

## Proposal Form

### Industrial Special Risks Insurance

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions completely in order to help us to serve you better.

#### SECTION A: CONTACT DETAILS

1	Insured Name	
2	Contact Person name	
3	Insured address	
4	Contact phone number(s)	
5	Email address	
6	Insured Business details	
7	Occupancy of the risk (attach a list for multiple occupancy)	

#### SECTION B: BUSINESS ACTIVITIES

8	Describe the main activities of the Insured Business	
9	Period of Insurance From / To	From: 4pm            /            / To:    4pm            /            /

10. Has any Insurer ever declined, refused to renew, cancelled or imposed special terms or conditions to any application, renewal or policy held by you, either alone or jointly with any other person or entity?                      Yes/No

If YES, please provide details

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11. Do you use or have any radioactive, explosives, flammable, toxic, corrosive or potentially dangerous goods?                      Yes/No

If YES, please provide details

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12. Are your premises, plant & machinery in good repair and all statutory requirements met?  
Yes/No

If NO, please provide details

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13. Have you had any losses (whether insured or not) during the past 5 years ? Yes/No  
If yes, please give details below

Date of Loss	Insurer	Description of loss	Gross amount of loss (Kina)	Deductible	Open/ closed

If insufficient space, attach additional pages

14. Have you or any partners shareholders or directs of the business ever been declared bankrupt or involved in a company which became insolvent or placed in receivership.

Yes/No

If YES, please provide details

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15. Have you or any partner, shareholder or director of the business been convicted of a criminal offence during the past 5 years or been liable for a civil offence

If YES, please provide details

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## SECTION D – SITUATION OF RISK AND DECLARED VALUES

### SECTION D1 - MATERIAL DAMAGE (Attach a separate list if required) Tot al

Property SI No	Location	Description of risk		Construction Roof/ Walls	Sum Insured (Kina)				
		Situation	Occupation		Building	Plant & machinery	Stock	Other contents	Total

### Security and Fire Protection system

Property SI No	Security	Fire Protection system

### SECTION D2- CONSEQUENTIAL LOSS (in Kina)

Gross Profit	
Claim preparation Cost	
Payroll cost	
Increased Cost of Working	
Others	
Indemnity Period (in months)	
Dual Wages (100% per number of weeks – please state number of weeks)	
Consolidation period (in weeks)	
Uninsured working Expenses (list the expenses to be excluded)	

## EXTENSION TO SECTION D2 - CONSEQUENTIAL LOSS OF PROFIT - SUPPLIERS AND CUSTOMERS PREMISES

Name of Supplier/customer	Situation	Limit (Kina)	Full description of activities at the location

## SECTION E - LIMITS OF LIABILITY

Sub limits of liability apply separately the policy section indicated

Covers	Limit of liability
Burglary / Theft	
Money in transit	
Money in Premises during business hours	
Money in premises after business hours	
Money in securely locked safe/strongroom	
Money in personal custody of Insured or any authorized person	
Accidental Damage	
Removal of Debris	
Extra Cost of Reinstatement	
Glass breakage - Replacement	
Directors and Employees clothing and tools of Trade – Any person	
Directors and Employees clothing and tools of Trade – All persons	
Property at Undeclared Premises	
Additional Increased cost of working	
Claim preparation Costs	
Others (Please specify)	

## DECLARATION

- I/We have answered every question fully, truthfully and frankly, and no information has been withheld which is likely to affect Liberty's decision about accepting this insurance;



**Assurance**

Covers You Right Through

- I/We have either completed this proposal form personally or, if it has been completed by somebody else, I /we have checked that the questions have been fully and accurately answered;
- I/We acknowledge Liberty reserves the right to decline any application;
- If anything happens during the period of insurance which alters any of the information I/We have provided, I/We will promptly inform Liberty Assurance Limited.
- By signing this proposal, I/We authorise Liberty to:
  - obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
  - make enquiries from third parties to verify claims history and other information I have provided;
  - disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

Place:

Signature

Date:

Completion of this form does not provide insurance until a Schedule of Insurance has been issued.

Please indicate the number of additional pages attached to this application.

### IMPORTANT NOTE

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*