



**J. S. JOHNSON & COMPANY, LIMITED. INSURANCE AGENTS AND BROKERS**

**COMBINED CASUALTY PROPOSAL FORM**

**THE PROPOSER**

(A) NAME:

(B) P. O. BOX NO.:

(C) OCCUPATION:

(D) TELEPHONE:

(E) CONTACT PERSON

(F) STREET ADDRESS:

\*(G) DO YOU HAVE ANY OTHER INSURANCE WITH US?

\*(H) HAVE YOU HAD ANY LOSSES OR MADE PREVIOUS CLAIMS? (INCLUDING PREMISES OTHER THAN THIS ONE):

\* (I) HAS ANY INSURER DECLINED TO INSURE YOU OR CANCELLED OR REFUSED TO RENEW YOUR POLICY?

\* (J) HAVE YOU HAD ANY CRIMINAL CONVICTIONS?

\*If you have answered "Yes" to any of these questions, please give full details:-

PERIOD OF INSURANCE REQUIRED: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**SECTION 1- BURGLARY**

**IS BURGLARY COVERAGE REQUIRED?**

IF YES, PLEASE ANSWER EACH QUESTION IN THIS SECTION FULLY - DO NOT LEAVE BLANKS.

**THE PREMISES**

STREET ADDRESS:

(B) BUSINESS OR TRADE:

(C) HOW LONG HAVE THE PREMISES TO BE INSURED BEEN OCCUPIED BY YOU?

(D) OF WHAT CONSTRUCTION ARE THE: (A) WALLS? (B) ROOF?

(E) ARE YOU THE SOLE OCCUPIER OF THE PREMISES?

(F) WHAT PRECAUTIONS ARE TAKEN TO PROTECT THE PREMISES AND CONTENTS BY NIGHT?

(G) DO YOU HAVE, (A) BURGLAR BARS? (B) BURGLAR ALARM? (C) SECURITY GUARD? (D) GUARD DOGS?

(H) STATE HOW OFTEN AND FOR WHAT PERIODS THE PREMISES ARE LIKELY TO BE LEFT ENTIRELY UNATTENDED.

(A) HOW OFTEN?

(B) FOR WHAT PERIODS?

**SUM INSURED**

1. STOCK IN TRADE
2. GOODS IN TRUST OR ON COMMISSION FOR WHICH THE PROPOSER IS RESPONSIBLE.
3. PLANT, MACHINERY, FIXTURES, FITTINGS, FURNITURE AND OFFICE EQUIPMENT.
4. ANY OTHER PROPERTY (SPECIFY).

TOTAL SUM INSURED

FULL VALUE	
1.	
2.	
3.	
4.	

**SECTION 2 - PUBLIC AND/OR EMPLOYERS LIABILITY**

**LIMIT**

**IS PUBLIC LIABILITY COVERAGE REQUIRED?**

\$ \_\_\_\_\_

**IS EMPLOYERS LIABILITY COVERAGE REQUIRED?**

\$ \_\_\_\_\_

**SECTION 2 -PUBLIC AND/OR EMPLOYERS LIABILITY (CONTINUED)**

IF YES, PLEASE ANSWER EACH QUESTION IN THIS SECTION FULLY - DO NOT LEAVE BLANKS.

**THE BUSINESS**

(A) FULL DESCRIPTION OF BUSINESS OR TRADE:

- \* (B) IN YOUR BUSINESS DO YOU USE (1) CHEMICALS OR HAZARDOUS SUBSTANCES?  
 (11) MOBILE MACHINERY OR POWER TOOLS?  
 (111) WELDING EQUIPMENT/TORCHES?

(C) IN YOUR BUSINESS DO YOU WORK IN OR ON DOCKS, FUEL OR POWER STATIONS, COMPUTER ROOMS OR AIRPORTS?

(D) ESTIMATED ANNUAL TURNOVER.

(E) ESTIMATED TOTAL ANNUAL WAGES TO (1) CLERICAL EMPLOYEES (11) ALL OTHERS

\*If you have answered "Yes" to any of these questions, please give full details:

**SECTION 3 - MONEY**

**IS MONEY COVERAGE REQUIRED?**

IF YES, PLEASE ANSWER EACH QUESTION IN THIS SECTION FULLY - DO NOT LEAVE BLANKS.

1 **LIMITS REQUIRED**

STATE ESTIMATED ANNUAL AMOUNT OF MONEY IN TRANSIT:

ANY ONE LOSS OF MONEY FROM LOCKED SAFE(S) AND/OR STRONGROOM(S)  
(AS DETAILED HEREUNDER) ON THE PROPOSERS PREMISES OUTSIDE BUSINESS HOURS:

ANY OTHER LOSS OF MONEY:

- 2. (A) DETAILS OF SAFE(S) AND/OR STRONGROOM(S) (INCLUDE MAKE, MODEL, ULLISTING & DIMENSIONS)  
 (B) HOW THE SAFE SECURED?  
 (C) IS THE SAFE FIRE RESISTANT?  
 (D) HOW MANY KEYS TO THE SAFE ARE THERE? BY WHOM ARE THEY HELD? (E) HOW MANY PEOPLE KNOW THE COMBINATION?

3. IF MONEY IS CARRIED BY A SECURITY COMPANY, PLEASE STATE THEIR NAME:

(A) DOES THE SECURITY COMPANY ACCEPT LIABILITY FOR LOSS OF MONEY FROM THEIR CUSTODY

4. IF MONEY IN THE CUSTODY OF COLLECTORS IS TO BE INSURED, STATE THE NUMBER OF SUCH EMPLOYEES AND THE MAXIMUM AMOUNT IN THE CUSTODY OF ANY ONE SUCH EMPLOYEE

5. (A) HOW OFTEN IS MONEY BANKED?

(B) WHAT IS THE MAXIMUM DISTANCE INVOLVED IN THE TRANSIT OF TAKINGS & WAGES TO AND FROM THE BANK

(C) IN GENERAL HOW IS EACH JOURNEY MADE? (I.E. ONFOOT, BY MOTOR VEHICLE ETC.)

(D) HOW MANY EMPLOYEES ACCOMPANY EACH CARRYING?

**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:

DATED:

The Liability of the Insurer does not commence until this proposal has been accepted by the Insurer and the premium paid