

PROPOSAL FOR FIRE INSURANCE BUSINESS PREMISES

AGENT / BROKER / BRANCH

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)				
2. Postal Address			
3. Telephone/Fax Nos./E-mail	Home Telephone		Office Telephone	
	E-mail		Mobile	
			Fax	
4. Location of property to be insured if different from postal address			
5. Full description of business, trade or occupation				
6. Occupation of premises proposed for insurance eg. warehouse, office, shop, factory, etc.				
7. Name & address of other interests if any eg. Bank or Mortgagee				

	Day	Month	Year	
8. Policy to commence on	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	
Policy to be renewed on	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	
9. How long have you been in business?		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	Years
10. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are/have been engaged:				
(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms.?	Yes	<input style="width: 20px; height: 20px;" type="checkbox"/>	No	<input style="width: 20px; height: 20px;" type="checkbox"/>
If "Yes" give details.				

(b) have any accidents, losses or claims arisen in respect of any of the insurances proposed, whether previously insured or not?

If "Yes" give details.

Yes No

Date of Occurrence	Details of Loss	Amount involved
.....
.....

11. ADDITIONAL PERILS TO BE COVERED - Please indicate

- | | | | |
|--|--------------------------|--|--------------------------|
| (a) Riot & Strikes, Malicious Damage & Terrorism*
<small>*Terrorism is limited to Rs.25,000,000/-</small> | <input type="checkbox"/> | (f) Impact by road vehicles or animals | <input type="checkbox"/> |
| (b) Explosion | <input type="checkbox"/> | (g) Earthquake | <input type="checkbox"/> |
| (c) Cyclone, Storm, Tempest | <input type="checkbox"/> | (h) Spontaneous Combustion | <input type="checkbox"/> |
| (d) Flood | <input type="checkbox"/> | (i) Overflow of water tanks etc. | <input type="checkbox"/> |
| (e) Aircraft | <input type="checkbox"/> | (j) Electrical Inclusion | <input type="checkbox"/> |

12. DESCRIPTION OF PREMISES

If the answer is "No" give details

- | | | | |
|--|----------------------------------|-----------------------------|----------------------|
| a. Are the premises built only of brick, stone or concrete & roof of non-inflammable material? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| b. Is the property in a good state of repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| c. Are the premises proposed for insurance owned by you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| d. Are you the sole occupier of the premises? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | <input type="text"/> |
| e. Age of electrical wiring | under <input type="text"/> years | | |
| f. Age of building | under <input type="text"/> years | | |

13. Are any hazardous goods including petrol, kerosene, sawdust etc stored in the premises or within 30 feet thereof?
If "Yes" give details below.

Yes No

14. Are there any appliances for extinguishing fire?
If "Yes" give details below.

Yes No

15. Do you maintain stock records which could be produced to substantiate any loss or damage? Yes No

16. SUMS INSURED

Please complete the following details - Continue on a separate sheet if necessary.

NB: (i) ALL ITEMS OTHER THAN STOCKS SHOULD BE INSURED FOR THEIR BRAND NEW REINSTATEMENT/REPLACEMENT VALUES
 (ii) STOCKS SHOULD BE INSURED FOR THEIR MARKET VALUES.

If any of your property is underinsured, you will only receive a proportionate amount of your claim.

PROPERTY TO BE INSURED

SUM INSURED

- a. Buildings, fixtures, fittings, walls, fences, gates and outbuildings (including an amount for architects' and surveyors' fees, shoring up and removal of debris) Rs.
- b. Interior decorations & improvements in structure in respect of that portion of the structure for which you are responsible as a tenant or which belong to you Rs.
- c. Stock in trade, packing material and goods held in trust or on commission Rs.
- d. Furniture, office equipment, plant & machinery including electrical cables, transformers in the open and all other contents Rs.
- e. Rent (if business interruption cover is not required)
 State number of months for which cover is required for alternate accommodation, and amount of rent involved.

	Months
--	--------

 Rs.

ANY OTHER PROPERTY (GIVE FULL DESCRIPTION)

- f. Rs.
 - g. Rs.
- TOTAL**
- Rs.**

17. If you have opted for cover against the 'Additional Peril' of 'Electrical Inclusion' please indicate below the sum insured in respect of:

Electrical machinery and electronic equipment including motors, dynamos, transformers, cables and wiring etc. Rs.

IN ANY EVENT THE VALUE SHOWN IN 17 SHOULD BE INCLUDED IN 16 (d) ABOVE.

Very Important

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I/We declare that the information given in this Proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

--	--	--

Signature :.....

(Please draw a rough ground plan of the premises overleaf (not necessarily to scale). Show distances between and occupation of other buildings within 50 ft.)

FOR OFFICE USE

Rated By		Processed By	
Rate Approved By		Authorised By	Authorised Date