

**PROPOSAL FOR CONSEQUENTIAL LOSS INSURANCE**

1. NAME OF PROPOSER in full :

2. ADDRESS OF PROPOSER in full:

3. Nature of Business carried on by Proposer:

4. Address of premises to be included in insurance:  
(N.B. Care should be taken to see that all premises are specified).

5. COVER REQUIRED (as calculated on page)	Sum to be Insured
Item 1 ON GROSS PROFIT ... ..	SR
The specified working expenses to be excluded are	
(i) Purchases (less discounts received) (iii)	
(ii) Wages (iv)	
Item 2 ON ALL WAGES ... ..	SR
100% for _____ weeks and _____% for the remainder of the Indemnity Period	
Item 3 ON PROFESSIONAL ACCOUNTANTS' CHARGES	SR _____
TOTAL SUM INSURED ...	
	SR _____
MAXIMUM INDEMNITY PERIOD _____ months	

6. ITEM No.2: ON WAGES (Pro-rata wages / Dual basis Wages\*) SR \_\_\_\_\_

NOTES : (i) The sum insured on wages should represent the Annual Wage Roll of the business, but excluding employees' wages insured as Standing Charge under Item 1 on Gross Profit.

(ii) Where the Indemnity period in respect of wages exceeds 12 months the Annual amount should be increased proportionately.

(iii) Delete the type of wages cover NOT required\*.

7. What Indemnity period is required in respect of Wages :

(i) \_\_\_\_\_ months (Pro-rata Wages) or

(ii) 100% cover \_\_\_\_\_ weeks and \_\_\_\_\_% cover for the remainder of the Indemnity Period.

This total Indemnity Period required is \_\_\_\_\_ months (Dual Basis Wages)

8. ITEM No. 3 : ON AUDITORS' FEES. SR \_\_\_\_\_  
 This item is in respect of Auditor's Fees payable for producing and certifying any particulars and details required in connection with a claim.

9. EXTENSIONS TICKETS THOSE REQUIRED

a) Prevention of access \_\_\_\_\_ Limit SR \_\_\_\_\_  
 b) Electricity stations, Gas and Water Works \_\_\_\_\_ Limit SR \_\_\_\_\_  
 c) Supplies or Customers Premises (States which list situations and limit each location expressed as a percentage of the sum insured)  
 Name \_\_\_\_\_ % of sum Insured \_\_\_\_\_  
 I. \_\_\_\_\_  
 II. \_\_\_\_\_  
 III. \_\_\_\_\_  
 d) Any other required \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY PROPOSER**

10. (a) name and address of the Proposer's Auditors  
 (b) the date of last report in the Proposer's accounts  
 (c) are the books and accounts of the Proposer regularly balanced and audited?

11. (a) Has the Proposer suffered loss by Fire, or any other peril against which it is proposed to insure? If so, when and on what Office(s) did the loss fall?  
 (b) Has the Proposer made a claim under a Loss of Profits Policy? If so, when and on what Office(s)?

12. (a) Has any Proposal made by or on behalf of the Proposer for Fire Insurance, or Loss of Profits Insurance been declined?  
 (b) Has any Office or Underwriter cancelled or refused to renew an existing Insurance?

13. Please state :  
 (a) name of Office (or Office having largest amount) carrying the Fire Insurance ;  
 (b) the Total Sum Insured and Annual Premium of the Fire Insurance

14. Has the Proposer any existing Insurance covering Loss of Profits? If so, please give details of total amount & name of Office (s) or Underwriter (s)

15. Does the Proposer carry on any other Business?

**Declaration:** I/We declare that to the best of my / our knowledge and belief the information given on this proposal is true and that I/We know of nothing else which I/We think the Company should be told in considering this proposal. I/We agree that this proposal shall be the basis of the contract between me/us and Tawunyia.

Date :

\_\_\_\_\_  
Signature of Proposer.

**ITEM 1. GROSS PROFIT  
EXTRACTS FROM THE ACCOUNTS OF THE BUSINESS  
for the last financial year**

The sum of

(a) Turnover (less discounts allowed) ... .. SR

and (b) Closing Stock ... .. SR

From which deduct the sum

(a) Opening Stock ... .. SR

(b) The following Specified Working Expenses  
(i.e. those which vary directly with Turnover)

(i) Purchases (less discounts received) ... SR

(ii) Wages (if insured by Item 2) ... SR

(iii) ... SR

(iv) ... SR \_\_\_\_\_ SR \_\_\_\_\_

Annual Gross Profit ... .. SR

Adjust for current trend of business (see page 1) ... SR \_\_\_\_\_

Maximum Indemnity Period required \_\_\_\_\_ months (see page 1) SR

If exceeding 12 months, increase sum insured proportionately SR \_\_\_\_\_

**Sum to be Insured on Gross Profit** ... .. **SR** \_\_\_\_\_