

## SME Commercial Combined Proposal Form Version 41/18/04

**Important Notice:**

This form must be completed accurately, in full and **in English**. All material information likely to influence the acceptance and assessment of the risk must be disclosed. If you are not certain if the information is material or not, provide it otherwise it may affect your policy at a later date.

**PLEASE NOTE THAT THIS FORM IS NOT AN ACCEPTANCE OR CONFIRMATION OF COVER.**

Introducing Broker:	Code:
Proposal & Resulting Policy Currency:	

<b>(A) Applicant Details</b>				
Applicant Name:				
ID Number/Registration:		Trading as:		
Applicant Address:				
Business Address:				
Contact Person Name:	Home No:			
	Mobile No:			
	Email:			
Nature of Business:				
List all Applicant owners:	Name	ID Number	Address	Ownership %

<b>(B) Requested Period of Insurance</b>			
Commencement Date:		Expiry Date:	

<b>(C) Proposed Construction Information</b>				
Total floors in building:		Business Located at Floor:		
Date building built:		Building made of:		
Roof made of:		How Many Rooms:		
Site is:	<input type="radio"/> Owned by applicant	<input type="radio"/> Rented/leased	<input type="radio"/> Secured lease	
Are any explosives, fuels, chemicals, gases, or any other exploding and/or self-igniting materials being held or used in the business or in the building?:			<input type="radio"/> No	<input type="radio"/> Yes (insert details below)
Details: _____ _____				
Details of nearby buildings up to 15 metres (type and use): _____				

<b>(D) Lien and/or Mortgage and/or Interest to be Noted</b>		
Is there any lien or mortgage on the proposed property and should a lien clause be noted on the policy?:	<input type="radio"/> No	<input type="radio"/> Yes (insert details below)
In favour of:		
Beneficiary address:		

<b>(E) Waiver of Rights</b>		
Have you given any third party a waiver of your rights to claim in the event of a loss or damage?:	<input type="radio"/> No	<input type="radio"/> Yes (insert details below)

<b>(F) Insurance History</b>		
Are you now, or have you ever been Insured for this risk?	<input type="radio"/> No	<input type="radio"/> Yes (insert details below)
Type of cover	Period of Insurance	Insurer Name
Have you ever been declined cover by an Insurer?	<input type="radio"/> No	<input type="radio"/> Yes (details)
Has your cover ever been cancelled by an Insurer?	<input type="radio"/> No	<input type="radio"/> Yes (details)
Have you been refused a renewal by an Insurer?	<input type="radio"/> No	<input type="radio"/> Yes (details)
Have you been considered for special terms?	<input type="radio"/> No	<input type="radio"/> Yes (details)
Have you ever been convicted or had any fines imposed for any crimes against person or property?	<input type="radio"/> No	<input type="radio"/> Yes (details)
Have you ever been declared Bankrupt, or been placed in liquidation, receivership or voluntary administration?	<input type="radio"/> No	<input type="radio"/> Yes (details)

<b>(G) Loss History</b>		
<b>If you had 3 or more claims in the past 3 years, we will not accept this risk.</b>		
In the last 5 years, have you had any damages or losses or submitted claims or had events that might lead to a claim?	<input type="radio"/> No	<input type="radio"/> Yes (insert details below)
Type of cover	Period of Insurance	Insurer Name
Are you aware of any potential upcoming claims, or any reason for any claims to arise?	<input type="radio"/> No	<input type="radio"/> Yes (insert details below)
Details:		

**(H) Protection and Safety Measures**

To avoid any doubt, according to the policy terms and conditions, the following requirements are essential, principal and preliminary to provision of insurance coverage:

- (a) A Protection and Safety Survey may be conducted by a surveyor appointed by the Insurer; the recommendations and results of such survey will be mandatory for the provision of insurance coverage.
- (b) A valid Fire Department Inspection Permit, and complete compliance with its recommendations and requirements.
- (c) The proposed business will be manned at all times. Whenever the business is not manned, all its entrances, doors and windows, will be shut, locked and secured.
- (d) The Applicant will comply and fulfil any regulatory requirements, and hold valid permits and licenses required for the conduct of the proposed business.

