



**Business Package Proposal Form**



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AGENT AND CODE NO.

POLICY NO

FULL NAME OF PROPOSER .....

(In case of a limited liability company state firm's name and in the case of a partnership names of the Partners)

POSTAL ADDRESS ..... E-MAIL .....

.....

TELEPHONE NO: ..... CELL .....

NAME(S) OF MORTGAGEE(S) OR PERSON(S) TO WHOM POLICY IS TO BE CEDED .....

.....

BUSINES PROFESSION OCCUPATION OR TRADE OF PROPOSER .....

SITUATION OF PREMISES TO WHICH INSURANCE IS TO APPLY : STAND NO. ....

BEING NO. ....

PERIOD OF INSURANCE FROM ..... TO .....

TO SIGNIFY THE EXTENT AND/OR TYPE OF COVER REQUIRED PLEASE PLACE AN X IN THE APPROPRIATE BOX  
ASKED

AND COMPLETE THE QUESTIONS

SECTION 1 - FIRE AND EXTENSIONS OF COVER

1.	PROPERTY TO BE INSURED	SUM INSURED
1.1	On the Building(s) (as detailed below) including Landlord's Fixtures and Fittings .....	\$ .....
1.2	On Rent thereof No of Months ..... <input type="checkbox"/> Payable <input type="checkbox"/> Receivable <input type="checkbox"/> Or Rent Value	\$ .....
1.3	Stock in Trade the property of the Proposer therein .....	\$ .....
1.4	Goods in trust or on commission for which the Proposer is responsible therein .....	\$ .....
1.5	On Electrical Machines Apparatus and electrical Installations therein .....	\$ .....
1.6	On Machinery Plant Boilers and Tools therein .....	\$ .....
1.7	On Office Furniture Trade and Office Fixtures and Fittings and Utensils therein .....	\$ .....
1.8	On .....	\$ .....

TOTAL \_\_\_\_\_

Amendments to cover or special instructions - please specify .....

NAME OF OWNER OF BUILDING .....

2. Complete the following description of buildings:

ITEM	CONSTRUCTION				OCCUPIED BY PROPOSER AS	OCCUPIED BY OTHER TENANTS AS
	HEIGHT No. of Storeys	Walls	No. of Open Sides	Roof		


3. Is the building detached from other buildings?  Yes  No - If not state below:

3.1 Construction of other buildings Walls ..... Roof .....

3.2 Occupations of other buildings .....

3.3 Whether separated by perfect party walls (i.e. walls going up to and THROUGH the roof without any aperture.) .....

**SECTION 2 – BUSINESS INTERRUPTION**

The sum to be insured under ordinary circumstances should represent the ANNUAL NET PROFIT added to the Annual Amount of the Standing Charges for the LAST FINANCIAL YEAR when the indemnity period required is twelve months or less. If the Indemnity Period exceeds twelve months the sum to be insured should represent the Net Profit and Standing Charges of the full Indemnity Period.

ITEM NO.	DESCRIPTION	SUM INSURED
1.1	NET PROFIT PLUS ALL THE STANDING CHARGES OF THE BUSINESS .....	\$ .....
	or	
1.2	DIFFERENCE BASIS i.e. the amounts by which .....	\$ .....
	(i) the sum of the Turnover and the amounts of the closing stock and work in progress shall exceed	
	(ii) the sum of the amount of the opening stock and work in progress and the amount of any working expenses not to be insured. Please indicate below the expenses which are not to be insured	
	(a) Purchases less discounts received	
	(b) Discounts allowed	
	(c) Bad Debts Written Off	
	(d) Packing	
	(e) Carriage	
	(f) Consumable Stores	
	(g)	
	(h)	
	(i)	
2.	GROSS REVENUE i.e. THE MONEY PAID OR PAYABLE FOR GOODS SOLD AND/OR SERVICES RENDERED BY YOUR BUSINESS .....	\$ .....
3.	ADDITIONAL INCREASE IN COST OF WORKING i.e. ADDITIONAL EXPENDITURE NECESSARY AFTER LOSS .....	\$ .....
4.	FINES AND PENALTIES FOR NON COMPLETION OR LATE COMPLETION OF ORDERS DUE TO A LOSS .....	\$ .....
5.	COSTS AND EXPENSES INCURRED FOR PRODUCING AND CERTIFYING ANY CLAIM UNDER THIS SECTION .....	\$ .....
	<b>TOTAL</b>	\$ .....

