

FIRE & ASSOCIATED PERILS (COMMERCIAL PROPERTIES ONLY)

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 judgement 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.

FIRE INSURANCE

The Fire Policy issued by CG United Insurance Ltd. provides indemnity at very reasonable cost for loss or damage by:

Fire, Lightning, Explosion of domestic boilers and Explosion of gas used for domestic purposes. 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.

SECTION I	DETAILS OF PROPOSAL

1.	a. Name of Proposer:		
	b. Mailing Address:	Postal Code:	
	c. VAT No./TRN (where applicable):		
	d. Telephone No./Fax No.:		
	e. Email address:		
	f. National Registration (ID) No./Company No.:		
	g. Trade or Business:		
2.	Situation of Premises:		
3.	Period of Insurance: From	To:	

DESCRIPTION OF BUILDINGS

Indicate the construction of the Building(s) below by inserting in the spaces provided, the letters representing the materials used. In each case where the letter representing "Other" is chosen, please specify the material used.

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

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



FIRE & ASSOCIATED PERILS (COMMERCIAL PROPERTIES ONLY)

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	\$	\$	\$

Note: Money, Securities, Documents, Stamps, Manuscripts, Business Books and Computer Systems' Records are excluded from contents.

TRADE OR BUSINESS

1.	How are the premises being proposed for insurance occupied?					
2.	s the business being carried on: a. wholesale?					
3.	Is any manufacturing process or repair work carried on within the premises? \square Yes \square No					
	If Yes, give details:					
4.	Are flammable liquids stored or will be stored on the premises? ☐ Yes ☐ No					
	If Yes, please give details of the types of liquids and the method of storage:					
_	le there any work done on the premises which involves the application of heat or heat pre-cessed. No. 17					
5. 6.	Is there any work done on the premises which involves the application of heat or heat processes? Yes No Is any trade or business other than that of the proposer carried on within the premises? Yes No					
0.	If Yes, please give details:					
7.	Please give details of how Stock in Trade and/or raw materials are stored:					
8.	Please give details of the type, manufacturers and the locations of all firefighting equipment on the premises					
0.	proposed for insurance:					
9.	Are the personnel trained in the use of fire fighting equipment and appliances? \square Yes \square No					



FIRE & ASSOCIATED PERILS (COMMERCIAL PROPERTIES ONLY)

10.	Do the premises adjoin any other premises? ☐ Yes ☐ No
	If Yes, please state:
	a. the Trade/Occupation of the adjoining premises:
	b. the construction of the i. Walls: ii. Roofs:
11.	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? \square Yes \square No
	If Yes, please give details:
12.	
	If Yes, please state:
	a. Name of Insurance Company:
	b. Sum Insured:
	c. Type of Cover:
13.	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? Yes No
	If Yes, please state:
	a. Name of Insurance Company:
	b. Reason for declinature/refusal/cancellation:
14.	Are the premises located in an area susceptible to flooding? ☐ Yes ☐ No
15.	Has any retrofitting work been done on the building(s) to improve its/their resistance to hurricane? \Box Yes \Box No
16.	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? \square Yes \square No
	If Yes, please state the name(s) of the Insurance Company(ies) involved:
17.	Please give details of any claims, such as cause and the amount paid out:
18.	If any machinery is used for manufacturing purposes, please state the type(s) and source(s) of motive power:
19.	Will the premises be unoccupied for more than 30 days in any one year? ☐ Yes ☐ No
20.	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.



FIRE & ASSOCIATED PERILS (COMMERCIAL PROPERTIES ONLY)

s there any mortgage or hen on any of the property being insured? If yes in No				
If Yes, please state the name and address of the mortgagee:				
, , , , , , , , , , , , , , , , , , ,				
DECLARATION				
NOTE: SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO	COMPLETE THIS INSURANCE.			
The foregoing particulars are to be deemed as warranties furnished by m	ne/us.			
I/We declare that the statements and particulars in this Proposal are true stated or suppressed after enquiry. I/We agree that this Proposal, togeth form the basis of any contract of insurance effected thereon. I/We under alteration to those facts occurring before the completion of the contract	er with any other information supplied shall take to inform the Insurers of any material			
Proposer Name (Please print)				
Signature	Date			