

Burglary, Fire & Allied Perils Insurance Application



APPLICANT INFORMATION

Family name: -----			
----- <i>First</i>	----- <i>Middle/Father's</i>	----- <i>Last</i>	
Date of birth: -----/-----/-----		Nationality: -----	
Address: -----			
E-mail address: -----			
Telephone No.:	Home	Mobile	Office
	-----	-----	-----
Occupation: -----			
Requested period of insurance:	From: -----/-----/-----	To: -----/-----/-----	
Status	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	

RISK DESCRIPTION

1. Name of the property to be insured: -----			
Address: -----			
2. What is the nature of the premises to be insured?			
<input type="checkbox"/> Shop	<input type="checkbox"/> Apartment	<input type="checkbox"/> Office	<input type="checkbox"/> Other, please specify: -----
3. Are you the tenant, owner-occupier, or non-occupying owner of the building?			
<input type="checkbox"/> Tenant	<input type="checkbox"/> Owner-occupier	<input type="checkbox"/> Non-occupying owner	<input type="checkbox"/> Other, please specify: -----
4. Number of floors: -----		Number of underground floors: -----	
5. Type of construction and roof:			
<input type="checkbox"/> Concrete	<input type="checkbox"/> Metallic	<input type="checkbox"/> Other, please specify: -----	
6. Is the property of the insured charged or mortgaged to any party?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify name if beneficiary clause is required: -----		

NATURE OF OCCUPATION OF PROPERTY

1. What is the nature of goods stored in the premises? -----			
2. Will the proposed premises be unoccupied for more than 30 days continuously in a year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any hazardous trades carried out or hazardous goods deposited or stored in the premises?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify: -----		
4. What fire extinguishing appliances are installed within the premises?			
<input type="checkbox"/> Hose reel	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Fire extinguisher	<input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Other, please specify: -----

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SUM INSURED

	Amount	For office use		
		Rate ‰	Premium	Remarks
1. On building				
2. On machinery, equipment and utensils (please, attach list)				
3. On stock-in-trade (raw material, finished and semi-finished goods)				
4. On furniture, fixtures and fittings				
5. Sign board				
6. Neighbours' recourse				
7. Liability of tenants towards landlord				
8. Others (please describe)				
			Total	

OPTION TO COVER

	Requested Limit	For office use			
		Rate ‰	Premium	Excess	Remarks
<input type="checkbox"/> 1. Lightning					
<input type="checkbox"/> 2. Earthquake					
<input type="checkbox"/> 3. Storm, tempest, flood					
<input type="checkbox"/> 4. Explosion					
<input type="checkbox"/> 5. Impact of vehicle excluding own					
<input type="checkbox"/> 6. Aircraft damage					
<input type="checkbox"/> 7. Bursting or overflowing of water tanks, apparatus of pipes					
<input type="checkbox"/> 8. Electrical clause					
<input type="checkbox"/> 9. Bush fire					
				Total	

BURGLARY SECTION

Please answer the following questions if Burglary Insurance is required

1. Are doors and windows fitted with iron grill?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you keep registers / books for recording of all transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the premises securely locked at night or when left unoccupied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Sum insured / Limit? -----		

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INSURANCE HISTORY

1. Has the insurance now proposed been declined, cancelled, refused renewed or subjected to special terms by any insurance company?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify name of the insurance company:		
2. Have you ever suffered any loss for the last 3 years? (Ex. Fire, burglary)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes, please specify when and estimated loss:		
3. Have you ever been insured with Bankers Assurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No

MODE OF PAYMENT

<input type="checkbox"/> Cash
<input type="checkbox"/> Debit / Credit Card
<input type="checkbox"/> Direct payment (40% down payment and 60% in 3 months from inception date)
<input type="checkbox"/> Bank Standing Order or "Domiciliation"
<input type="checkbox"/> Bank Slip payment
<input type="checkbox"/> Third Party Collection
<input type="checkbox"/> Corporate Client

STATEMENT

We hereby declare that statements made by us in this Questionnaire and Proposal are, to the best of my 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.

It is agreed that the insurers are liable in the terms of this Policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Name:
Date: -----/-----/-----
Signature: _____