

***MATERIAL DAMAGE “ALL RISKS” INSURANCE*
(COMMERCIAL PROPERTIES ONLY)
PROPOSAL FORM**

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter’s judgment and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

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| <p>1. (a) Name of Proposer:</p> <p>(b) Mailing Address: (including Postal Code)</p> <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) National Registration(ID) No./Company No.</p> <p>(f) Trade or Business:</p> | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>2. (a) Situation of Premises:</p> <p>(b) Period of Insurance:</p> | <p>.....</p> <p>.....</p> <p>From</p> <p>To</p> |
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3. DESCRIPTION OF BUILDINGS

Indicate the construction of the Building(s) below by inserting in the spaces provided, the letters representing the materials used.

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|--------------------|---|------------------------|
| External walls of: | Concrete blocks – A Coral Stone – B Precast Concrete - C Timber – D E Metal - F Other - G | Stone & Timber – |
| Roofs of: | Galvanised Iron – A Permaclad – B Asphalt Shingles – C Concrete - D Wooden Shingles – F Asbestos – G Metal – H Other – J | Clay Tiles - E |
| Partitions of: | Concrete blocks – A Coral Stone – B Precast Concrete – C Metal-F Composite Panels – G Other – H | Timber – D Plywood – E |
| Ceilings of: | Timber – A Hardboard – B Metal - C Suspended Ceiling Tiles - D Other – E | |
| Floors of: | Concrete – A Timber – B Concrete & Timber – C Metal - D Other - E | |

In each case where the letter representing "Other" is chosen, please specify the material used.

| Building | Number of Floors | External Walls of | Roof of | Partitions of | Ceilings of | Floors of | Occupied as |
|----------|------------------|-------------------|---------|---------------|-------------|-----------|-------------|
| No. 1 | | | | | | | |
| No. 2 | | | | | | | |
| No. 3 | | | | | | | |

| SCHEDULE OF PROPERTY TO BE INSURED | No. 1 | No. 2 | No. 3 |
|---|-------|-------|-------|
| On the building only | \$ | \$ | \$ |
| On professional fees | \$ | \$ | \$ |
| On removal of debris | \$ | \$ | \$ |
| On business and office furniture, fixtures & fittings | \$ | \$ | \$ |
| On all other contents | \$ | \$ | \$ |
| On stock in trade including goods held in trust | \$ | \$ | \$ |
| On machinery, plant and equipment | \$ | \$ | \$ |
| On () months' rent | \$ | \$ | \$ |
| On stamp duty | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |
| Total | \$ | \$ | \$ |

NB. MONEY, SECURITIES, DOCUMENTS, STAMPS, MANUSCRIPTS, BUSINESS BOOKS AND COMPUTER SYSTEMS' RECORDS ARE EXCLUDED FROM CONTENTS.

TRADE OR BUSINESS:

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| 4. How are the premises being proposed for insurance occupied? | |
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| <p>5. Is the business being carried on:</p> <p>(a) wholesale?</p> <p>(b) retail?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| <p>6. Is any manufacturing process or repair work carried on within the premises?</p> <p>If 'Yes', give details.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>7. Are flammable liquids stored or will be stored on the premises?</p> <p>If 'Yes', please give details of the types of liquids and the method of storage.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>8. Is there any work done on the premises which involves the application of heat or heat processes?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| <p>9. Is any trade or business other than that of the proposer carried on within the premises?</p> <p>If 'Yes', please give details</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>10. Please give details of how Stock in Trade and/or raw materials are stored</p> | <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>11. Please give details of the type, manufacturers and the locations of all firefighting equipment on the premises proposed for insurance</p> | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>12. Are they personnel trained in the use of fire fighting equipment and appliances?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| <p>13. Do the premises adjoin any other premises?</p> <p>If 'Yes', please state</p> <p>(i) the Trade/Occupation of the adjoining premises</p> <p>(ii) the construction</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>Walls</p> <p>Roofs</p> |
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| <p>14. Except for the adjoining premises, are there any premises in close proximity which carry on a hazardous trade or occupation or any other circumstances which are likely to increase the loss of or damage to the property being proposed for insurance by fire or other perils to be insured by this policy?</p> <p>If 'Yes', please give details</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>15. Is the property currently covered by insurance?</p> <p>If 'Yes', please state:</p> <p>(i) Name of Insurance Company</p> <p>(ii) Sum Insured</p> <p>(iii) Type of Cover</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>16. Has any Insurance Company in respect of the risks to which this proposal relates or any other risks in which you have or had an interest or that of any business partner at any time, declined your proposal, refused renewal, or cancelled your insurance?</p> <p>If 'Yes', please state:</p> <p>(i) Name of Insurance Company</p> <p>(ii) Reason for declinature/refusal/cancellation</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>17. Are the premises located in an area susceptible to flooding?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| <p>18. Has any retrofitting work been done on the building(s) to improve its/their resistance to hurricane?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| <p>19. Have you ever had a fire or any other loss at these or any other premises owned, in which you have or had an interest or occupied by you?</p> <p>If 'Yes', please state the name(s) of the Insurance Company(ies) involved</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>20. Please give details of any claims caused as and the amount paid out.</p> | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>21. If any machinery is used for manufacturing purposes, please state the type(s) and source(s) of motive power.</p> | <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>22. Will the premises be unoccupied for more than 30 days in any one year?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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| <p>23. Please give details of what precautions have been taken to minimize the risk of loss or damage to the property while the premises are unoccupied.</p> | <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> |
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| <p>24. Is there any mortgage or lien on any of the property being insured?</p> <p>If 'Yes', please state the name and address of the mortgagee:</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> |
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The foregoing particulars are to be deemed as warranties furnished by me/us

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed by Proposer

Name (Please print)

.....

Signature

.....

Date

MATERIAL DAMAGE “ALL RISKS” INSURANCES

The all risks policy issued by MASSY UNITED INSURANCE LTD. provides indemnity at very reasonable cost for loss or damage by:-

All Risks including Fire, Lightning, Hurricane, Earthquake, Volcanic Eruption, Riot, Strike, Malicious Damage, Flood, Burst Pipes, Explosion and other perils, extensions and clauses.

Premium is related to the circumstances of each proposal.

Surveys are made, quotations given and expert advice offered regarding protection. Extensions of cover: The policy can be extended at additional cost to include cover against various additional risks.

Please consult the Company representative.