

## CONSEQUENTIAL LOSS FOLLOWING FIRE AND ALLIED PERILS – PROPOSAL FORM

(Please fill in CAPITALS only)

Application No: \_\_\_\_\_

1.	Name of the Proposer (in full)																	
2.	Postal Address																	
3.	Nature or business																	
4.	Names & Addresses of all Premises from where you transact Business																	
5.	Names & Addresses of all Premises to be insured																	
6.	Do you have any other Business interruption/Loss of Profit Insurance in force?																	
7.	Which Insurer(s) currently cover these risks? Fire: Fire Loss of Profits:																	
8.	Has any insurer refused to insure your property or imposed additional terms for any peril?																	
9.	If your answers to questions 6 & 8 are YES please give details																	
10.	Details of Previous Interruption Period of Interruption Nature of interruption with causes Loss in Gross Profit /Turnover during the Interruption																	
11.	Previous Years Premium and Claims Paid Current Year Previous Year 2 years before	<table border="1"> <thead> <tr> <th>Premium</th> <th>Claim Paid</th> <th>Claim Outstanding</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Premium	Claim Paid	Claim Outstanding	Total												
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12.	Which Chartered Accountant (Name and Address) audits your accounts and at what interval?																	
13.	When was your firm established?																	
14.	Since when has the works to be insured came into existence?																	
15.	Since when has the present production method used in the works to be insured																	
16.	Please give a brief description of the production process and attach a Process flow diagram																	
17.	What type of repair work can be carried out without external help?																	
18.	Please indicate external repair/ procurement facilities available in India																	
19.	Normal working hours of the works to be insured Per day _____ hours _____ in _____ shifts Per week _____ hours _____ in _____ shifts Per year _____ days _____ in _____ shifts																	
20.	Number of employees in the works to be insured? Total number Number employed for maintenance purposes Fluctuation (in %)																	
21.	Are there any seasonal production or sales fluctuations more than 20%, in the works to be insured?																	
22.	If YES, please indicate monthly figures of Turnover. Is there a stock of semi finished or finished products? If yes, state the number of weeks of supply this stock can cover																	
23.	State the Period of Insurance desired																	

