

THE INSURER

GULF INSURANCE LIMITED

INSURANCE - BUSINESS PREMISES (accompanied by forcible entry or exit)

BLOCK LETTERS PLEASE

FULL NAME OF PROPOSER _____

POSTAL ADDRESS _____

OCCUPATION _____

Address of Building in which the Property to be insured is situate _____

STATE

(a) whether a house, shop, warehouse, manufactory or otherwise _____

(b) material of which Building(s) is/are constructed _____

(c) how long have you occupied the premises _____

(d) the amount for which such stock is insured against fire _____

(e) whether cover is required for property contained in any building(s) other than the Main Building described above YES/NO.
If "YES", give details below in the same order as requested by (a) to (d) above.

(a) _____ (b) _____

_____ (c) _____ (d) _____

PERIOD OF INSURANCE From _____ Renewal Date _____

Please tick appropriate Box

- | | | YES | NO |
|----|---|--------------------------|--------------------------|
| 1 | Has any Insurer ever declined your proposal, refused to renew your Policy, required an increased premium or imposed special Terms? If "YES" give details _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Have you now or have you been insured previously for Theft Insurance? If "YES" give brief particulars _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have these or any other Buildings occupied by you at any time been Burgalarised? If "YES" state -
(a) Date and circumstances of loss _____
(b) Value of Property lost _____
(c) Precautions taken to prevent a recurrence _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Will a complete record of stock received and sold be kept? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are you the sole occupier of the premises? If "NO" specify other occupancies _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Are the premises occupied after business hours by the proprietor or manager? If "No" state whether -
(a) any watchman or caretaker is employed _____ (b) what special precautions are adopted for protecting the premises and property _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Are the buildings fitted with a burglar alarm system? If "YES" state the following details:-
(a) Name of Manufacturer _____ (b) Date of Installation _____
(c) Name of Company who installed alarm _____
(d) Exact type of alarm _____ (e) Is there a maintenance contract in force? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Are all doors and windows fitted with suitable locks and fastenings? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Are there windows or fanlights on ground floors? _____
If "YES" please state how they are protected _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Are there any trapdoors or window in the roof or basement? If "YES" give a description of same and how protected _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Are there any cellars connected with the premises? If "YES" are all doors and cellar flaps adequately protected? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Do you require cover for money? If "YES" separate Proposal Form will be supplied _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE COMPLETE ADDITIONAL QUESTIONS AND DECLARATION OVERLEAF