



J. S. JOHNSON & COMPANY, LIMITED

INSURANCE AGENTS &
BROKERS

COMMERCIAL PROPERTY PROPOSAL FORM

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

1. THE CLIENT

(A) Name: _____

(B) Occupation/Business: _____

(C) Street Address: _____

(D) P.O. Box _____ (E) Tel. No. _____ (F) Fax No. _____

*(G) Do you have any other insurance with us? **YES/NO**

*(H) Have you had any losses or made previous claims during the past three years? (Include premises other than this one.) **YES/NO**

*(I) Has any insurer declined to insure you, or cancelled or refused to renew your policy? **YES/NO**

** If you have answered "YES" to any of these questions, please give full details (continue over if necessary)*

2. THE BUSINESS

(A) Street Address: _____ (B) Distance from Sea _____

(C) Business or Trade _____ (D) How Long in Operation? _____ (E) No. of Employees _____

(F) Construction of Walls: _____ (G) Construction of Roof _____ (H) No. of Storeys _____

(I) Do you have (i) Storm Shutters **YES/NO** (ii) Fire Extinguishers **YES/NO** (iii) Automatic Sprinklers **YES/NO**

(J) Do you occupy the whole of the premises? **YES/NO** (K) If not, what other businesses or trades are carried on?

3. COVER REQUIRED

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

Item	Definition	Sums Insured	
		B\$	US\$
Buildings	Buildings (including Landlords Fixtures and Fittings therein and thereon)	\$	
Machinery	Machinery, Plant, and All Other Contents therein and thereon, the property of the Insured or held by them in trust for which they are responsible, excluding (a) Landlords Fittings and Fixtures, (b) Stock and Materials in Trade, (c) Property more specifically insured, (d) Sea Walls, Canal Walls, Docks, Satellite Equipment and T.V. Antennae.	\$	
Stock	Stock and Materials in Trade, the property of the Insured or held by them in trust for which they are responsible	\$	
Miscellaneous		\$	
Total Sum Insured		\$	

Are any other coverages required **YES/NO**

4. 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 of which the Insurer should be advised.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY

Area: 1 2 Construction: A B C Insurer: _____ Rate: _____