

*Alliance* | insurance

## BUSINESS COMBINED INSURANCE PROPOSAL FORM

Name of Proposer: \_\_\_\_\_  
 Names of Directors: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Physical Address/s: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Period of Insurance: From \_\_\_\_\_ to \_\_\_\_\_

**A. FIRE SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Buildings	\$ _____	_____	\$ _____
2.	Stock In Trade	\$ _____	_____	\$ _____
3.	Raw Materials	\$ _____	_____	\$ _____
4.	Other Contents	\$ _____	_____	\$ _____
5.	Plant/Machinery	\$ _____	_____	\$ _____
	<b>TOTALS</b>	<b>\$ _____</b>		<b>\$ _____</b>

NB Buildings Construction type \_\_\_\_\_

**B. LOSS OF PROFITS**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Gross Profit	\$ _____		\$ _____
2.	Gross Rentals	\$ _____		\$ _____
3.	Fines and Penalties	\$ _____		\$ _____
4.	Claims Costs	\$ _____		\$ _____
	Indemnity Period _____ months			

**C. ACCOUNTS RECEIVABLE SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Outstanding Debtors	\$ _____	%	\$ _____
2.	Auditors' Fees	\$ _____	%	\$ _____

- a. For how long have you been in business? ..... years
- b. Do you keep your books of accounts and records securely locked within fire resisting safes or strongrooms at night and at all times when the premises are not open for business, except when such books and records are in use? .....
- c. Do you adopt any system of duplicating your records? **Yes/No**  
If so, state method and where duplicators are kept .....
- d. State percentage of bad debt written off in last two years?.....

**D. THEFT/BURGLARY SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Qualified Theft*	\$ _____		\$ _____

**Note:**

*\*Theft following violent entry into or exit from premises.*

**E. MONEY SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Not contained in a locked safe/strongroom (petty cash)	\$ _____		
2.	At the residence of directors or Employees	\$ _____		
3.	In a locked safe/strongroom or In transit to or from the bank	\$ _____		\$ _____
4.	Seasonal increase	\$ _____		\$ _____
5.	Worldwide business travel	\$ _____		
6.	Crossed cheques	\$ _____		

**F. GOODS IN TRANSIT SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Goods carried on Insured's own vehicles	\$ _____		\$ _____

**G. GLASS SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Internal and external			

glass including lettering  
and ornamentation                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

**H.      BUSINESS ALL RISKS SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Office equipment and machines	\$ _____	%	\$ _____
2.	Cellular telephones	\$ _____	%	\$ _____
3.	Pedal cycles	\$ _____	%	\$ _____
4.	Other _____	\$ _____	%	\$ _____

**I.      PUBLIC LIABILITY SECTION**

	<u>Description</u>	<u>Limit of Liability</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	General Liability	\$ _____	%	\$ _____
2.	Property Owner's Liability	\$ _____	%	\$ _____
3.	Tenant's Liability	\$ _____	%	\$ _____
4.	Products Liability	\$ _____	%	\$ _____
5.	Products Recall Liability	\$ _____	%	\$ _____
6.	Employer's Residual Liability	\$ _____	%	\$ _____

**J.      GROUP PERSONAL ACCIDENT SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Death	3 years' current annual earnings		
2.	Permanent Disablement	A percentage of the death benefit		
3.	Temporary Total Disablement	100% current weekly earnings for 104 weeks		
4.	Medical Expenses	\$ _____		
5.	Estimated Annual Wage Bill	\$ _____		

**K.      FIDELITY GUARANTEE SECTION**

	<u>Description</u>	<u>Sum Insured</u>	<u>Rate</u>	<u>Annual Premium</u>
1.	Loss due to theft or fraud			

by employees or directors \$ \_\_\_\_\_ Rate \$ \_\_\_\_\_

**Declaration by Proposer/s:-**

I/We \_\_\_\_\_ declare that the information contained in this proposal is true to the best of our knowledge, and forms the basis of the contract of insurance between ourselves and the Company.

Signed.....

**Proposer**

**Date**

Designation.....