



INDUSTRIAL ALL RISKS PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

1. PARTICULARS OF PROPOSER

Name of the Proposer (full): _____

P.O. Box: _____

Alternative Mobile Number: _____

Postal Code: _____

Email Address: _____

Town: _____ County

Email Address 2: _____

Mobile Number: _____

ID/Passport Number/ Cert of Incorporation: _____ (Attach a copy)

PIN No: _____ (Attach a copy)

Profession or occupation: _____

Period of Insurance. From: _____ To: _____

Geographical cover: _____

Situation of the premises for which the insurance is required: (Include each specific location)

| Name of Building | Plot Number | Street Name | Address |
|------------------|-------------|-------------|---------|
| | | | |
| | | | |
| | | | |

Section A - Material Damage (If more than one list each content separately in a different form/sheet)

| <u>PROPERTY TO BE INSURED</u> | <u>SUMS TO BE INSURED</u> |
|---|---------------------------|
| 1. Building(s) | |
| 2. Furniture, fixture and fittings | |
| 3. Plant and machinery consisting of | |
| 4. Stock in trade consisting of | |
| 5. Goods held in trust or on commission for which the proposer is responsible | |
| 6. Others (Please Specify) | |

7. Do you require theft/burglary? cover against **YES NO** If 'Yes' state sum to be insured _____
8. Has the proposer, whilst trading in this or any other premises suffered any loss or damage by fire or theft in the last three years? **YES NO** If 'Yes', please state amount of loss _____

9. CONSTRUCTION OF BUILDING(S) (If more than one give particulars of each)

| Name of Building | Height in storeys | Main purpose | Floor Material | Wall Material | Floor Material | Roofs Material |
|------------------|-------------------|--------------|----------------|---------------|----------------|----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

10. Is any of your building mentioned above adjacent to high risk building (dealing with hazardous chemicals, wood/grass materials)? YES NO If yes, please specify the building and the risk it poses:

11. Is/are the building(s) to be insured or any portion of it/them subject to mortgage, Bill of Sale or Higher Purchase Agreement? YES NO If yes, name the financier and address

12. OCCUPATION OF THE BUILDING

How long have you occupied the premises? _____

Describe nature of their business of any other tenants

Are any hazardous goods kept in the premises? YES NO If yes, please list below

Is any process of manufacture or spray painting carried on in the building? YES NO

Have increased rates been required for such proposals or renewals? YES NO If yes, what is their nature and does their value exceed 5% of the total Sum Insured?

| 13. Section B - Loss of profits | | COVER REQUIRED | SUM INSURED |
|---------------------------------|---|----------------|-------------|
| ITEM 1 | ON GROSS PROFIT | | |
| | The specified working expense to be excluded are | | |
| | Purchases (less discounts received) | | |
| | Wages | | |
| | Increased cost of working | | |
| ITEM 2 | ON ALL WAGES | | |
| | 100% for _____ weeks (minimum 4 weeks) and _____% for the remainder of the Indemnity period | | |
| ITEM 3 | ON AUDITORS/ACCOUNTANTS' FEES | | |
| | TOTAL SUM INSURED | | |

14. MAXIMUM INDEMNITY PERIOD _____ MONTHS

15. Do you require additional perils cover? YES NO If 'Yes', please Select the required perils

Explosion, other than damage to Boilers or other pressure vessels
 Earthquake (Fire & Shock)

- Riot & Strike
- Malicious Damage
- Spontaneous Combustion
- Bush Fire
- Special Perils
 - Storm or Tempest
 - Rain Damage as result of:
 - Flood
 - Overflowing/Guttering
 - Bustling or overflowing water apparatus
 - Aircraft and Aerial Devices
 - Impact by Road Vehicles
 - Subterranean Fire

NB. It is essential that your Fire policy should be extended to include then same additional perils.

16. Are you now or have you previously been insured against Fire/Loss of Profits/Consequential Loss? **YES** **NO**

If 'Yes', please give policy number and name of the insurer _____

17. Has any insurance company or underwriter ever refused, cancelled declined to renew or imposed special terms on any insurance of this or any other class proposed or effected by you, whilst trading in the above or any other name? **YES** **NO**

If 'Yes' give details _____

18. When does your financial year end? _____

| ITEM NO. 1 - GROSS PROFIT | |
|---|---|
| EXTRACT FROM THE ACCOUNTS OF THE BUSINESS FOR THE LAST FINANCIAL YEAR | |
| The sum of | (a) Turnover (less discounts allowed) and |
| | (b) Closing stock |
| From which deduct the sum of | (a) Opening Stock |
| | (b) The following specified Working Expense (i.e., those which vary directly with Turnover) |
| | (i) Purchases (less discounts received) |
| | (ii) Wages (if insured by item 2 - see note below) |
| Annual Gross Profit | |
| Adjust for current trend of business | |
| Maximum Indemnity Period _____ months | If exceeding 12 months, increase sum insured proportionately |
| Sum to be insured on Gross Profit | |
| ITEM 2 - WAGES | |

If it considered that the services of some employees could temporarily be dispensed with, a limited form of wage insurance can be arranged by a separate item, using the Dual Basis method. Such an item is available only in conjunction with the insurance on Gross Profit with an indemnity period of not less than 12 months, and it will then be necessary to exclude Wages from the Gross Profit item.

The Dual Basis Wages item is designed to cover all wages for an initial period and then a percentage of the wage roll for the remainder of the indemnity period. The item has an in-built flexibility which enables the cover to be adjusted to best suit the situation prevailing after a fire. For example, if the insurance selected is 100% of wages for the first 8 weeks and 33.00% of the remaining 44 weeks, the cover can be consolidated to provide full insurance for 17 weeks if this could prove more advantageous in meeting the loss sustained.

The total sum insured should be based on the total annual remuneration (including NHIF contributions (if applicable), bonuses and other payments pertaining to wages) of all employees.

Annual wage roll

If indemnity period exceeds 12 months, increase the sum insured proportionately _____

Sum to be insured on wages _____

ITEM NO.3

Professional Accountants charges for producing and reporting on any particulars or details required by the Company in connection with a claim.

DECLARATION

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____