- (a) Maximum indemnity period required ..... Consecutive months
- (b) Do you require an extension to suppliers premises? If so give details and state maximum percentage of gross profit deriving from each supplier.

NAME	SITUATION	PERCENTAGE	GOODS SUPPLIED


(c) Other Extensions to cover or special instructions - specify.

.....

.....

.....

.....

<p>1. How long has the business been controlled in your name</p> <p>(i) In the premises named herein?</p> <p>(ii) Elsewhere</p>	(i)	(ii)
2. When does the Financial Year of your Business close?		
3. Is the insurance to be based upon a comparison with the previous Financial Year?		
<p>4. (i) Do you conduct a similar business in any other premises?</p> <p>(ii) If so where?</p>	(i)	(ii)

**SECTION 3 - ALL RISKS**

Item No.	Property to be Insured	Sum Insured	\$
Total Sum Insured			

**SECTION 4 – THEFT**

All proposals subject to survey before confirmation of rate/premium and final acceptance.

PROPERTY TO BE INSURED	VALUE \$
1. Stock-in-Trade the property of the Proposer only therein	
2. Stock-in-Trade for which the Proposer is responsible therein	
3. Trade Business and Office Furniture Fixtures and Equipment (excluding Plate-Glass Fronts) therein	
4. Other	
From within the buildings situated at the Proposer's premises	TOTAL VALUE
	FIRST LOSS SUM INSURED

**SECTION 5 – MONEY**

1. DEFINED AS

Cash bank notes money orders postal orders bills of exchange current postage stamps revenue stamps milk tokens travelers cheques promissory notes securities for money and other documents of a negotiable nature only whilst in the custody or control of the Proposer or an employee of the Proposer.

COVER IS AUTOMATICALLY PROVIDED FOR

- (i) up to 5% of limit of liability not in locked safe in the premises outside business hours
- (ii) up to 5% of limit of liability in the dwelling of the Proposer or any other person to whom money is entrusted
- (iii) up to 5% of limit of liability in respect of damage to clothing or effects as a result of theft
- (iv) cost of repair or replacement of safe strongroom or container or any lock or key pertaining thereto as a result of theft.

2. State limits required for cash bank notes and open cheques

2.1 In a locked safe in the premises outside business hours .....

\$
\$

2.2 Any other money (e.g. in transit or on the premises during business hours) (Limit of Liability) .....

3. Is money carried by a security company?

YES  NO

If YES state

(a) Name of security company

(b) Estimated annual carryings

\$

(c) Is cover required for this money when in the custody of the security company?

YES  NO

(If yes attach a copy of security company contract conditions)

4. Is there a safe or strong room in which money is kept?

YES  NO

If YES state

(a) Make and model

---



- (b) Size \_\_\_\_\_
- (c) Serial letter and number \_\_\_\_\_
- (d) State if secured or portable \_\_\_\_\_

- 5. Are employees engaged in the handling of money guaranteed under a Fidelity Guarantee Policy?  YES  NO
- 6. Are the keys or combination codes of the safe or strongroom removed from the premises when they are closed for business  YES  NO

**SECTION 6 – GLASS**

Is any of the glass to be insured broken or damaged?  YES  NO

If so please give details .....

<b>PROPERTY TO BE INSURED</b>	<b>VALUE</b>
1. ON ALL FIXED GLASS ON THE PREMISES INCLUDING LETTERING AND ORNAMENTATION OTHER THAN AS SPECIFIED BELOW .....	\$ .....
2. ....	\$ .....
3. ....	\$ .....

**N.B.** The policy covers the cost of replacement of the property reasonable boarding up costs and damage to window displays including fixtures and fittings and frames or framework containing the glass.

Extensions to cover or special instructions – please specify .....

.....

**SECTION 7 – GOODS IN TRANSIT**

**NB : This cover only apply to property in transit within Zimbabwe**

- 1.  All Risks                       Fire Collision and Overturning                       Strike Riot
- 2. Number of Vehicles in Use ..... Limit of any One Load \$.....
- 3. Nature of Goods Carried .....
- 4. Type of Packing .....
- 5. Number of Journeys Anticipated .....
- 6. Estimated Total Value of Goods Carried in any One Year \$ .....
- 7. Basis of Valuation .....

**SECTION 8 - LIABILITY**

Tick Box

1. Is cover to include:

YES NO

1.1 **Employers Liability** i.e. claims for injury sustained or disease contracted by your employees? Indemnity is unlimited in amount

1.2 **Residual Liability** i.e. against penalties due to the General Manager of the National Social Security Authority? ....