I read, understood and accepted all of the above:

**Applicants signature:**

**Date:**

**COVERAGE CHAPTER DETAILS:**
**Chapter 2: Buildings and Constructions:**
**Chapter 3: Contents:**
**Chapter 4: Burglary:**
**Fire Protection and Security** (Please tick the applicables):

<input type="checkbox"/> Sprinklered	<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Hydrants	<input type="checkbox"/> Iron Bars/Grilles on all windows
<input type="checkbox"/> CCTV	<input type="checkbox"/> Smoke Alarms	<input type="checkbox"/> Roller Shutters	
Watchmen:	<input type="checkbox"/> None	<input type="checkbox"/> 24/7 Security Guard	<input type="checkbox"/> Office Hours
Security Alarm:	<input type="checkbox"/> None	<input type="checkbox"/> Monitored	<input type="checkbox"/> Unmonitored

**Surrounding Exposure**

Does the Insured occupy the whole building in which they are located?  Yes  No

If No, please answer: Is tenancy shared (No Dividing Wall)  Yes  No

If Yes, please provide Nature of Business for each of the tenants who share the premises:

---



---

Main Use

**Chapter 5: Loss of Profits:**
**Chapter 6: Loss of Income:**

Annual Income: \_\_\_\_\_

Annual Gross Profit: \_\_\_\_\_

Reimbursement Period: \_\_\_\_\_ Months

<b>Chapter 7: Goods In Transit:</b>	
Description of Goods to be Transferred: _____	
Value of Goods In Transit Per Single Transfer Unit: _____	
Number of Vehicles Transferring Goods: _____	

<b>Chapter 8: Cash In Transit &amp; Safe:</b>	
Money On Premises: _____ (Use the Currency mentioned on top)	
Money In Transit Per Carrying Limit: _____	
Public Holiday Increase (For First Loss Limit): _____	
Money In Safe: Within Premises: _____ In Owner's House after working hours: _____	
Transportation Vehicle:	Frequency of Money Transport:

<b>Chapter 9: Pogroms, Terrorism, Strikes &amp; Malicious Damages:</b>				
<b>Chapter 10: Nature's Hazards (Including Storm &amp; Hail, Hurricanes &amp; Tornados):</b>				
<b>Chapter 11: Earthquake:</b>				
Have you suffered a flood damage in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No				
Do you have a basement? <input type="radio"/> Yes <input type="radio"/> No				
Construction Class (Please Check One):				
<input type="radio"/> Wood Frame	<input type="radio"/> Brick Veneer	<input type="radio"/> Joisted Masonry – Tilt Up	<input type="radio"/> Joisted Masonry – Reinforced Masonry	<input type="radio"/> Joisted Masonry – Unreinforced Masonry
<input type="radio"/> Non-Combustible	<input type="radio"/> Masonry Non-Combustible	<input type="radio"/> Modified Fire Resistive	<input type="radio"/> Fire Resistive	<input type="radio"/> Modular
Parking Class: (Please Check One)				
<input type="radio"/> None	<input type="radio"/> Detached	<input type="radio"/> Attached – No Structure Above	<input type="radio"/> Habitational Over Garage (HOG)	<input type="radio"/> Tuckunder-1-Side
<input type="radio"/> Tuckunder-2-Sides	<input type="radio"/> Full Subterranean	<input type="radio"/> Partial Subterranean	<input type="radio"/> First Floor Parking	<input type="radio"/> Soft First Floor
Occupancy (Please Check One):				
<input type="radio"/> Agri-Business	<input type="radio"/> School	<input type="radio"/> Service	<input type="radio"/> Warehouse	
<input type="radio"/> Restaurant	<input type="radio"/> Hotel/Motel	<input type="radio"/> Wholesale	<input type="radio"/> Public Building	
<input type="radio"/> Apartment	<input type="radio"/> Manufacturing	<input type="radio"/> Office	<input type="radio"/> Condo Association	
<input type="radio"/> Retail				
Explain Occupancy Class in Detail (Required): _____				
_____				
_____				
_____				

