

PROPOSAL FOR LOSS OF PROFIT 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 TICKS 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** _____