

COMMERCIAL FIRE PROPOSAL FORM

1) NAME OF PROPOSER (in full)	
2) POSTAL ADDRESS	
3) TRADE OR BUSINESS	
4) TELEPHONE NUMBERS	Home _____ Business _____
<p>5) (a) Address or addresses of premises to which the Insurance is to apply.</p> <p>(b) Description of premises, i.e., shop, office, factory, warehouse, etc.</p> <p>(c) State construction of the –</p> <p style="margin-left: 20px;">i) External walls of the building</p> <p style="margin-left: 20px;">ii) Roof</p> <p>(d) Specify the outbuildings in respect of which Insurance is required, their construction and protections.</p> <p>(e) Is Proposer sole occupier of the building? If not, state which floor(s) occupied.</p> <p style="margin-left: 20px;">i) N. B. If not sole occupier, give in the space provided overleaf, a list of the other occupiers and their occupations.</p> <p>(f) What trades are carried on in the adjoining buildings?</p>	
<p>6) How long has the Proposer carried on business in this or other names:</p> <p style="margin-left: 20px;">a. In these premises?</p> <p style="margin-left: 20px;">b. Elsewhere?</p> <p style="margin-left: 20px;">c. State other names previously used (if any)</p>	
<p>7) Will the premises be unoccupied</p> <p style="margin-left: 20px;">a. At night?</p> <p style="margin-left: 20px;">b. At any time during the day?</p> <p>If occupied, by whom? Give details.</p>	

<p>8) Will the rest of the building to your knowledge be unoccupied:</p> <p>a. At night?</p> <p>b. At any time during the day?</p>	
<p>9) Is the property covered by any other insurance?</p>	
<p>10) If Yes please state name of Insurer and give full details.</p>	
<p>11) Has the Proposer any Fire Extinguishing Appliances on the premises? If so, give particulars.</p>	
<p>12) (a) Does Proposer keep a record of Stock, Purchases and Sales?</p> <p>(b) Are audited books of accounts available for inspection if necessary?</p>	
<p>13) Has the Proposer's Insurance ever been declined or cancelled or had special terms imposed? If so give details</p>	
<p>14) Has the Proposer or any Partner or Director of the Company ever sustained a loss or losses? If so, please give brief particulars with date and amount of each.</p>	
<p>15) PERIOD OF INSURANCE</p>	<p>From _____ To _____</p>
<p>16) Do you require cover for all of the following additional perils</p> <p>If "No" please indicate the perils you require by ticking the appropriate box (es):</p> <p>{ } Explosion { } Hurricane { } Earthquake</p> <p>{ } Riot & Strikes { } Impact { } Burst Pipes</p> <p>{ } Flood { } Aircraft { } Malicious</p> <p>Damage</p> <p>{ } Seawave</p>	<p>YES _____ NO _____</p>
<p>17) State name of Mortgagee or other interest</p>	



PROPERTY TO BE INSURED

Do you wish to insure any of the undermentioned items on a Reinstatement basis? Yes _____ No _____

If Yes please tick the appropriate box.

		Sum to be insured
1.	ON { } the Building (including Landlord's Fixtures and Fittings and Walls, Gates and Fences pertaining thereto)	_____
2.	ON { } Furniture, Fixtures, Fittings, Utensils and Office Equipment	_____
3.	ON Stock-in-Trade including Stock for which the Insured is legally responsible	_____
4.	ON { } Other Property	_____
	ON _____	_____
	ON _____	_____
	ON _____	_____
	TOTAL SUM INSURED	_____

(N.B.) A separate sum must be shown on each distinct Building as also upon the Contents of each

Briefly describe type of Stock and Method of Storage

DECLARATION

I do hereby declare that the above answers and statements are true, and that I have withheld no material information regarding this Proposal. I agree that this declaration, and the answers above given, as well as any proposal or declaration or statement mad in writing by me or any one acting on my behalf shall form the basis of the contract between me and the Company, and I further agree to accept the indemnity subject to the conditions in and endorsed on the Policy. I also declare that the above total represents not less than the full value of the property, as above mentioned.

Date _____

Signature of Proposer _____
(Company Stamp)

The liability of the Company does not commence until the proposal has been accepted and the first premium paid.

Trident Insurance Financial Centre, Highway 7, Hastings, Christ Church BB 15154
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The Symbol of Protection