

Fire Insurance Proposal

Agent/Broker	Proposal No	Policy No
--------------	-------------	-----------

THE INSURANCE ACT: You are to disclose in the proposal form fully and faithfully all the facts which you know or ought to know otherwise the policy issued hereunder may be void.

BASIC POLICY DETAILS			IMPORTANT NOTICE	
			YOUR ATTENTION IS DRAWN TO THE PREMIUM WARRANTY ATTACHED WHICH WARRANTS THAT PREMIUM MUST BE PAID TO INSURANCE COMPANY	
Postal Address			OFFICE/SERVICING OFFICE:	
Period of Insurance	From:	to:		

SCHEDULE DATA Address of situation containing property to be insured				
	Postcode			

Occupied as	(Please give full description)			
Construction	External Wall		Internal Wall	
	Roof		Floor	
	Number of storey (s)			

Item	Description to Property	Sum Insured (K)	
1	Building (s)		
2	Loss of Rent @ Month		
3	Plant and machinery		
4	Stock in trade consisting of		
5	Business furniture, fixtures and fittings		
6	Household furniture and personal effects		
7	Removal of debris		
8	Architects, Surveyors & Consulting Engineers fees		
9	Others		
10.			
TOTAL			

BASIC COVER: Fire and Lightning (subject to the terms, exceptions and conditions of policy).

ADDITIONAL PERILS: (please tick hereunder if cover is required).

- | | |
|---|---|
| <input type="checkbox"/> Aircraft Damage | <input type="checkbox"/> Riots and Strike Malicious |
| <input type="checkbox"/> Damage Impact Damage (excluding Own Vehicles) | <input type="checkbox"/> Earthquake / Volcanic Eruption |
| <input type="checkbox"/> Impact Damage (including Own Vehicles) | <input type="checkbox"/> Storm / Tempest |
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Water Damage due to bursting of tanks, pipes, etc. | <input type="checkbox"/> Other (please specify) |

1. How long have you conducted business at the Premises?	
2. How are the Premises lighted?	
3. (a) What is the nature of the goods stored at the Premises? (b) Is there any manufacturing process carried on therein? If so, please give details. (c) Is spray painting carried on therein?	
4. Do you hold a License as is required by Local Municipal or other Authorities for the purpose for which you are occupying the Premises? If not, has your application been declined before or are you in the process of applying for one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are there any other occupants of the Premises? If so, please state occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. (a) What is the approximate distance and occupation of the nearest building? (b) If attached to other buildings, what is their construction and occupation.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you make use of a Boiler in your Premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are there any fire extinguishing appliances in your premises? If so, please give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there any insurance in force on the same property with this or any other company? If so, please give full particulars.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any insurer ever (a) Declined your proposal? (b) Refused to renew your proposal? (c) Cancelled your policy? (d) Required an increased rate or imposed special terms on renewal? If so, please give full particulars.	(a) <input type="checkbox"/> Yes <input type="checkbox"/> No (b) <input type="checkbox"/> Yes <input type="checkbox"/> No (c) <input type="checkbox"/> Yes <input type="checkbox"/> No (d) <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever suffered damage by fire or any other peril included in this proposal at this or any other Premises owned or occupied by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/We have withheld no information whatever regarding this proposal. I/We agree that this Declaration and the answers given above, as well as any proposal or declaration or statement made in writing by me/ourselves or anyone acting on my/our behalf shall from the basis of the Contract between me/ourselves and the Company, and I/We further agree to accept indemnify subject to the conditions in and endorsed on the Company's Policy and to pay the first premium thereunder when called upon to do so.

Signature of Proposer:

Date: ____ / ____ / ____

Extensions

DO YOU REQUIRE THE POLICY TO BE EXTEND TO COVER?		ON ITEMS	AMOUNT
WINDSTORM	Yes <input type="checkbox"/> No <input type="checkbox"/>		
EARTHQUAKE	Yes <input type="checkbox"/> No <input type="checkbox"/>		
EXTRANEIOUS PERILS	Yes <input type="checkbox"/> No <input type="checkbox"/>		
OTHER CLAUSES APPLYING			

DECLARATION

I/WE DECLARE THAT THE ANSWERS GIVEN ABOVE ARE IN EVERY RESPECT TRUE AND THAT I/WE HAVE NOT WITHHELD ANY INFORMATION LIKELY TO AFFECT THE ACCEPTANCE OF THIS PROPOSAL, AND I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN THE COMPANY AND MYSELF/OURSELVES AND I/WE AGREE TO ACCEPT THE COMPANY POLICY SUBJECT TO THE TERMS AND CONDITIONS THEREIN, AND I/WE FURTHER UNDERTAKE TO EXERCISE ALL ORDINARY AND REASONABLE PRECAUTIONS FOR THE SAFETY OF THE SAID PROPERTY.

SIGNED:

DATE: ____ / ____ / ____

AGENT NAME:

RECEIPT NO:

COMPANY PREMIUM	K
STAMP DUTY	K
TOTAL	K



Pacific Assurance Group Limited Level 6,
ANG House, Hunter Street P.O. Box 104,
Port Moresby, NCD PAPUA NEW GUINEA

P (+675) 321 5628 or (+675) 321 0022
F (+675) 321 1450
E info@pag.com.pg