

MARSH BIZSECURE INSURANCE PROPOSAL FORM**PARTICULARS OF PROPOSER**

Name of Company :	
Correspondence Address :	Telephone Number :
Website :	Fax Number :
Description of Business/Trade :	
Period of Insurance : From	To

DESCRIPTION OF PREMISES

Location of Risk(s) : <i>(if different from above)</i>
Occupied as :
Please tick where applicable : Construction of Wall : - <input type="checkbox"/> Brick & Concrete <input type="checkbox"/> Brick & Timber or Corrugated Iron <input type="checkbox"/> Timber only Construction of Roof : - <input type="checkbox"/> Tiles/Concrete/Asbestos <input type="checkbox"/> Metal Sheets <input type="checkbox"/> Others Fire Protection : - <input type="checkbox"/> Sprinkler <input type="checkbox"/> Hose Reels <input type="checkbox"/> Extinguishers <input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Fire Alarm - Local/Connected* Security : - <input type="checkbox"/> Burglar Alarm - Local/Connected* <input type="checkbox"/> Watchman/Security Guards* on the Premises at night

CLASSES OF INSURANCE REQUIRED	
SECTION 1 : INDUSTRIAL ALL RISKS	
SECTION 1.1 : MATERIAL DAMAGE	
INTEREST TO BE INSURED	AMOUNT TO BE INSURED
1. Building	S\$
2. Furniture, Fixtures, Fittings, Renovations and All Other Contents	S\$
3. Stock In Trade	S\$
4. Plant & Machinery	S\$
5. Others (Please specify)	S\$
Total	S\$

SECTION 1.2 : BUSINESS INTERRUPTION	
INTEREST TO BE INSURED	AMOUNT TO BE INSURED
1. Basis of Settlement	
1.1. Gross Revenue/Rental/Profit*	S\$
1.2. Professional Fees	S\$
1.3. Additional Increase Cost of Working	S\$
2. Increase Cost of Working	
2.1. Increase Cost of Working	S\$
2.2. Professional Fees	S\$
Total	S\$
Indemnity Period Required	Months
Dependency of Suppliers/Customers Please provide us with a list of your Suppliers and Customers and the percentage (%) of Gross Profit that each party contributes.	

SECTION 2 : COMPUTER/ELECTRONIC EQUIPMENT

INTEREST TO BE INSURED	AMOUNT TO BE INSURED
1. Material Damage (Computers etc)	S\$
2. Cost of Reinstating Data	S\$
3. Increase Cost of Working	S\$
4. Laptops	S\$
Total	S\$
Cover Required <i>(Please Tick Where Applicable)</i>	
<input type="checkbox"/> Anywhere in Singapore	<input type="checkbox"/> Worldwide

SECTION 3 : MONEY

INTEREST TO BE INSURED	AMOUNT TO BE INSURED
1. Money in Transit Anywhere in Singapore	S\$
2. Money in the Premises during & after Business Hours (Money to be kept in Safe/Drawer/Cabinet/ Cash Register outside Business Hours)	S\$
Total Carryings	S\$

SECTION 4 : FIDELITY GUARANTEE

INTEREST TO BE INSURED	AMOUNT TO BE INSURED
If cover is required, you are required to complete a separate Proposal Form for underwriting. Cover is not effective until confirmation by Insurer.	S\$
No. of Employees :	

SECTION 5 : GROUP PERSONAL ACCIDENT

PARTICULARS OF EMPLOYEES TO BE INSURED	AMOUNT TO BE INSURED
Name : Date of Birth : Occupation : NRIC No. :	S\$
Name : Date of Birth : Occupation : NRIC No. :	S\$
Name : Date of Birth : Occupation : NRIC No. :	S\$

SECTION 6 : WORK INJURY COMPENSATION

CATEGORIES OF EMPLOYEES TO BE INSURED	ESTIMATED ANNUAL WAGES
1. Management/Administrative/Clerical Employees (Non-Manual) Description of Occupation : No of Employees in this Category :	S\$
2. Sales/Marketing Employees Description of Occupation : No. of Employees in this Category :	S\$
3. Manual Employees Description of Occupation : No. of Employees in this Category :	S\$
4. All Others Description of Occupation : No. of employees in this category :	S\$
5. Part-Timers/Temporary Employees : Description of Occupation : No. of Employees in this Category :	S\$
Total	S\$

SECTION 7 : PUBLIC LIABILITY

LIMIT OF INDEMNITY	AMOUNT TO BE INSURED
Any One Occurrence Any One Period	S\$ Unlimited

SECTION 8 : CARGO INLAND TRANSIT

INTEREST TO BE INSURED	AMOUNT TO BE INSURED
	S\$ (Max Per Conveyance)
Estimated Annual Turnover : S\$	

SECTION 9 : DIRECTORS & OFFICERS LIABILITY

<i>Please answer ALL questions and tick whenever appropriate.</i>	Agree	Disagree
Your Company is incorporated in Singapore for at least a year.	<input type="checkbox"/>	<input type="checkbox"/>
Your Company is non-listed.	<input type="checkbox"/>	<input type="checkbox"/>
Your Company has a positive net worth and operating profit for the past year.	<input type="checkbox"/>	<input type="checkbox"/>
Your Company does not have any assets, revenue or employees in USA and/or Canada.	<input type="checkbox"/>	<input type="checkbox"/>
The latest accounts of your Company do not have an audit qualification.	<input type="checkbox"/>	<input type="checkbox"/>
There are no claims or circumstances which might give rise to a claim.	<input type="checkbox"/>	<input type="checkbox"/>
Limit of Indemnity Required	<input type="checkbox"/> S\$100,000 <input type="checkbox"/> S\$250,000 <input type="checkbox"/> S\$500,000 <input type="checkbox"/> S\$750,000	
Estimated Annual Turnover : S\$		

CLAIMS EXPERIENCE

Have you suffered any loss and/or damage under any of the above classes of Insurance?

- No
 Yes (*please provide details below*)

Date of Accident	Details of Accident	Claim Amount (\$)

DECLARATION

I/We warrant that the above statements made by me/us or my/our behalf are true and complete and I/We agree that this proposal together with any other information supplied shall be the basis of and are considered as incorporated within the policy between me/us and the Insurer.

Signature	
Designation	
Date	