

Declaration:

I/We declare that:

- We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this.
- Questionnaire and Proposal 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 the policy only.
- And that the insured will not lodge any other claims of whatever nature. The insured undertakes to inform the insurers of any material alteration whereby the risk is increased, and
- The insurers reserve the right to modify any quotation made in the light of such alteration. The insurers undertake to deal with this information in strict confidence.

.....Signature/s:      Date: .....

Name/s: .....      Title: .....

