

# BUSINESS INSURANCE PROPOSAL FORM

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| Name of Proposer :  Names of Directors: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Postal Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Physical Address/s: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Telephone No.: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Email Address: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Nature of Business: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Period of Insurance: | | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **FIRE SECTION** | |  | | | |
|  | Description | | Sum Insured | Rate | Annual Premium |
| 1. | Buildings | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. | Stock In Trade | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Raw Materials | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Other Contents | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Plant/Machinery | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **TOTALS** | | **$\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **THEFT/BURGLARY SECTION**  Description Sum Insured Rate | | |  | Annual Premium |
| 1. Qualified Theft\* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Note:***  ***\*Theft following violent entry into or exit from premises.*** | | |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **MONEY SECTION**  Description | Sum Insured | Rate | Annual Premium |
| 1. | Not contained in a locked safe/strongroom (petty cash) | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 2. | At the residence of directors or | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Employees | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 3. | In a locked safe/strongroom or  In transit to or from the bank | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Seasonal increase | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Worldwide business travel | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 6. Crossed cheques $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

## F GOODS IN TRANSIT SECTION

Description Sum Insured Rate Annual Premium

1. Goods carried on Insured’s

own vehicles $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_

## GLASS SECTION

Description Sum Insured Rate Annual Premium

1. Internal and external

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|  | | | glass including lettering  and ornamentation | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | **BUSINESS ALL RISKS SECTION**  Description Sum Insured | | | | Rate | | Annual Premium | | | | |
| 1. | | | Office equipment and machines $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 2. | | | Cellular telephones $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 3. | | | Pedal cycles $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 4. | | | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | **PUBLIC LIABILITY SECTION**  Description Limit of Liability | | | | Rate | | Annual Premium | | | | |
| 1. | | | General Liability | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 2. | | | Property Owner’s Liability | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 3. | | | Tenant’s Liability | | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | $\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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|  | **ELECTRONIC EQUIPMENT SECTION** | | | |  | |  | |  | |
|  | Description Sum Insured | | | | Rate | |  | | Annual Premium | |
| 1. | All computers, printers, faxes, | | | |  | |  | |  | |
|  | and ancillary equipment $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | $\_\_\_\_\_\_\_\_\_\_\_ | |
| 2. | Laptop computers $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | $\_\_\_\_\_\_\_\_\_\_\_ | |
| 3. | External Data Media $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |  | | $\_\_\_\_\_\_\_\_\_\_\_ | |
| 4. | | | Reconstitution of Data $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_ | |
| 5. | | | Increased Cost of Working $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Indemnity Period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_ | |

**Declaration by Proposer/s:-**

## I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the information

**contained in this proposal is true to the best of our knowledge, and forms the basis of the contract of insurance between ourselves and the Company.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposer**

## Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_