

# Federal Pacific Insurance Limited

## BUSINESS INTERRUPTION

### PROPOSAL FORM

Agent:

Policy Number:

### YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

**Examples of information you may need to disclose include:**

- anything that increases the risk of an insurance claim.
- any criminal convictions in the last 7 years or where imprisoned;
- if another insurer has cancelled or refused to renew insurance or has imposed special terms.
- any insurance claim you have made in the past.

**Examples of information you do not need to disclose include:**

- anything that reduces the risk of an insurance claim.
- anything we say you do not need to tell us about.
- anything that is common knowledge.
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

**WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

#### NOTE:

The completion of this form is to enable Federal Pacific Insurance Limited (FPI) to establish the nature of the proposer's operations, the extent of cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FPI to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and the approval of FPI.

### YOUR DETAILS

Name

Postal Address

Business Location/Village

Phone:

Fax:

Mobile:

Email:

Contact Person:

Position:

Business Activity

Period of Insurance

From start date

To

At 4pm and renewable annually

ANNUAL TURNOVER:

PEAK PERIODS IN TRADING:

FINANCIAL YEAR END DATE:

PLEASE ATTACH YOUR LATEST FINANCIAL YEAR REPORT

COVERING INTERRUPTION TO YOUR BUSINESS FOLLOWING A CLAIM MADE AND ACCEPTED UNDER THE MATERIAL DAMAGE OR FIRE & PERILS INSURANCE

DETAILS OF ITEMS TO BE INSURED: (NOTE: PLEASE PROVIDE ANNUAL FIGURES)

ITEM NO	ITEM	SUM INSURED
1	NET PROFIT (TOTAL PRE-TAX NET PROFIT)	\$
2	WAGES	\$
3	RENT PAYABLE	\$
4	INTEREST FOR LOANS	\$

5	TELEPHONE & COMMUNICATION	\$
6	POWER & ELECTRICITY	\$
7	WATER RATES	\$
8	OTHER	\$
9	OTHER	\$
10	OTHER	\$
<b>TOTAL SUM INSURED</b>		\$

INDemnITY PERIOD PLEASE TICK A BOX 3  6  9  12  MONTHS

EXTENSION	EXTENSION	STANDARD COVER	LIMIT REQUIRED
	PUBLIC UTILITIES DAMAGE	10% OF SUM INSURED	

## SUMMARY SECTION

1 ARE YOU NOW OR HAVE YOU EVER BEEN INSURED FOR THE TYPE OF RISK PROPOSED?  NO  YES IF "YES", PLEASE GIVE THE NAME OF THE INSURER, DETAILS OF COVER AND DATES:

INSURER	COVER	DATE OF COVER

2 HAS ANY INSURER, IN RESPECT  NO  YES IF "YES", PLEASE GIVE DETAILS:

EVER DECLINED A PROPOSAL;

WITHDRAWN, CANCELLED OR REFUSED TO RENEW A POLICY;

DEMANDED AN INCREASED PREMIUM FOR RENEWAL;

IMPOSED A PENALTY EXCESS OR RESTRICTION; OR

DECLINED ANY CLAIM IN RESPECT OF INSURANCE HELD BY YOU, ANY DIRECTOR OR ANY OTHER COMPANY WITH WHICH YOU OR THEY HAVE BEEN ASSOCIATED?

3 HAVE YOU OR ANY DIRECTOR OR PARTNER EVER COMMITTED ANY CRIMINAL OFFENCE?  NO  YES IF "YES", PLEASE GIVE DETAILS.

4 HOW LONG HAVE YOU BEEN IN YOUR CURRENT BUSINESS?

5 HAVE YOU HAD ANY LOSSES (WHETHER INSURED OR NOT) OVER THE LAST 3 YEARS INCURRED BY YOU OR ANY DIRECTOR OR PARTNER IN RESPECT OF ANY OF THE TYPES OF RISKS PROPOSED?  NO  YES IF "YES", PLEASE GIVE DETAILS:

## AGREEMENT

I agree that:

1. **MATERIAL FACTS** (a) All information given to FPI (whether oral or written) is correct.  
(b) All material facts have been disclosed (see "Your Duty of Disclosure" on page 1).
2. **TERMS OF POLICY** The terms of FPI's policies are accepted.
3. **AGENCY** Anyone who assists me to complete this Application Form is acting as my agent only.

**Signed by the customer:**

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Position: (Director, Secretary etc.): \_\_\_\_\_ Date: \_\_\_\_\_