**Chapter 12: Third Party Liability:**

How many visitors arrive on these premises daily : \_\_\_\_\_

**Chapter 13: Employers' Liability:**

Number of Employees at this Location: \_\_\_\_\_

Annual Salaries / Wages: \_\_\_\_\_

 Work Injury Compensation:  Yes  No (If Yes, Please Provide Details Below)

<u>Description of Occupation of Employees</u>	<u>Estimated Number of Employees</u>	<u>Estimated Wages</u>

 Do Employees undertake any of the following activity:  Yes  No

- |                         |           |              |                        |
|-------------------------|-----------|--------------|------------------------|
| • Climbing works        | • Digging | • Excavation | • Blasting, Demolition |
| • Scaffolding, Gondolas | • Piling  | • Oil rigs   | • Other                |

If Yes to any of the above, please provide activity details: \_\_\_\_\_

**Chapter 14: Product Liability:**

Turnover in Insured Address Homeland: \_\_\_\_\_

Turnover in Europe: \_\_\_\_\_

Turnover in USA &amp; Canada: \_\_\_\_\_

Turnover in Asia: \_\_\_\_\_

Turnover in Africa: \_\_\_\_\_

Turnover in The Rest of the World: \_\_\_\_\_

Description of Products Manufactured: \_\_\_\_\_

**Chapter 15: Professional Indemnity:**

What is the Service you provide: \_\_\_\_\_

 Do you require training, qualification, permits, licenses for the service you provide:  Yes  No

If Yes, please provide full details and confirm you are in possession of the required items.

 \_\_\_\_\_  
 \_\_\_\_\_

**Chapter 16: Mechanical Breakdown:**
**Chapter 17: Mechanical Breakdown Consequential Loss:**

On-Site Items Sum Insured at all Insured Locations: \_\_\_\_\_

Off-Site Items Sum Insured: \_\_\_\_\_

Any On-Site Item Valued Over \$15,000, please enter Manufacturer, Model, Year of Manufacture, Value and Serial Number

Manufacturer	Model	Year of Manufacture	Value	Serial Number

**Chapter 18: Electronic Equipment:**

Material Damage Sum Insured: \_\_\_\_\_

Other Material Sum Insured: \_\_\_\_\_

 Main Location of Equipment:  Business Location  3<sup>rd</sup> party data centre located elsewhere

 If 3<sup>rd</sup> party data centre, please provide details below:

Block: \_\_\_\_\_ Street No and Name: \_\_\_\_\_

Unit No: \_\_\_\_\_ Building Name: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Owner: \_\_\_\_\_

Data Centre Fire Protection and Security:

<input type="radio"/> Sprinklered	<input type="radio"/> Hose Reels	<input type="radio"/> Hydrants	<input type="radio"/> Iron Bars/Grilles on all windows	<input type="radio"/> Fire Extinguishers
<input type="radio"/> CCTV	<input type="radio"/> Smoke Alarms	<input type="radio"/> Roller Shutters	<input type="radio"/> Office Hours	<input type="radio"/> Padlocks/ Deadlocks on all doors
Watchmen:	<input type="radio"/> None	<input type="radio"/> 24/7 Security Guard		
Security Alarm:	<input type="radio"/> None	<input type="radio"/> Monitored	<input type="radio"/> Unmonitored	

Portable Equipment Sum Insured: _____				
Any On-Site item valued over \$10,000: <input type="radio"/> Yes <input type="radio"/> No				
Any portable item valued over \$10,000: <input type="radio"/> Yes <input type="radio"/> No				
If Yes, Please enter description of the item, year of manufacture, value, serial number, whether the item is maintained according to manufacturer:				
<u>Description</u>	<u>Year of Manufacturer</u>	<u>Value</u>	<u>Serial Number</u>	<u>Maintained According to Manufacturer Instructions:</u>
				<b>Yes / No</b>
				<b>Yes / No</b>
				<b>Yes / No</b>
				<b>Yes / No</b>
				<b>Yes / No</b>
				<b>Yes / No</b>
Data Backup Frequency: _____				