1.3 **Public Liability** i.e. claims by other persons who sustain injury or contract disease or whose property is damaged?

If yes (i) State limit of liability required \$ .....

(ii) State estimated turnover for next 12 months \$ .....

1.4 **Products Liability** i.e. claims arising out of goods sold or supplied?

If yes (i) State limit of liability required \$ .....

**N.B.** This limit applies to all such claims in any one period of insurance.

(ii) State type of goods for which cover is provided .....

(iii) State estimated turnover in next 12 months of

Goods manufactured by you .....

Goods sold by you as wholesalers .....

Goods sold by you a retailers .....

Goods serviced maintained repaired labeled or tested by you

\$	% exported to USA & Canada

YES NO

2. Do you

2.1 handle use or store radioactive substance or devices chemicals gases explosives asbestos silica or material containing silica or any other dangerous substance?

2.2 accept or have you accepted under contract any liability which would not otherwise attach to you?

2.3 operate any process which does or could result in the escape or discharge into atmosphere water or land of any toxic or dangerous substance? .....

If YES to any of Question 2 give details

3. Estimate your total expenditure on wages salaries and other earnings. Show the total remuneration including overtime value of board and lodgings housing accommodation bonuses and other payment in kind or money received by all persons working under contracts of service (including directors) or any person supplied to or hired or borrowed by the Proposer.

Description of employees including any person supplied to or hired or borrowed by the Proposer	No. of Employees	Estimated annual payments to employees
Clerical and managerial employees not engaged in manual labour and commercial travelers		\$
Other persons working on your premises (specify nature of work)		\$
Other persons working away from your premises but in Zimbabwe (specify nature of work)		\$
Any persons working manually outside Zimbabwe (specify nature of work)		\$
Earnings of Proposer if working manually .....		\$

YES NO

4. Do any of your activities involve construction alteration repair maintenance or installation or similar work away from your own premises?

.....

If YES is any of this work sub-contracted? .....

If YES State (a) nature of work .....

(b) estimated annual value of sub-contracted work ..... \$.....

(c) whether you obtain an indemnity supported by insurance from sub-contractors .....

**SECTION 9 – MOTOR**

Please give full details of all Private Cars Commercial Vehicles Motor Cycles Trailers and Caravans to be insured.

	<div style="border: 1px solid black; display: inline-block; padding: 2px;">A</div> Comprehensive	<div style="border: 1px solid black; display: inline-block; padding: 2px;">B</div> Third Party Fire and Theft	<div style="border: 1px solid black; display: inline-block; padding: 2px;">C</div> Third Party Only
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	Make Model and Vehicle	Type of	Year of Make	Cubic Capacity or Maximum Carrying Capacity	Registration Number	Makers Numbers	Proposer's Estimated Market Value including Sales Tax	Code Letter of Cover Selected (see code above)
VEHICLES								

If a radio or tape deck is affixed to any vehicle and to be insured please complete:

Make ..... Model ..... Value ..... Date Purchased .....

Make ..... Model ..... Value ..... Date Purchased .....

Make ..... Model ..... Value ..... Date Purchased .....

  

	YES	NO		YES	NO
Will the vehicle(s) be used					
(a) for the carriage of goods or samples for trade purposes?	<input type="checkbox"/>	<input type="checkbox"/>	(f) in connection with the Motor Trade?	<input type="checkbox"/>	<input type="checkbox"/>
(b) for the hiring or the carriage of passengers for hire or reward?	<input type="checkbox"/>	<input type="checkbox"/>	(g) in the case of Motor Cycles, will pillion passengers be carried?	<input type="checkbox"/>	<input type="checkbox"/>
(c) for commercial travelling?	<input type="checkbox"/>	<input type="checkbox"/>	(h) for the carrying of explosives?	<input type="checkbox"/>	<input type="checkbox"/>
(d) for driving instruction for reward?	<input type="checkbox"/>	<input type="checkbox"/>	(i) For any other purpose by you or any other person?	<input type="checkbox"/>	<input type="checkbox"/>
(e) for rallies reliability trials racing speed or other contest?	<input type="checkbox"/>	<input type="checkbox"/>			
If the answer to any questions is YES please give details					

