



## PROPOSAL FORM

### FIRE & ALLIED PERILS

1. Name of Insured:
  
2. Address of Insured:
  
3. Financial Interest:
  
4. 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. Construction of Building at Situation:  
Walls: \_\_\_\_\_ Floors: \_\_\_\_\_ Roof: \_\_\_\_\_  
Age of Building: \_\_\_\_\_
  
7. Situation Layout:  
  
Is there more than one building at this situation?  
*(If so, please attach a schedule setting out construction and age details of each)*
  
8. Please attach a site plan indicating:  
(a) locations of building(s) proposed and  
(b) separation distance between each. *(if there is more than one building at the situation).*

**9. Fire Protection:**

Please detail the Fire Protection which exists at the situation:

**9.1. Sprinkler System (Yes/No) Fire Hydrants/Hosereels (Yes/No)  
Fire Extinguishers (Yes/No) Fixed CO<sub>2</sub>; Others (i.e. Deluge, Halon, Inergen ,FM200(R) etc.**

**9.2. What is the source of the Water Supply at the situation?**

**9.3. Is there any back up Water Supply available?**

*Please provide locations and types of Fire Protection Devices, together with details of the fire water distribution system, location and capacity of tanks, and location and type (i.e. diesel, electric) of pumps including pump pressure(i.e. psi, Pascal etc) and capacity (ie. Gallons per minute,liters / second), on the site plan.*

**9.4. What is the nearest Fire Station to the Situation?**

**9.5. Is it Regular or Volunteer?**

**9.6. Is there a Staff Fire Brigade at the Situation?**

**9.7. Have the staff been trained in Fire Fighting and/or containment?**

**10. Proposed Sums Insured:**

**Building:**

**Contents/Fixtures and Fittings:**

**Stock:**

**Plant and Machinery:**

**Other:(Please specify)**

Total Sum Insured Proposed:

*(Attach schedule detailing sums insured proposed per building at the situation if there is more than one building on site).*

Do these Sums Insured represent full Reinstatement and Replacement Values?

11. Type of Stock Held at Situation:
12. Maximum Stock Value held at the Situation at any one time:
13. Type of Raw Material used in process carried on at Situation? *(if applicable)*
14. Type of finished product manufactured at Situation? *(if applicable)*
15. Hazardous Goods Storage:
  - 15.1. Are hazardous and/or inflammable goods stored at the Situation?
  - 15.2. If so, in what quantities, and of what type of hazardous good?
  - 15.3. Detail the storage arrangements in place for each type.
16. What Security arrangements exist at the Situation? *(please detail)*
17. Loss History:

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

18. 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 18 (a) or 18 (b) is "yes" please provide details on a separate sheet)*

19. Are any survey reports of the Situation available? *(please attach a copy detailing the date of the Survey and by whom it was carried out)*

20. Coverage/Perils Required:

Fire, Lightning, Earthquake, Explosion, Cyclone, Storm and Tempest, Malicious Damage *(delete any not required)*.

20.1. Additional Perils Required *(please specify, together with applicable sub limits, if any):*

20.2. Is coverage required for:

20.2.1. Strikes, Riots and Civil Commotion (Yes/No): If "yes", Limit per Loss:

20.2.2. Terrorism (Yes/No): If "yes, Limit per Loss:

21. 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: