

Netherlands Insurance Company (Grenada) Limited

P.O. BOX 880, ST. GEORGE'S, GRENADA, W.I.

COMMERCIAL FIRE INSURANCE PROPOSAL

You have probably invested a considerable amount of time, effort and money setting up your business. It therefore deserves proper insurance protection.

We can provide insurance cover for your Buildings, Stock, Plant, Machinery and Equipment, Office Contents and other commercial property, against Fire and lightning and include on your request, additional perils such as Explosion, Bushfire, Earthquake, Hurricane, Riot and Strike, Malicious Damage, Flood, Impact, Aircraft and Burst Pipes.

A specimen copy of the actual policy will be made available to you upon request.

In order to arrive at the sum to be insured, you should consider and note the following points:

- (1) **BASIS OF SETTLEMENT** may (subject to our agreement) be either:
 - (a) **INDEMNITY** — The Sum Insured on all property proposed for insurance should be adequate to ensure that you are properly indemnified. You should take into account depreciation and wear and tear and in the case of stock, the Cost Price to you.

or

 - (b) **REINSTATEMENT** — You may prefer to cover your property on a reinstatement basis (new for old,) in which case the Sum Insured should be adequate to replace as new the property you elect to insure on this basis. Reinstatement conditions do not apply to Stock.
- (2) **AVERAGE** — If the Sum Insured on any item of property at the time of the loss does not represent its correct value, the claim will be subject to the condition of Average. This condition applies only when a partial loss occurs and causes the claim to be settled in the same proportion as the Sum Insured is to the correct value that should have been insured.

IMPORTANT NOTES

- (1) In order to avoid unnecessary delays in settling claims, it is in your best interest to keep bills, receipts, invoices and adequate records so that you can easily substantiate your claim. These should all be kept in a proper fire-resisting cabinet or copies should be kept at another address. Photographs may also prove useful.
- (2) In the event of a claim you should notify us immediately.
- (3) Cover does not begin until the proposal has been accepted and the premium paid.
- (4) It is your duty to inform us of all facts which would affect our judgement in accepting this proposal. If insurance is effected you should inform us immediately if any significant changes occur during the period of insurance which are likely to affect this insurance.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use block capitals and do not leave blanks or answer a question with a dash)

- 1 (a) Full Name _____
(b) Postal Address _____
(c) Telephone _____
(d) Business or Trade _____
(e) Number of years in operation _____

2 Do you have other policies in force with us? YES NO

3 Have you or has anyone with a financial interest in the property to be insured suffered a loss, whether insured or not, from any peril to be insured against at this or any other location? YES NO

If 'YES', please state:

- (a) Date of loss _____ (b) Cause of loss _____
(c) Amount _____ (d) Insurer (if any) _____

4 Have you or has anyone with a financial interest in the property to be insured ever had a proposal or policy refused, declined, cancelled, or had special terms imposed? YES NO

If 'YES', please state the name of the company and type of insurance _____

5 Have you or has anyone with a financial interest in the property to be insured ever been convicted of any offence in connection with the ownership of property or the operation of a business? YES NO

6 (a) Do you keep proper books of account? YES NO

(b) Are they available for inspection if necessary? YES NO

(c) Please give name of your auditors _____

7 (a) Did you make a trading gain during the last year? YES NO

(b) Do you anticipate being able to meet all charges debts and liabilities against you? YES NO

If 'NO' to (a) or (b), please give full details _____

8 Particulars of the building to be insured/containing the property to be insured:

(a) Address and location _____

(b) When was the building constructed? _____

(c) Number of storeys including the ground floor _____

(d) External walls are Concrete/clay blocks Concrete nogging Wood
 Other (specify) _____

Mixed (give proportion of each material) _____

(e) Interior walls are Concrete/clay blocks Concrete nogging Wood

Other (specify) _____

Mixed (give proportion of each material) _____

(f) Roof is Concrete Galvanised iron Asphalt shingles

Other (specify) _____

Mixed (give proportion of each material) _____

(g) Floors are Concrete Wood _____

Mixed (give proportion of each material) _____

(h) Occupied by you as _____

How long have you occupied these premises? _____

Occupied by others as _____

9 If the building is to be insured, is any portion of it

Unoccupied? Seasonally unoccupied?

If so, please give details _____

10 Are the premises protected by:

(i) Fire extinguishing appliances, e.g. Fire Extinguishers, Hose Reels, etc.? YES NO
If 'YES', please complete Section A of form FIR 102-1-001-88A

(ii) Security guards or watchman? YES NO
If 'YES', please complete Section B of form FIR 102-1-001-88A

11 Particulars of buildings within 20 feet (6 metres) eave to eave of the building to be insured/containing the property to be insured:

Number of storeys _____

Constructed of _____

Occupied as _____

12 Are there any existing insurances on any of the property to be insured? YES NO

If 'YES', please give details _____

13 Give details of any Mortgage or other interest _____

14 Please indicate against which special perils cover is required:

Bushfire Explosion Riot & Strike Malicious Persons

Earthquake Hurricane Flood Burstpipes

Aircraft Impact Others (state) _____

15 Period of Insurance: from _____ to _____

and any subsequent period for which you shall pay and we shall agree to accept a renewal premium.

PARTICULARS OF THE PROPERTY TO BE INSURED

Please tick the box against the appropriate item if cover is required on a REINSTATEMENT basis

		SUMS INSURED
1.	BUILDINGS, including Landlord's Fixtures and Fittings therein and thereon _____ <input type="checkbox"/>	\$
2.	MACHINERY, Plant and All Other Contents (as defined by the All Other Contents clause in the policy) therein and thereon, your property or held by you in trust for which you are responsible excluding property described under 1, 3 and 4 and property more specifically insured _____ <input type="checkbox"/>	\$
3.	Stock and Materials in Trade, your property or held by you in trust or on commission for which you are responsible _____	\$
4.	RENT (subject to the Rent Clause) _____ in the policy	\$
5.	MISCELLANEOUS property (please give details) _____ _____ <input type="checkbox"/>	\$
TOTAL SUM INSURED		\$

DECLARATION

I/We the undersigned desire to effect an insurance with **NETHERLANDS INSURANCE COMPANY (Grenada) LTD.** (hereafter called the 'Company') in the terms of the policy to be issued by the Company. I/We hereby declare that to the best of my/our knowledge and belief the statement and particulars given by me/us in this proposal are true and complete and no material fact, that is those facts which the Company would regard as likely to influence the acceptance and assessment of this proposal, has been misrepresented, misstated, suppressed or withheld. I/We agree that this proposal shall form the basis of the contract between me /us and **NETHERLANDS INSURANCE COMPANY (Grenada) LTD.**

Date _____ Proposer's Signature _____
(Company Stamp)

FOR OFFICE USE ONLY

RATE _____	BRANCH _____
	PRODUCER _____ CODE _____
	AUTHORISED & CHECKED _____
	POLICY NO. _____

PREMIUM CALCULATION

ENDORSEMENTS