

Tausi Assurance Company Limited

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INDUSTRIAL ALL RISKS PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

PROPOSER DETAILS				
1. Name of the Proposer (in full)				
Postal Address	P.O Box:	Code:		Town:
Telephone Contact/ Cell Phone				
Email Address				
PIN No.			(Atta	ach copy of the certificate)
Proposer's Business or Occupation(s)	If more than one, please specify			
Situation of the premises for which the insurance is required				
17.				
Period of Insurance:	From:		То:	
Section A – Material Damage				
PROPERTY TO BE INSURED			SUMS	TO BE INSURED
1. Building(s)				
2. Furniture, fixture and fittings				
3. Plant and machinery consisting of				
4. Stock in trade consisting of				
5. Goods held in trust or on commission for	r which the proposer is res	sponsible		
6. Others (Please Specify)				
Do you require cover against theft/burglary?	YES		□ NO	
	If 'Yes' state sum to be is	nsured		
Has the proposer, whilst trading in this or any other premises suffered any loss or	YES		□ NO	
damage by fire or theft in the last three years?	If 'Yes', please state amo	ount of loss		

CONSTRUCTION OF BUILDING(S)	(If more than	one give par	ticulars of ea	ch)		
What material is used in the construction of	Walls		Floors		Roofs	
	Others					
What is the height in storeys?						
What is the construction of the adjacent buildings and for what purposes are they occupied?						
Is/are the building(s) to be insured or any portion of it/them subject to mortgage, Bill	YES			□ NO		
of Sale or Higher Purchase Agreement?	If yes, give p	articulars				
OCCUPATION OF THE BUILDING						
How long have you occupied the premises?						
Details of any other tenant and nature of their business						
Are any hazardous goods kept in the premises?						
Is any process of manufacture or spray painting carried on in the building?						
Have increased rates been required for such proposals or renewals?	YES If so, what is Insured?		and does the	NO ir value exceed	d 5% of the to	tal Sum

Section B –	Loss of profits		
	COVER RI	EQUIRED	SUM INSURED
ITEM 1	ON GROSS PROFIT		
	The specified working expense	e to be excluded are	
	Purchases (less discounts recei	ved)	
	Wages		
	Increased cost of working		
ITEM 2	ON ALL WAGES		
	100% forweeks (r	minimum 4 weeks) and% for	
	the remainder of the Indemnit	* *	
ITEM 3	ON AUDITORS/ACCOUN	NTANTS' FEES	
	TOTAL SUM INSURED		
MAXIMUM INDEMNITY PERODMONTHS			
Do you re additional pe	equire cover in respect of erils?	YES If 'Yes' please state the required perils	NO
		NB. It is essential that your Fire policy she same additional perils.	ould be extended to include the
Are you now or have you previously been insured against Fire/Loss of Profits/Consequential Loss?		YES [If 'Yes' please give policy number and narrows and narrows are policy number and narrows	NO ne of the insurer
Has any insurance company or underwriter ever refused, cancelled declined to renew or		YES	NO
imposed special terms on any insurance of this or any other class proposed or effected	If 'Yes' give details		
by you, whilst trading in the above or any other name?			
When does y	your financial year end?		

Declaration

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.			
Executed at this	day of	20	
For and on behalf of:			
Name:			
Signature and Official Stamp			
Name and Designation of Contact Person:			
Telephone of Contact Person:			
AGENT/BROKER NAME /STAMP	SIGNATURE	DATE	

ITEM NO. 1 - GROSS PROFIT				
EXTRACT FROM THE ACCOUNTS OF THE BUSINESS FOR THE LAST FINANCIAL YEAR				
The sum of	(a) Turnover (less discounts allowed) and			
	(b) Closing stock			
From which deduct the sum of	(a) Opening Stock			
	(b) The following specified Working Expense (i.e. those which vary directly with Turnover)			
	(i) Purchases (less discounts received)			
	(ii) Wages (if insured by item 2 – see note below)			
Annual Gross Profit				
Adjust for current trend of business				
Maximum Indemnity Period months	If exceeding 12 months, increase sum insured proportionately			
Sum to be insured on Gross Profit				
ITEM 2 – WAGES				
can be arranged by a separate item, using the	imployees could temporarily be dispensed with, a limited form of wage insurance are Dual Basis method. Such an item is available only in conjunction with the try period of not less than 12 months, and it will then be necessary to exclude			
remainder of the indemnity period. The iter situation prevailing after a fire. For example	cover all wages for an initial period and then a percentage of the wage roll for the m has an in-built flexibility which enables the cover to be adjusted to best suit the e, if the insurance selected is 100% of wages for the first 8 weeks and 33.00% of onsolidated to provide full insurance for 17 weeks if this could prove more			
The total sum insured should be based on to bonuses and other payments pertaining to v	the total annual remuneration (including NHIF contributions (if applicable), wages) of all employees.			
Annual wage roll				
If indemnity period exceeds 12 months, increase the sum insured proportionately				

ITEM NO.3

Sum to be insured on wages

Professional Accountants charges for producing and reporting on any particulars or details required by the Company in connection with a claim.