



PROPOSAL FORM:

LOSS OF PROFITS

1. **Name of Insured:**

2. **Address of Insured:**

3. **Period of Insurance Proposed: From:** _____ **To:** _____
At _____ **o'clock**

4. **Situation of Risk: (if more than one please attach schedule of Locations)**

5. **Occupancy/Business at Situation:**

6. **Please indicate below;**
 - 6a. **Estimated Gross Profit Business Interruption Values anticipated for ___ months, from**

 - 6b. **Actual Gross Profit Business Interruption Values Earned for ___ months, ending**

 - 6c. **How many separate locations are operations conducted from?**

6d. Please list below, critical items of equipment without much it would not be possible to continue operations:

6e. Please list approximate length of time, it would take to replace, reinstate or repair items listed in 6d above.

6f. Please indicate, in the event of damage, what percentage of the business can continue to operate by drawing on finished goods from other sources?

Note: If Business is conducted in separate and distinct departments and / or if the Interruption Policy covers more than one location, please provide a separate report for each department / location (Notes: If the contribution to Gross Profit / Revenue from each department/location can not readily be identified, please provide one report showing total values for all locations/departments)

ADDITION BASIS

ITEMS	Column 1 Actual Value	Column 2 Estimated Value
Item 1		
NET PROFITS, without deduction for Income taxes		
FIXED CHARGES AND OTHER EXPENSES:		
1. Interest		
2. Taxes		
3. Rentals		
4. Advertising & Publicity		
5. Total salaries and Wages of officers, executives and employees whose services would be retained during suspension of business Operations		
6. Total salaries and wages payable under contracts guaranteeing Annual compensation (not including any salaries and wages Contained in Item No. 5)		

7. Compensation Insurance Premiums, Social Security, Unemployment Insurance and other Charges allocated to salaries and wages in 5 & 6 above		
8. Sunday operating expenses (Including delivery service)		
9. Donations, membership fees, etc. ...		
10. Heat, Light and Power (Plant not operating)		
11. Insurance Premiums and Payments to Pension Plan		
12. Postage, telephone and telegraph		
13. Professional Services		
14. Repairs and depreciation of buildings, fixtures and equipment		
15. Royalties (Minimum contract payments)		
16. Traveling Expenses		
17.		
18.		
TOTAL GROSS PROFIT BUSINESS INTERRUPTION VALUE		

Indemnity Period		
Deductible Required		

DIFFERENCE BASIS:

Turnover + Closing Stock + work in progress

LESS

The sum of the amounts of the Opening Stock and work in progress and the amount of the Uninsured (Variable expenses) Working Expenses

List Uninsured Working expenses: i.e.

Purchases;

Freight

Others

7. Loss History:

Year	Number of Claims	Value of Claims Paid O/S		Single Large Losses	Type of Loss
Current Year					
Previous Year					
2 Years Previous					
3 Years Previous					
4 Years Previous					

8. Has the proposer ever had:

- (a) a proposal for insurance declined or rejected, or special terms imposed by an Insurer?
- (b) a claim under an insurance policy rejected?

(If the answer to either question 8 (a) or 8 (b) is "yes" please provide details on a separate sheet)

9. Is there any other information relevant to the acceptance of this proposal which the Insured knows to be material to the Company's decision to accept the Risk proposed?

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date: