



PREMIER BUSINESS PROTECTION PROPOSAL

CLIENT No. _____

AGENCY No. _____

INSURED:		
POSTAL ADDRESS:		
SITUATION OF PROPERTY:		
MORTGAGEE & ADDRESS:		PHONE WORK: PHONE HOME: E-MAIL:
PERIOD OF INSURANCE:	FROM:	TO:
BUSINESS OF INSURED:		OCCUPATION AT SITUATION:

SECTION ONE		BUSINESS ASSETS	
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED <input type="checkbox"/>		TICK ONE ONLY (✓)	
		MULTI RISKS <input type="checkbox"/> SPECIFIED RISKS <input type="checkbox"/>	
			SUM INSURED
1. BUILDINGS WHICH INCLUDE OUTBUILDINGS, FOUNDATIONS, UNDERGROUND SERVICES, WALLS, GATES, FENCES LANDLORDS FIXTURES & FITTINGS, ALL OTHER STRUCTURAL IMPROVEMENTS WITH AN ALLOWANCE FOR PROFESSIONAL FEES.			
2. PLANT OWNED BY YOU OR FOR WHICH YOU ARE LEGALLY LIABLE.			
3. A) STOCK IN TRADE OWNED BY YOU OR FOR WHICH YOU ARE LEGALLY LIABLE B) SEASONAL INCREASE FOR THE MONTHS OF:			
4. OTHER:			
TOTAL			
REPLACEMENT VALUE OPTION			
IS THE REPLACEMENT VALUE OPTION REQUIRED ON BUILDINGS?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
IS THE REPLACEMENT VALUE OPTION REQUIRED ON PLANT		Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTIONAL BENEFITS PLEASE (✓) IF REQUIRED AND SUM TO BE INSURED <input type="checkbox"/>	FUSION <input type="checkbox"/> \$.....	DEMOLITION AND REMOVAL OF DEBRIS PER SITUATION <input type="checkbox"/> \$.....	
ACCIDENTAL BREAKAGE OF GLASS <input type="checkbox"/> REPLACEMENT VALUE	EARTHQUAKE VOLCANIC ERUPTION & TSUNAMI <input type="checkbox"/> CYCLONE (SUBJECT TO CERTIFICATION) <input type="checkbox"/>	RIOT STRIKES & CIVIL COMMOTION <input type="checkbox"/>	
SECTION TWO		BUSINESS INCOME	
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED <input type="checkbox"/>		SUM INSURED	
PAYABLE FOR:		ANNUAL BUSINESS INCOME	
13 WEEKS <input type="checkbox"/> 26 WEEKS <input type="checkbox"/> 52 WEEKS <input type="checkbox"/>		WHAT IS YOUR AVERAGE WEEKLY NON-PEAK BUSINESS INCOME?	
		WHAT ARE YOUR PEAK TRADING MONTHS?	
		HOW MUCH ADDITIONAL WEEKLY BUSINESS INCOME INSURANCE DO YOU REQUIRE FOR THOSE PEAK TRADING MONTHS?	
SECTION THREE		MONEY	
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED AND ENTER SUM TO BE INSURED. <input type="checkbox"/>		SUM INSURED	
a) IN TRANSIT TO AND FROM YOUR BUSINESS PREMISES AND YOUR BANK'S NIGHT SAFE.			
b) DURING YOUR NORMAL BUSINESS HOURS AT YOUR PREMISES LIMITED TO \$1,000 PER TILL, CASH REGISTER OR CASH DRAWER			
c) CONTAINED IN A SECURELY LOCKED SAFE AT YOUR PREMISES OUTSIDE BUSINESS HOURS (SAFE DETAILS)			
d) IN YOUR PERSONAL CUSTODY AND AT YOUR HOME UNTIL COMMENCEMENT OF BANKING HOURS THE NEXT DAY.			
SECTION FOUR		BURGLARY	
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED AND ENTER SUM TO BE INSURED. <input type="checkbox"/>		SUM INSURED	
a) STOCK IN TRADE AT YOUR PREMISES			
b) OTHER BUSINESS ASSETS AT YOUR PREMISES			
c) DAMAGE BY BURGLARS (BUILDING ONLY)			
OPTIONAL BENEFIT: (EXCESS \$2,000 OR 10% OF LOSS WHICHEVER THE GERATER)			
DO YOU REQUIRE COVER FOR ROBBERY WITH VIOLENCE YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE INITIAL			

