

**Broker/Agent:**



# **FIRE INSURANCE PROPOSAL FORM**

*A New Dimension in Insurance*

**A P A Insurance Limited**

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**PROP/APA/FIR/008**

Web site: [www.apainsurance.org](http://www.apainsurance.org)

**IMPORTANT:-** The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. When completing the Proposal form or having your agent complete it for your signature you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate of Motor Insurance. Please also initial any alterations

Name(in full):

(Please use Block letters) .....

Postal Address: ..... Postal Code .....

Town: ..... Tel. No. ....

Trade or Business: ..... Email: .....

Pin No: ..... Client No .....

Period of Insurance From: ..... To: .....

1. Situation of property  
To be insured i.e Plot No. .... Road ..... Town.....

2. Description of the property proposed for insurance

	AMOUNT TO BE INSURED
(a) Building, including electrical installations and lifts if any .....	
.....	
(b) Machinery and all Appurtenances thereto .....	
.....	
(c) Stock in Trade, the proposer's own consisting of .....	
.....	
(d) Goods held in trust or on commission for which the proposer is held responsible consisting of .....	
.....	
(e) Furniture, Fixtures and Fittings .....	
.....	
(f) Any other property (full description) .....	
.....	
(g) Rent payable/receivable (number of months) .....	
.....	
<b>Totals</b> .....	

3. Description of premises (even if contents only are to be insured)

If more than one unit is involved, the space on the reverse side of the form may be used for further details

(a) Construction of walls: .....

(b) Construction of roof: .....

(c) Number of storeys: .....

(d) Give full description of any Fire fighting equipment installed .....

(e) What is the distance to the nearest Fire brigade? .....

4. Occupation of premises
- a) Describe your own use of the premises  
(E.g. retailing, storage etc.)  
.....
  - b) Do you occupy the whole of the premises?  
If not state how the remainder are occupied.....
  - c) Are hazardous material kept on the premises  
If so, please give details and quantities.....  
(if in doubt consult the Insurers)
  - d) To what extent are the premises left unoccupied during the year? .....

5. Construction and occupation of adjoining or adjacent premises or land

\* Walls:..... Roof: .....

6. What is the distance between your premises and the adjacent premises? .....

7. Are there any other insurances on the property proposed for this insurance?  
If so, please state names of insurers and sum insured .....

8. Have you previously insured against fire or additional perils?  
If so, please state names of insurers.....

9. Have you ever suffered loss by fire?  
If so, give details of insurers and Date of Loss.....

10. Have you ever been refused insurance cover in respect of this or any other proposal?  
If so, give details.....

11. a) Do you keep a set of books showing a complete record of business transacted, including all purchases and sales?  
.....

b) Are such books and records kept in a locked fireproof safe?  
If no provide details .....

c) Are such books/records removed to another building at night or when the premises is not open for business?  
If yes provide details .....

12. Is the policy to be assigned to any party? If so give full name and address?.....

13. Are you interested insuring against

- a) Additional Perils?
- b) Consequential loss?  If yes, complete a separate proposal form.

**DECLARATION**

I/We warrant that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance.

Date: ..... Signature of Proposer: .....  
(Signing this does not bind you to complete this insurance)

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY AND THE FIRST PREMIUM PAID.**

**Note:** The inclusion of the premises or additional particulars in the following blank space will assist the Company in their consideration of the Proposal.