

TO:----- (INSURER)

INDUSTRIAL SPECIAL RISKS PROPOSAL

IN ACCORDANCE WITH THE INSURANCE UNDERWRITERS ASSN OF PNG POLICY WORDING

YOUR DUTY OF DISCLOSURE: - Before you enter into a contract of General Insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, which is relevant to the Insurer's decision whether to accept the risk of the Insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

NON-DISCLOSURE: - If you fail to comply with your duty of disclosure, the Insurer may be entitled to cancel the contract and may also have the option of avoiding the contract from its beginning.

(TO ENSURE ACCURACY PLEASE USE BLOCK CAPITALS)

			POLICY NUMBER
			[]
BROKER/AGENT NO.	CLIENT NO.	REPLACING POLICY NO.	
[]	[]	[]	
			COVER NOTE
			[]

FULL NAME AND POSTAL ADDRESS OF PROPOSER	
FINANCE COMPANY, BANK OR OTHER PARTY WITH INTEREST IN THE BUSINESS (show address)	
PERIOD OF INSURANCE	From 19 to 4 pm on 19
WHAT ARE THE PRINCIPAL OCCUPATIONS OF YOUR BUSINESS?	
WHAT ARE THE PRINCIPAL SITUATIONS AND/OR PREMISES?	

[WHAT ARE THE TOTAL DECLARED VALUES AS PER THE SCHEDULE(S) OF DECLARED VALUES]

Section 1	All Property Insured	K
	Removal of Debris	
	Earthquake, Subterranean Fire, Volcanic Eruption and Tsunami	K
Section 2	All Gross Profit	K
	Insured Payroll	K
	Additional Increased Cost of Working	K
	Earthquake, Subterranean Fire, Volcanic Eruption and Tsunami	K

ESCALATION MEMORANDUM: (To provide for inflation during the period of Insurance)

Please advise the amount of increase to apply to the first period of Insurance
%

SUB LIMIT(S) OF LIABILITY

Please indicate in the box provided if you wish the following covers to apply and what Sum Insured and what Excess is required.

Should this part of the proposal not be fully completed, unanswered questions will be deemed to mean that the cover is not required and no cover will apply.

Do you wish to Insure for Loss or Destruction or Damage by/to:

	<u>INSURANCE REQUIRED/SUM INSURED</u>			
	<u>YES</u>	<u>NO</u>	<u>SUM INSURED</u>	<u>EXCESS</u>
1. Money in transit to and from the Insured's premises including whilst contained in the night safe of any Bank, and/or on the Insured's premises during normal business hours, and/or whilst contained in a security locked safe or strong room.			K	K
2. Money on the Insured's business premises outside normal business hours.			K	K
3. Money in the personal custody of the insured or any authorised employees whilst in private residences provided that the liability of the Company shall cease at Bank closing time on the second Bank business day following that on which the transit of the money to the private residence was completed.			K	K
4. Loss or Damage caused by Burglary.			K	K
5. Loss or Damage caused by Theft.			K	K
6. Accidental Damage.			K	K
7. Directors and Employees clothing and/or Tools of Trade.			K	K
8. Extra Cost of Reinstatement			K	K
9. Removal of Debris			K	K
10. Additional Increased Cost of Working.			K	K
11. Claim Preparation Costs			K	K
12. Extra Cost of Reinstatement			K	K
13. Other			K	K
14. As per attached closing slip			K	K

PROTECTION DETAILS (“Yes” or “No” response is sufficient)

PROTECTION DETAIL	ITEM NUMBER									
Sprinklers										
Private hydrants/hose reels										
extinguishers										
Thermal/Smoke detector alarms										
Burglar alarm to security service										
Safe/strongroom/other protection										

- Has any insurance ever been declined, deferred or accepted on special terms or is such action pending on any section completed on this proposal? If “Yes” please give full details.
 YES NO
- Has any claim been made by you in the last five (5) years against an Insurance Company on any type of insurance proposed on this proposal form or have you suffered any losses previously uninsured during this period? If “Yes”, give full details.
 YES NO

Date	Nature of Loss	Amount of Loss

(If insufficient space, please complete an Addendum)

- Do you have in force any other Insurance covering the risk proposed? If “YES”, give full details
- YES NO

DECLARATION

I/We hereby declare and warrant that the information and answers given in this proposal are in every respect true and correct and that I/We have not withheld any information within my/our knowledge likely to affect the decision of the Insurer(s) in considering the risk. I/We hereby agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer(s). I/We agree to accept Insurers(s) policy subject to the terms and conditions to be contained therein.

SIGNATURE OF PROPOSER

DATE

