

Consequential Loss

Gross Profit	\$ _____
Professional Fees	\$ _____
Payroll	\$ _____
Additional Increase Cost of Working	\$ _____
Other	\$ _____
Total	\$ _____

Indemnity Period: _____ Months
 Payroll Limits: _____ For _____ Weeks _____ % For _____ weeks _____
 Consolidation period: _____ weeks
 Uninsured Working Expenses (applicable only to the definition of Gross Profit): _____

Extensions – Suppliers/Customers Premises

<i>Name of Supplier/Customer</i>	<i>Situation</i>	<i>% Limit or Gross Profit</i>

Limits of Liability - Maximum Limit of Liability (At any one Situation)

Material Loss Damage	\$ _____
Consequential Loss	\$ _____
General Deductible: Material Loss & Consequential Loss	\$ _____

Sub-Limits of Liability and Deductibles

Material Loss or Damage

Loss or Destruction of damage to or by:	Sub Limit	Deductible
Burglary or theft, or any attempt thereafter		
Money – In Transit	\$ _____	\$ _____
- In the Proposer’s premises during business hours	\$ _____	\$ _____
- In the Proposer’s premises outside business hours	\$ _____	\$ _____
- In the Proposed’ s premises whilst contained in securely locked safe or locked strongroom	\$ _____	\$ _____
- In the personal custody of	\$ _____	\$ _____
Clothing and tools of trade of directors and employees	\$ _____	\$ _____
Accidental Damage	\$ _____	\$ _____
Glass Damage	Replacement Value	\$ _____
Cost of demolition and removal of debris	\$ _____	\$ _____
Other	\$ _____	\$ _____

General Questions

Suffered any loss, destruction or damage under any Insurance Policy?	No	Yes
Had any Insurer declined any claim submitted?	No	Yes
Had any Insurer decline any proposal submitted?	No	Yes
Had any Insurer cancel or refuse to renew a Policy?	No	Yes
Had any Insurer require an increased premium or imposed special conditions?	No	Yes
Ever been bankrupt?	No	Yes
Been convicted of or charged with any criminal offence?	No	Yes
Been convicted of or charged with arson?	No	Yes
Been convicted of or charged with any offence involving dishonesty of any kind – e.g. fraud, Theft or handling stolen goods?	No	Yes

If you answered yes to any of the above questions please provide full details: _____

Give details of any past event/incident which could have given or may give rise to claim whether or not you were insured at the time: _____

How long have you carried out this business? _____
What other businesses have you been engaged in and for how long? _____

Do you store any spirits, oils or other highly flammable goods? **No** **Yes**
If Yes, please advise details (*Type, amount or how they are stored*): _____

What automatic sprinkler installations, fire extinguishers, hydrants or hose reels are present? _____

What precautions have been implemented to guard against burglary? _____

Will the premises be left unoccupied for more than 60 consecutive days? **No** **Yes**

Describe the Business: _____

Is any property or land under lease? **No** **Yes** If Yes, when does the lease expire? _____

Is there any covenant (agreement, contract etc.) to re-erect? **No** **Yes**

During non-business hours, is money kept in a safe? **No** **Yes**

If Yes, what type of safe? _____ If not in a safe, where is money kept? _____

Do you keep stock and sale books? **No** **Yes**

How frequently are they entered up? _____

Are your books of accounts audited? **No** **Yes**

By whom and what intervals? _____

Any Additional Information/Requirements: _____

