



# **BUSINESS INTERRUPTION INSURANCE – PROPOSAL FORM**

**PLEASE COMPLETE THIS FORM IN BLOCK LETTERS**

1. Full Name Of Proposer: \_\_\_\_\_  
\_\_\_\_\_
2. Address: \_\_\_\_\_
3. Occupation / Business: \_\_\_\_\_
4. Telephone No.: \_\_\_\_\_
5. Email: \_\_\_\_\_

## **Insured Values**

1. Gross Profit / Gross Earnings: \_\_\_\_\_
2. Wages (Ordinary Payroll): \_\_\_\_\_
3. Auditor's Fee: \_\_\_\_\_

## **Interruption Period**

*(This represents the maximum period during which your business could be affected as a result of a serious damage.)*

1. How long will it take to reinstate the building following a major loss?  
\_\_\_\_\_ months
2. How long will it take to replace key machinery following a major loss?  
\_\_\_\_\_ months
3. How long will it take to reinstate the sales position following a major loss?  
\_\_\_\_\_ months
4. In the event of a major loss or damage to the plant/premises, what contingency plans have been made for use of substitute facilities or equipment?  
\_\_\_\_\_  
\_\_\_\_\_
5. Please identify key machinery.  
\_\_\_\_\_  
\_\_\_\_\_



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### **Contingency Cover**

1. Please list the major Suppliers and Customers where the loss at their premises would affect 20% or more of the Insured's sales.

Name	Supplier/Customer	Product	Country	% Sales Affected

2. Do you carry out any other Business or occupy any other premises not included in this proposal? : \_\_\_\_\_

### **Loss of Services**

Would any loss of the following services shut down Plant/Premises?

( ) Electricity ( ) Gas ( ) Steam ( ) Water ( ) Others

If so, how long? : \_\_\_\_\_

### **Audit**

1. Name of auditor: \_\_\_\_\_
2. The date of the last report on your accounts: \_\_\_\_\_
3. Frequency of Audits: \_\_\_\_\_

### **5 Years Loss Experience (Insured & Uninsured)**

Date	Details	Amount



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### **PERIOD OF INSURANCE**

Insurance to commence on \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

### **DECLARATION**

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Agent /Broker:** \_\_\_\_\_