

FIRE AND SPECIAL PERILS INSURANCE PROPOSAL

Proposer's Information		<input type="checkbox"/> New client	<input type="checkbox"/> Existing client
Name or company: _____			
Identity No./Company Registration No.: _____		Occupation/Work: _____	
Correspond address: _____			
_____		Town: _____	Post Code.: _____
Email: _____		Telephones: _____ / _____	

Address and Description of Property to be insured		<input type="checkbox"/> Own use	<input type="checkbox"/> Rented
Street & number or P.O. Box: _____			
_____		Town: _____	Post Code.: _____
Type	Wall Construction	Roof Construction	Use of Property
<input type="checkbox"/> Basement(s) ____	<input type="checkbox"/> Bricks	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Private Dwelling/Flat
<input type="checkbox"/> Ground Floor	<input type="checkbox"/> Stone	<input type="checkbox"/> Wooden Beams & Tiles	<input type="checkbox"/> Offices
<input type="checkbox"/> Mezzanine	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal Beams & Corr. Sheets	<input type="checkbox"/> Shops
<input type="checkbox"/> ____ Stories	<input type="checkbox"/> Metal	<input type="checkbox"/> Other _____	<input type="checkbox"/> Restaurants
	<input type="checkbox"/> Concrete		<input type="checkbox"/> Hotel
	<input type="checkbox"/> Other _____		<input type="checkbox"/> Factory
			<input type="checkbox"/> Workshop
			<input type="checkbox"/> Other _____
Year of Construction: _____		Year of Renovation: _____	
Give details of any building bounding or attaching to the premises: _____			
Distance from nearest Fire Station: _____		Estimate time required: _____	
Measures for loss avoidance or minimization:		Factors that expose the premises under risks:	
<input type="checkbox"/> Fire extinguishers	<input type="checkbox"/> Fire hose reels	<input type="checkbox"/> Fire boxes	<input type="checkbox"/> Fire alarm system
<input type="checkbox"/> Burglary alarm system	<input type="checkbox"/> Other _____	<input type="checkbox"/> Unoccupied over 30 consecutive days	<input type="checkbox"/> Unusual domestic appliances in use
		<input type="checkbox"/> Flammable liquids or substances	<input type="checkbox"/> Papers or plastics
		<input type="checkbox"/> Dense vegetation or forest	<input type="checkbox"/> Other _____
Other information that could help the estimation of the risk: _____			

Insurance details
Was the property to be insured previously insured? YES/NO. If yes, with which company? _____
Has the property in question sustained a loss during the past 5 years? YES/NO If yes, date of loss: _____
Extent of Loss: _____ Cause of loss: _____

Has ever your proposal been rejected or cancelled or accepted with additional premium or under special conditions by an insurance company? _____

Period of Insurance	From: _____	To: _____
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Sums to be insured		SUM INSURED	RATE	PREMIUM
API01	Buildings			
API02	Household Goods & Personal Effects			
API03	Stock & Raw materials			
API04	Furniture & Fittings			
API05	Machinery & Installations			
API06	Jewellery & Valuables			
API07	Antiques & Art Works			
API08	Items Specifically Insured			
API09	Satellite Dish			
API10	Solar Heaters/Installations			
Endorsements				
	Accidental breakage of glass			
	Cold Rooms			
	Removal of Debris			
	Architects fees			
	Consequential Loss			
	Loss of Rent			
	Mortgage Clause			
		Stamp and Policy Fees		
		Total Premium		

Basic Cover & Special Perils					
K01	Fire & Lightning			K06	Earthquake or Volcanic Eruption
K02	Explosion			K07	Storm, Tempest & Flood
K03	Aircrafts			K08	Bursting of pipes or overflowing of water tanks apparatus or pipes
K04	Riot & Strikes			K09	Impacts
K05	Malicious Damage			K10	Burglary / Theft

Proposer's Declaration
I, the undersigned, hereby declare that the particulars of this proposal are true and I agree that this proposal shall be the basis of the contract between me and Atlantic Insurance Co. Public Ltd and I am willing to accept a Policy subject to the terms, exceptions and conditions prescribed therein.
Date _____ Proposer's Name _____

FOR OFFICE/AGENT USE ONLY

Agents Details
Name & Surname: _____ Code: _____
Date: _____ Agent's Signature: _____
Remarks: _____
Account Details <input type="checkbox"/> New Account <input type="checkbox"/> Existing Account
Name / Company Name as shown on account (If differs from client) _____ I.D No. / Company's Reg. No.: _____
Other policies under the same account: _____