

Commercial Property Insurance Proposal

Applicant Details		
Name of applicant(s)		
Mailing address (including Postcode)		
Business phone number	Cell phone number	Email address
Location(s) of property to be insured		
Mortgage or other financial interest's name and address		Insurance start date (MM/DD/YYYY)
Commercial Fire Policy		
The sum Insured should represent the full replacement cost of the property insured		
Description of the Insured Property		Sum Insured
Building(s)		[]
Contents		[]
Stock		[]
Loss of Rental Income – Indemnity Period (months)	[]	[]
Goods in trust		[]
Increased cost of working		[]
Leasehold improvements		[]
Business Interruption Policy		
The Sum Insured on Gross Profit should represent that earned in 12 months or the estimate amount for the Indemnity Period if it is longer than 12 months. Allowance must be made for both inflation and future growth.		
		Sum Insured
Gross Profits – Indemnity Period (months)	[]	[]
Increased cost of work		[]
Loss of rent		[]
Auditor's fees		[]
100% Wages		[]
Uninsured Working Expenses		
List below the expenses which you do not wish to insure. The Uninsured Working Expenses are those variable expenses which are directly related to the turnover of the business. In the event of a loss these expenses will be reduced without detriment to the business. Examples include the purchases of materials or goods for resale or commission on sales.		
Description		Amount
[]		[]
[]		[]

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General Questions

	Yes	No
1. Do you have any other policies with Argus?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you at present, or have you been insured by Argus or any other insurer in respect of the property now proposed for insurance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any insurer cancelled, declined or refused to renew or issue Fire or Business Interruption Insurance to you within the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you in the past 5 year sustained any loss in respect of the property to be insured by this insurance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any flammable liquids or materials of a hazardous or highly combustible nature stored on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there a fire detection system or fire extinguishing appliances on the premises?	<input type="checkbox"/>	<input type="checkbox"/>
7. How long have you been in business (a) at these premises <input type="text"/> years, (b) elsewhere <input type="text"/> years If you are not the only occupier of the premises, state the types of businesses of the other occupants in the space below.	<input type="text"/>	
8. Please provide the construction details of the premises: External walls: <input type="text"/> Roof: <input type="text"/> Floors: <input type="text"/>	<input type="text"/>	
9. If you are insuring the business, state the total square footage.	<input type="text"/>	
If you have answered 'Yes' to questions 1 to 6 give relevant details below	<input type="text"/>	

Declaration

Please read the following carefully as the information given by you forms the basis of the contract with Argus Insurance Company Ltd. (the "Company"). Any misrepresentation or non-disclosure or failure to disclose any material fact may result in the avoidance of the policy. All material facts must be disclosed. A material fact is one that is likely to influence the Company in the assessment and acceptance of any Proposal. If you are in any doubt as to whether a fact is material, it must be disclosed here. Please give details below.

THE COMPANY RESERVES THE RIGHT TO DECLINE ANY APPLICATION. A SPECIMEN COPY OF THE POLICY WORD IS AVAILABLE UPON REQUEST.

I DECLARE that to the best of my knowledge and belief, the information provided in this Proposal, which I have read over and checked, is true and complete and the sums insured represent the full replacement value of the property.

I AGREE and ACKNOWLEDGE that this Proposal forms the basis of the contract between myself and the Company. I have withheld no information material to the application whether it is the subject of a specific question or not. I agree to accept and conform with the terms of the policy.

I hereby authorize the Company to collect and use my personal data with (1) other members of the Argus Group of companies for the purpose of improving customer service, developing new product and marketing; and (2) with those service providers contracted by the Argus Group of companies for the sole purpose of administering those products, pensions or policies that affect me.

I hereby authorize the Company to forward relevant documentation to the email address I have supplied.

Signature of Proposer

Signature of Underwriter

Date (MM/DD/YYYY)