SECTION FIVE	BUSINESS LIABILITY	SUM INSURED
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED AND ENTER SUM TO BE INSURED. <input type="checkbox"/>		
DO YOU REQUIRE THE BAILEE LIABILITY OPTION YES <input type="checkbox"/> NO <input type="checkbox"/> \$.....		
PLEASE STATE YOUR ANNUAL WAGES ROLL \$.....		
PLEASE STATE YOUR ANNUAL TURNOVER \$.....		
SECTION SIX	EMPLOYEE FRAUD	SUM INSURED
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED <input type="checkbox"/>		\$2,000
EXCESS \$.....		
SECTION SEVEN	BUSINESS ASSETS BREAKDOWN	SUM INSURED
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED <input type="checkbox"/>		\$5,000
OPTIONAL SPECIAL BENEFIT		
PLEASE INDICATE WITH A (✓) IF REQUIRED - OPTIONAL BENEFIT SPOILAGE OF FOOD STOCK \$2,000 <input type="checkbox"/>		
SECTION EIGHT	WORKMEN'S COMPENSATION	SUM INSURED
PLEASE INDICATE WITH A (✓) IF SECTION IS REQUIRED <input type="checkbox"/> EXCESS \$.....		ACT
COMMON LAW LIABILITY \$.....		

ALL QUESTIONS ARE TO BE ANSWERED	
i.	STATE THE CONDITION OF THE BUILDING AND ITS AGE.
ii.	ARE YOU THE OWNER OF THE PREMISES? IF NO PLEASE STATE OWNERS NAME
iii.	ARE THE PREMISES FULLY DETACHED? IF NO PLEASE DESCRIBE
iv.	HAVE YOU SUFFERED LOSS OR DAMAGE TO PROPERTY? IF YES PLEASE DESCRIBE
v.	HAS ANY INSURANCE COMPANY CANCELLED RESTRICTED OR DECLINED COVER? IF YES PLEASE DESCRIBE
SECURITY QUESTIONS	
i.	ARE DEADLOCKS USED ON ALL EXTERNAL DOORS?
ii.	ARE ALL WINDOWS PROTECTED BY BARS?
iii.	IS THE ENTIRE PREMISES ENCLOSED BY A SECURITY FENCE?
iv.	ARE EXTERNAL SECURITY LIGHTS FITTED?
v.	IS AN ALARM SYSTEM INSTALLED?
vi.	DETAIL OTHER SECURITY PRECAUTIONS TAKEN:

DECLARATION
I/WE DECLARE THAT:
1) THE ANSWERS GIVEN ABOVE ARE IN EVERY RESPECT TRUE AND CORRECT.
2) NO INFORMATION HAS BEEN WITHHELD THAT IS LIKELY TO EFFECT THE ACCEPTANCE OF THIS INSURANCE
3) THE SUMS INSURED REPRESENT THE FULL VALUE OF THE PROPERTY TO BE INSURED UNDER SECTIONS ONE & TWO AND THAT THIS PROPERTY IS NOT OTHERWISE INSURED UNLESS DECLARED TO THE CONTRARY.
4) THE PREMISES WILL NOT BE LEFT VACANT FOR MORE THAN 30 DAYS UNLESS DECLARED AND NOTED BY THE COMPANY .
5) I/WE UNDERTAKE TO EXERCISE ALL DUE CARE AND DILIGENCE TO PREVENT LOSS, DAMAGE OR INJURY.
6) I/WE AGREE TO ACCEPT THE TERMS, CONDITIONS AND EXCEPTIONS OF THIS INSURANCE AND ACKNOWLEDGE THAT THIS PROPOSAL SHALL BE THE BASIS OF AND BE INCORPORATED IN THE CONTRACT OF INSURANCE BETWEEN US.

SIGNATURE: DATE:

PREMIUM CALCULATION SHEET

INSURED: (ATTACH SECURELY TO PROPOSAL)

OFFICE USE ONLY – (ASSETS - MULTI RISKS - BFB SPECIFIED - BFF)

	SUM INSURED	RATE	LOB	PREMIUM	S/DUTY	F.S.L.	TOTAL
SECT. 1. ASSETS INC. R.O.D.							
EARTHQUAKE			BFO				
CYCLONE			BFC				
GLASS			BFS				
FLOOD			BFW				
RS & CC							
SECT. 2. INCOME			QFP				
EARTHQUAKE			BFE				
CYCLONE			BFD				
SECT. 3 MONEY IN TRANSIT			BFM				
BUSINESS HOURS							
LOCKED SAFE							
PERSONAL CUSTODY							
SECT. 4. BURGLARY			BFT				
VIOLENT ROBBERY			BFU				
SECT 5. LIABILITY			BFL				
SECT. 6 EMPLOYEE FRAUD			BFG				
SECT 7. ASSETS BREAKDOWN			BFY				
SECT 8. WORKMEN'S COMP.			BFX				
TOTAL							

IMPORTANT PLEASE COMPLETE.....

R/I DETAILS	RETENTION
OCCUPATION CODE CLASS	TREATY
NOTES: (PLEASE CHECK ACCUMULATION)	FAC.