Chapter Selected (Y/N)	Chapter & Type of Cover	Details	Sum Insured/Limit
	<b>Chapter 2</b> Construction	Building, Constructions	
		Fixtures and wiring	
		Building improvements	
	<b>Chapter 3</b> Contents	Stock	
		Plant and Machinery	
		Equipment and Tools	
		Furniture	
	<b>Chapter 4</b> Burglary (must take for all contents sections)	Other contents	
		Stock	
		Plant and Machinery	
		Equipment and Tools	
	<b>Chapter 5</b> Loss of profits	Furniture	
		Other contents	
	<b>Chapter 6</b> Loss of Income	Annual gross profit	
		Total annual wages	
	<b>Chapter 7</b> Goods in transit	Annual gross income	
		Total value in transit at one time	
	<b>Chapter 8</b> Cash in safe & transit	Maximum value in transit per single vehicle	
		Total value in transit	
		Maximum value in transit per single vehicle	
		Maximum value held by owner at home overnight	
	<b>Chapter 9</b> Terror riots & malicious damage	Maximum value in locked safe	
		Full value of chapters 2, 3 & 5	
	<b>Chapter 10</b> Natural hazards	Full value of chapters 2, 3 & 5	
		Full value of chapters 2, 3 & 5	
	<b>Chapter 11</b> Earthquake	Full value of chapters 2, 3 & 5	
		Limit per claimant and event	
	<b>Chapter 12</b> Public liability	Aggregate limit per year	
		Total number of employees	
	<b>Chapter 13</b> Employers Liability	Total wages	
		Limits per claimant and event:	
	<b>Chapter 14</b> Product Liability	Aggregate limit:	
		Limits stated are for Bodily Injury & Property Damage Combined	
		Annual sales turnover at insured's homeland:	
		Annual sales turnover in USA and Canada:	
		Annual sales turnover rest of the world:	
	<b>Chapter 15</b> Professional indemnity	Limits per claimant and event:	
		Aggregate limit:	
		Limits stated are for Bodily Injury & Property Damage Combined	
		Annual sales turnover at insured's homeland:	
		Annual sales turnover in USA and Canada:	
	<b>Chapter 16</b> Mechanical breakdown	Annual sales turnover rest of the world:	
		Total value of equipment to be covered	
	<b>Chapter 17</b> Mechanical breakdown consequential loss	Total business interruption loss resulting of Mechanical Breakdown	
		Total reinstatement value	
	<b>Chapter 18</b> Electronic equipment	Documents recovery	



**Application Declaration**

1. I know this insurance is executed and placed with a foreign Insurer and I have checked the legality of the process. I know that local regulator does not regulate foreign Insurers.
2. I declare my answers are full, correct and made under my own free will with no facts or material details omitted that may affect the risk assessment by the Insurer. It is agreed this application will be the basis for the quote.
3. I know that all questions in this application are considered material information and I do not know any further information that may affect the Insurers decision as to the cover, its scope and terms.
4. I know and agree that document will be issued in English. The fact that a document is in English, which may not be my mother tongue, will not be a basis for any claim by me towards the Insurer and the cover.
5. I know the insurance will become effective only after the Insurer has confirmed cover in writing, and also only after the premium payment has been made. It is my sole duty to read and pay attention to the different conditions of the policy.
6. Neither I nor the business proposed for insurance or any employee of mine or of the business proposed for insurance been convicted of any criminal offense, other than traffic violation in the past 5 years.
7. If the business proposed for insurance legally needs any local license or permit, it is declared and certified that such license is obtained and is valid.

**Please note: It is precedent condition to any liability under this policy that the Insured or the Insured’s employees will be present or be in the immediate proximity of the Insured premises at all times the premises are being used.**

**Applicants Signature**

**Date**