



FIRE PROPOSAL

AGENT NO
POLICY NO

INSURED PHONE

POSTAL ADDRESS

SITUATION OF THE PREMISES TO BE INSURED:

1

2

3

OTHER INTERESTED PARTY:

NAME

ADDRESS

PERIOD OF INSURANCE FROM / / TO / / AT 4p.m.

BUSINESS OF THE INSURED

BUSINESS ASSETS	SUMS INSURED
(a) Buildings which include outbuildings foundations, underground services, walls, gates, fences land lords fixtures and fittings and all other structural improvements, professional fees and cost of demolition and removal of debris	
(b) Business & Office Furniture, Fixtures, Fittings & Equipment, Plant and Machinery owned by You or for which You are legally liable	
(c) Stock in trade owned by You or for which You are legally liable	
TOTAL AMOUNT INSURED	

Optional Special Benefits		PREMIUM
Do You require accidental breakage of glass cover?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Do You require earthquake, tidal wave or tsunami cover?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Do You require gale, windstorm, hurricane or cyclone cover?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Do You require flood cover?	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____

GIVE PARTICULARS OF BUILDING:	WALLS	ROOF	PARTITIONS	FLOOR
(a) Construction				
(b) Age				
(c) Occupancy				
(d) Are You the owner of the premises				
(e) How long have you conducted business in the Premises				
(f) Is the Premises adjoined? If yes, names of Companies				

GIVE PARTICULARS OF LAND:

(a) Freehold or leasehold?

(b) If leasehold what date does the lease expire?

GIVE PARTICULARS ON THE FOLLOWING

(a) Are there any dangerous or hazardous goods stored on or near the building?
(If YES please state what and how much)

(b) Do any electric motors exceed 4hp?

(c) Do you use any lamps stoves or refrigerators which use mineral spirit?

	COMPANY	CYCLONE	STAMP DUTY	FIRE SERVICE LEVY	TOTAL PREMIUM
PREMIUMS	\$	\$	\$	\$	\$

DECLARATION
 I/We declare and warrant that

- (1) No information has been withheld which is likely to affect the acceptance of this insurance.
- (2) I/We have not suffered loss of or damage to property anywhere within the last five (5) years.
- (3) No insurance company has ever declined to insure me/us refused renewal, or cancelled any Policy
- (4) The sums insured represent full value and I/we understand and acknowledge that the Sun Insurance representative is not qualified to effect valuations but I/we accept the sums insured for the purpose of this insurance.

EXCEPTIONS TO THIS DECLARATION

I/We agree and accept the terms conditions of this insurance and acknowledge that this Proposal shall be the basis of this contract of insurance.

Insured's Signature Date