



ALL RISKS PROPOSAL FORM

Insured Name: _____
Postal Address: _____
Phone Contact: _____

(Give full description and value of each article separately)

Item No.	Description	Identification Mark and/or Number	Year of Manufacture	Year of Reconditioned	Sum Insured

DECLARATION, I / We hereby declare that the abovementioned items is and will be kept in good condition and I / We hereby warrant the truth of the particulars and answers given herein and that I / We have withheld no information whatever that might tend in any way to increase the Company's risk, or to influence the decision of the Company regarding this Proposal and am / are willing to accept a policy subject to the provisions and conditions of such policy of which contract this proposal and declaration shall be the basis and to pay premium and stamp duty thereon.

Date : _____ Proposer's Signature : _____