

COMMERCIAL FIRE PROPOSAL FORM

1.	NAME OF PROPOSER (in full)			
2.	POSTAL ADDRESS			
3.	TRADE OR BUSINESS			
4.	TELEPHONE NUMBERS	Home	Work	Mobile
5.	EMAIL ADDRESS			
6.	(a) Address or addresses of premises to which the Insurance is to apply			
	(b) Description of premises, i.e., shop, office, factory, Warehouse, etc.			
	(c) State of construction of the –			
	i. External walls of the building			
	ii. Roof			
	(d) Specify the outbuildings in respect of which Insurance is required, their construction and protections.			
	(e) Are there any solar photovoltaic systems attached to the building structure or on the premises?			
	(f) Is Proposer sole occupier of the building? If not, state which floor(s) occupied. N.B. If not sole occupier, give in the space provided overleaf, a list of the other occupiers and their occupations.			
	(g) What trades are carried on in the adjoining buildings?			
7.	How long has the Proposer carried on business in this or other names:			
	a. In these premises?			
	b. Elsewhere?			
	c. State other names previously used (if any)			
8.	Will the premises be occupied:			
	a. At night?			
	b. At any time during the day?			
	If occupied, by whom? Give details.			
9.	Will the rest of the building to your knowledge be unoccupied?			
	a. At night?			
	b. At any time during the day?			
10.	Is the property covered by any other insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If Yes, please state name of Insurer and give full details.			
11.	Has the Proposer any Fire Extinguishing Appliances on the premises? If so, give particulars.			

12.	(a) Does the Proposer keep a record of Stock, Purchases and Sales?	
	(b) Are audited books of accounts available for inspection if necessary?	
13.	Has the Proposer's Insurance ever been declined or cancelled or had special terms imposed? If so, give details.	
14.	Has the Proposer of any Partner or Director of the Company ever sustained a loss or losses? If so, please brief particulars with date and amount of each.	
15.	PERIOD OF INSURANCE	From _____ To _____
16.	Do you require cover for all of the following additional perils:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If 'No' please indicate the perils you require by ticking the appropriate box(es):	
	[] Explosion	[] Hurricane [] Earthquake
	[] Riot & Strikes	[] Impact [] Burst Pipes
	[] Flood Damage	[] Aircraft [] Seawave
	[] Malicious Damage	
17.	State name of Mortgagee or other interest	
PROPERTY TO BE INSURED		
Do you wish to insure any of the undermentioned items on a Reinstatement basis?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 made in writing by me or any one acting on my behalf shall form the basis of the contract between me and Trident Insurance, 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 Trident Insurance does not commence until the proposal has been accepted and the first premium paid.		