D R I V E R S	Give the following information about any person including the Proposer who may drive.					
	Full Name	Business Profession Occupation	or	Date of Birth	Date and Place of Issue of Driver's Licence	Classes of Vehicles for which Drivers Licence is valid
	PROPOSER					
	OTHERS					
H I S T O R Y	The undermentioned details MUST be provided for the past 5 years:					
	Year	Total Number of Vehicles owned by Proposer	Total Number of Accidents and Losses	TOTAL COST		BRIEF CIRCUMSTANCES OF LOSS (if insufficient space supply separate report)
				Amount Paid or Estimated to be Paid	Insurance Company	
	20					
	20					
	20					
	20					
20						

PLEASE ANSWER ALL QUESTIONS BY PLACING AN X IN THE APPROPRIATE BOX. IF THE ANSWER TO ANY QUESTIONS IS YES PLEASE GIVE FULL DETAILS.

	YES	NO	
1. (a) Have you or has any other person who to your knowledge will drive the above vehicle(s) during the past 5 years been subject to a driving disqualification or been charged with or convicted or paid an admission of guilt fine during that period for any offence in connection with any motor car or other motor vehicle or is any prosecution pending?	<input type="checkbox"/>	<input type="checkbox"/>	..... ..... .....
(b) Do you or any other person who to your knowledge will drive suffer from defective eyesight hearing or from any other physical infirmity or other affliction which could affect the ability to drive?	<input type="checkbox"/>	<input type="checkbox"/>	..... .....
2. Has the vehicle(s) been specially adapted or structurally modified to increase performance?	<input type="checkbox"/>	<input type="checkbox"/>	.....
3. Is the vehicle(s) registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>	.....
4. Are you the owner of the vehicle(s)? If NO state owner and/or name of Hire Purchase Company.	<input type="checkbox"/>	<input type="checkbox"/>	.....
5. Name of previous Motor Insurers and type of cover			.....
6. Are you entitled to No Claim discount from previous insurers (or similar benefit)? If so attach last renewal notice.	<input type="checkbox"/>	<input type="checkbox"/>	.....
7. Has any Insurer in respect of yourself or any other person who to your knowledge will drive ever-			
(a) declined your proposal?	<input type="checkbox"/>	<input type="checkbox"/>	.....
(b) required your specifically to carry a portion of any loss?	<input type="checkbox"/>	<input type="checkbox"/>	.....

- (c) required an increased premium or imposed special conditions   .....
- (d) refused to renew your Policy?   .....
- (e) cancelled your Policy?   .....
- 8. Is/are the vehicle(s) in a sound state of repair?   .....

**GENERAL INFORMATION**

- IN RESPECT OF ANY OF THE RIKS NOW PROPOSED FOR INSURANCE
- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| (a) Are you or have you ever been insured?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you ever sustained a loss or made a claim?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Have you ever been insolvent or effected a compromise with your creditors or has any company in which you were financially interested been placed under a provisional or final winding up order or made a compromise with its creditors.   | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Has any application for insurance by you or by any company in which you were financially interested ever been declined cancelled or refused either direct or through an agent verbally or otherwise or has renewal of any such insurance been refused or not invited or have special terms been imposed. | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Do you keep a complete set of books?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Are such books locked in a fireproof safe or strongroom when the premises are not open for business?   | <input type="checkbox"/> | <input type="checkbox"/> |

If the answers to (a) (b) (c) (d) (e) or (f) are YES please give details.

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.....

State name and address of your Auditors and how often your books are examined by them.

.....

.....

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.....

**DECLARATION**

I/We warrant

That all statements and particulars given in the proposal are true in every respect and agree to give immediate written notice to the Insurance Company of any alteration of the risk herein submitted and subject to such notice the payment of each renewal premium shall be considered to have reaffirmed the answers to the questions on the proposal.

That I/We have not withheld any information likely to affect the acceptance of the proposal for insurance.

That this proposal shall be the basis of the contract between the Insurance Company and myself/ourselves.

That the person completing this proposal form on my/our behalf does so as my/our Agent and not that of the Insurance Company.

That unless any facts material to this proposal for insurance are embodied in this form they shall not be considered communicated to the Insurance Company even if disclosed to such Agent.

That the Insurance Company shall be under no liability under any portion of this proposal form until it has signified its acceptance of the proposal for insurance in writing.

That a declaration if required will be made to the Insurance Company to enable an adjusting premium to be calculated where such premium is based initially upon an estimation.

Date \_\_\_\_\_

Signature \_\_\_\_\_