1. APPLICATION FORM

☐ Building Owner
☐ Tenant

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/yyy) - both days inclusive

Nature of Business: _____

2. STANDARD COVER

SECTION 1: FIRE AND PERILS

Building and Content
(Furnitures, Fixtures and Fittings, office and business equipments and all other contents pertaining to Insured/s)

2. STANDARD COVER	SUM INSURED (USD)		PREMIUM (USD)
	☐ Option 1	25,000	35
	☐ Option 2	50,000	70
	☐ Option 3	100,000	140
	☐ Option 4	150,000	210
	☐ Option 5	200,000	280
	☐ Option 6	250,000	350
FREE COVER: **LOSS OF PROFIT**	3% of Adjusted Claim Payable Under Section 1		Free of charge

3. OPTIONAL COVER - LIMIT (USD)   PREMIUM (USD)

SECTION 2: PUBLIC LIABILITY

	LIMIT (USD)	PREMIUM (USD)
☐ Option 1	25,000	25
☐ Option 2	50,000	50
☐ Option 3	100,000	100
☐ Option 4	150,000	150
☐ Option 5	200,000	200
☐ Option 6	250,000	250

SECTION 3: GROUP PERSONAL ACCIDENT

SUM INSURED (USD)		NO. OF INSURED PERSON	PREMIUM (USD)/ 1 PERSON	SUB TOTAL (USD)
☐ Option 1	2,000	....	5	....
☐ Option 2	5,000	....	12.5	....
☐ Option 3	10,000	....	25	....
☐ Option 4	15,000	....	37.5	....
☐ Option 5	20,000	....	50	....
☐ Option 6	25,000	....	62.5	....

4. PREMIUM CALCULATION

Section 1: Fire & Perils	USD ....
Section 2: Public Liability	USD ....
Section 3: Group Personal Accident	USD ....
Administration Fee	USD 1.00
Total Premium	**USD** ....

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)