

1. APPLICATION FORM

Applicant Name: \_\_\_\_\_

Business Registration No.: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Issued By: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Insured Location: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_ (dd/mm/yyyy) - both days inclusive

Nature of Business: \_\_\_\_\_

☐ Building Owner  
☐ Tenant

2. STANDARD COVER	SUM INSURED (USD)	PREMIUM (USD)
<b>SECTION 1: FIRE AND PERILS</b>  <b>Building and Content</b> (Furnitures, Fixtures and Fittings, office and business equipments and all other contents pertaining to Insured/s)	<input type="checkbox"/> Option 1 25,000	30
	<input type="checkbox"/> Option 2 50,000	60
	<input type="checkbox"/> Option 3 100,000	120
	<input type="checkbox"/> Option 4 150,000	180
	<input type="checkbox"/> Option 5 200,000	240
	<input type="checkbox"/> Option 6 250,000	300
<b>FREE COVER:</b> <b>LOSS OF PROFIT</b>	3% of Adjusted Claim Payable Under Section 1	Free of charge

3. OPTIONAL COVER - LIMIT (USD)		PREMIUM (USD)		
SECTION 2: PUBLIC LIABILITY				
<input type="checkbox"/> Option 1	25,000		37.5	
<input type="checkbox"/> Option 2	50,000		75	
<input type="checkbox"/> Option 3	100,000		150	
<input type="checkbox"/> Option 4	150,000		225	
<input type="checkbox"/> Option 5	200,000		300	
<input type="checkbox"/> Option 6	250,000		375	
SECTION 3: GROUP PERSONAL ACCIDENT				
SUM INSURED (USD)		NO. OF INSURED PERSON	PREMIUM (USD)/ 1 PERSON	SUB TOTAL (USD)
<input type="checkbox"/> Option 1	2,000	_____	5	_____
<input type="checkbox"/> Option 2	5,000	_____	12.5	_____
<input type="checkbox"/> Option 3	10,000	_____	25	_____
<input type="checkbox"/> Option 4	15,000	_____	37.5	_____
<input type="checkbox"/> Option 5	20,000	_____	50	_____
<input type="checkbox"/> Option 6	25,000	_____	62.5	_____

4. PREMIUM CALCULATION	
<b>Section 1: Fire &amp; Perils</b>	USD _____
<b>Section 2: Public Liability</b>	USD _____
<b>Section 3: Group Personal Accident</b>	USD _____
<b>Administration Fee</b>	USD 1.00
<b>Total Premium</b>	<b>USD</b> _____

**5. ADDITIONAL INFORMATION****Group Personal Accident**

(Please provide the details of employee(s) insured under Section 3)

**Details of Employees to be Covered**

No.	Full Name	ID Number	Year of Birth	Gender
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**6. DECLARATION**

I/We declare that the above particulars to be true and correct, and agree that they shall be the basis of the contract between Forte Insurance and me/us.

Date ..... Month ..... Year .....

(Signature & Stamp)

**7. IMPORTANT NOTICE**

- (i) Statement Pursuant to the Law on Insurance or Any Amendments Thereof: You are to disclose in the proposal, fully and faithfully, all the facts which you know or ought to know, otherwise the policy issued may be void and you may receive nothing from the policy.
- (ii) No insurance is in force until this application is accepted by the Company in accordance to policy terms, conditions and exclusions.
- (iii) If your proposal is accepted, it is a condition precedent to our liability under the Policy that the premium must be paid to and received by us within 30 working days from the inception of the insurance, failing which the Policy shall deem to be automatically terminated and a pro-rata premium will be charged for the period that the Company is on risk.

**8. AGENT PARTICULARS**

Full Name:

Producer Code:

Signature:

Date:

**9. COMPANY USE ONLY**

Received Date:

Payment Method:

Receipt No:

Policy Number:

Name and Signature:

**10. THE FOLLOWING QUESTIONS MUST BE ANSWERED BY THE APPLICANT:**

(Please tick in the appropriate box)

YES

NO

1. Is your insured premises protected with any of the following fire fighting facilities?

(i) Sprinkler System

☐

☐

(ii) Fire Extinguisher

☐

☐

(iii) Fire Hose Reel

☐

☐

(iv) Fire Alarm System

☐

☐

If all NO, please refer to the Company

2. Is your insured premises protected with any of the following security measures?

(i) Solid Door / Gates / Grilles / Roller Shutter / Glass Door

☐

☐

(ii) Burglary Alarm System

☐

☐

(iii) 24-Hour Security Guard

☐

☐

If all NO, please refer to the Company

3. Is your insured premises constructed of brick/tile/concrete?

If NO, please refer to the Company

☐

☐

4. Does any insured proprietor/employee to be insured suffer from any physical defect or infirmity?

If YES, please refer to the Company

☐

☐

5. In respect of the risk to be insured, has any previous insurer refused to give cover, renew or imposed any special terms?

If YES, please state reason(s):

☐

☐

6. Did you suffer any losses in the past 3 years? If YES, please furnish full details of all claims for the past 5 years:

☐

☐

Date of Loss

Nature of Loss

Loss Amount (USD)