

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

Completing the Proposal Form

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that the whenever used in this proposal form, the term Applicant shall mean the Principal Organisation and all its Subsidiaries.
- It is agreed that whenever used in this proposal form the definition of the terms 'Claims', 'Policy Period', 'Legal Representation Expenses', 'Defence Costs', 'Director' or 'Officer' are in accordance with the policy.
- The headings in this proposal are solely for convenience.
- All information provided by the Applicant will be maintained in strictest Confidence by RAKINSURANCE

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

1. GENERAL INFORMATION		
a)	Name of Applicant	
b)	Applicant's Address:	
c)	Applicant's web address	
d)	Nature of Applicant's Activities:	
e)	Estimated Annual Turnover	
2. PREMISES DETAILS		
a)	Address of Premises (if more than one premises, please include additional details on a separate sheet, signed and stamped by the same authority as this proposal.)	
b)	Please indicate the use of the premises	
	Usage	Details
	Private House	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Apartment	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Residential Building	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Manufacturing	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Warehouse	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Is the building constructed from Brick, Stone or concrete for the walls and roof?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If No, Please describe construction	
d)	Year of Construction	
e)	If Manufacturing is conducted, please provide a brief description of the processes	
	Are any flammable materials used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please state the materials	
	Please provide details of machinery in the premises	

2. PREMISES DETAILS (contd.)		
f)	If the premises is a warehouse please provide details of the materials to be stored	
	Are any hazardous or flammable materials stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please state the materials	
g)	Is the premises shared with others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide a brief description of the activities conducted	
h)	Is the building maintained regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please provide details of the maintenance program	
i)	How many visitors are received per annum?	
	Is there a separate reception area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do visitors have direct access to the manufacturing or storage areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are visitors escorted at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
j)	Are Children allowed on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Please provide details of the fire-fighting and systems deployed in the premises	
	Sprinkler	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire Extinguisher	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire Hose	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hydrants	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fire Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Burglar Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Smoke Detectors	<input type="checkbox"/> Yes <input type="checkbox"/> No
	24 hrs Watchman/Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
k)	Are staff trained to use fire-fighting equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. COVER REQUIREMENTS		
Please state hereunder the amounts you wish to insure and the indemnity required (see policy wording for more information)		
Section I	Items to be Insured	Sum to be Insured
	Building (including fixed/ permanent Fixture and Fittings) Or Building improvements (New Replacement Value) Contract work (permanent and temporary works, including all materials to be incorporated herein)	
	Furniture, fixture and fittings (New Replacement Value)	
	Machinery and equipment (New Replacement Value)	
	Hand Tools (New Replacement Value)	
	Stocks of material	
	Decoration	
	Loss of Rent (advise Annual Loss of Rent)	
	Total sum to be insured under Section I	
Section II	Items to be Insured	Sum to be Insured
	Business Interruption (Annual Gross Profit)	
	Period of Indemnity required for Business Interruption	
	Total limit to be applied under Section II	
	Total for Sections I & II	

3. COVER REQUIREMENTS (contd.)

Please state the Deductible each and every claim to be borne by the insured

4. INSURANCE & CLAIMS HISTORY

a)	Provide the following information regarding the Applicant's current professional liability insurance programme.	Insurer	
		Policy Period	
		Limit	
		Premium	
		Deductible	

b) Has any policy of or application for similar insurance on the Applicant's behalf ever been declined, cancelled or renewal refused? Yes No

If Yes, please provide details on a separate sheet indicating name of insurance carrier and reason and attach to this proposal.

c) Have there been during the last 5 years, or are there now pending, any loss, or claim that would be related to this coverage? Yes No

If Yes, please provide details as below.

Date	Location	Type of loss or claim	Actual or estimated amount

5. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

6. DECLARATION AND SIGNATURE

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments and schedules hereto are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of the insurance. Although the signing of the proposal does not bind the undersigned, on behalf of the Applicant and its directors and officers, to effect insurance, the undersigned agree that this proposal and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the policy should one be issued.

Signed and Stamped	Authorised Representative	Date	
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For RAKINSURANCE Use Only:

Name of Consultant/Introducer/Broker:

Consultant Code:

RAK Location:

Date sent: