



Please answer each question fully - **do not leave blanks**

1. THE PROPOSER

Name(In Full)	NIB:	D/L#:	
Occupation/Business:		Email:	
Contact Person:	Phone (W):	Phone (C):	
Street Address:		P.O. Box:	
(a) Do you have any other insurance with us?		YES	NO
(b) Have you had any losses or made previous claims during the past 3 years? <i>(including premises other than this one)</i>		YES	NO
(c) Has any Insurer declined to insure you, or canceled or refused to renew your policy?		YES	NO
If you have answered "YES" to any of the questions above, please provide full details.			

2. THE BUSINESS

Street Address:		Distance from sea:
Business/Trade:	How long in operation:	No. of Employees:
Construction of walls:	Construction of roof:	No. of storeys:
Do you have: (i) Storm Shutters	(ii) Fire Extinguishers	(iii) Automatic Sprinklers
Do you occupy the whole of the premises?	If not, what other businesses or trades are carried on?	
Security Details (e.g. Alarm, Burglar Bars, etc.):		
Mortgagee:		

3. COVER REQUIRED

Period of Insurance required: **FROM:** _____ **TO:** _____

1. Buildings
2. Contents
3. Tenants' Improvements and Betterments
4. Furniture/Fixtures & Fittings
5. Computers & Ancillary Equipment
6. Other Electronic Equipment
7. Employees' Personal Property

TOTAL

3. DECLARATION

I declare that the above answers and statements are true and accurate to the best of my knowledge and belief, and form the basis of the contract between myself and the Insurer. I declare that there are no other material facts which the insurer should be advised.

Signed: _____ **Date:** _____

FOR OFFICIAL USE ONLY

OARPF 05/2023

AREA: 1 ___ 2 ___ 3 ___ **CONSTRUCTION:** A ___ B ___ C ___ **INSURER:** _____ **RATE:** _____