



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:-*

2. THE BUSINESS

- (A) Street Address: _____ (B) Distance from Sea _____
- (C) Business or Trade _____ (D) How Long in Operation? _____ (E) No. of Employees _____
- (F) Year Constructed _____ (G) Type of Walls: _____ (H) Type of Roof _____ (I) Storeys _____
- (J) Do you have (i) Storm Shutters **YES/NO** (ii) Fire Extinguishers **YES/NO** (iii) Automatic Sprinklers **YES/NO**
- (K) Do you occupy the whole of the premises? **YES/NO** (L) If not, what other businesses or trades are carried on?

- (M) Security Details (e.g.: Alarm, Burglar Bars, etc.) _____

3. COVER REQUIRED

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

	SUMS INSURED	PREMIUM <i>(For Office Use Only)</i>
1. Buildings	\$ _____	\$ _____
2. Tenants' Improvements and Betterments	\$ _____	\$ _____
3. Furniture/Fixtures & Fittings	\$ _____	\$ _____
4. Computers & Ancillary Equipment	\$ _____	\$ _____
5. Other Electronic Equipment	\$ _____	\$ _____
6. Employees' Personal Property	\$ _____	\$ _____
7. Loss of Rent/Extra Expenses	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____

'I/We declare that the sums insured mentioned above represent full replacement costs of the items covered. We further declare that we have been advised that at the time of loss, should the sums insured not represent replacement costs that any claim will be settled the same ration as sum insured to value.'

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 3 Construction: A B C Insurer: _____ A/E _____