



BUSINESS INTERRUPTION INSURANCE APPLICATION FORM

Full Name of Proposer:	Period of Insurance	
Full Address:	From: To: (Both days inclusive)	
Full Business Description:	Fax No.	Tel. No.

IMPORTANT: PLEASE NOTE, CONTINGENCIES COVERED UNDER YOUR BUSINESS INTERRUPTION INSURANCE WILL FOLLOW THOSE COVERED UNDER YOUR PROPERTY DAMAGE COVER PLUS:

- o EXPLOSION OF ANY BOILER OR ECONOMISER ON THE PREMISES, AND
- o ANY DAMAGE OCCASIONED IN THE COURSE OF THEFT BUT EXCLUDING LOSS DUE TO THE THEFT OF PROPERTY

ANY ADDITIONAL RESTRICTIONS ON THESE CONTINGENCIES OR ADDITIONAL COVERS APPLICABLE WILL BE DETAILED IN YOUR BUSINESS INTERRUPTION POLICY WORDING.

INTEREST TO BE INSURED	SUM INSURED / ESTIMATED SUM INSURED ++
(A) GROSS PROFIT*	
(B) INCREASE COST OF WORKING(ICOW)**	

++ please indicate, by deleting the basis not required, whether this is to be either (i) a Sum Insured, or (ii) an Estimated Sum Insured for declaration linked basis.

Note that if sum insured is on an estimated basis, the Policyholder must send to the Company within thirty days of the expiry of each Period of Insurance a declaration confirmed by the Policyholder's auditors/accountants of the actual Gross Profit earned or expenses paid during the financial year most nearly concurrent with the Period of Insurance.

* **GROSS PROFIT** = The amount by which the sum of the amounts of Turnover and the amounts of the closing stock and work in progress shall exceed the sum of the amounts of the opening stock and work in progress and the amount of the uninsured working expenses.

The amounts of the opening and closing stocks and work in progress should be arrived at in accordance with the

Policyholder's normal accountancy methods with due provision being made for depreciation.

** **INCREASED COST OF WORKING** = Sum Insured should take account of the anticipated additional expenditure necessarily and reasonably incurred for the sole purpose of avoiding or diminishing the reduction in Turnover during the Indemnity Period, for example, renting of temporary premises, special advertising, hire or cost of temporary plant, special travelling expenses, cables & etc.

1. Indemnity Period	Months	Total Sum Insured (A) + (B)
***	_____	_____



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*** **INDEMNITY PERIOD** = This is the period during which compensation is recoverable after the occurrence of any of the insured contingencies during the currency of the policy.

The term is selected by the Proposer and it should be sufficient to extend over the full period of interruption. The retailer whose stock is readily replaceable may consider six months a sufficient period, whereas a manufacturer whose machinery and plant may have to be imported would probably require twelve months or even two years to get back to normal production.

The method of assessing the amount of loss is simple and equitable. The certificate of a professional accountant mutually nominated by the Policyholder and the Company is accepted in adjusting the amount of claim. The accountant's fee for adjusting the loss is paid by the Company.

2. Are you insured against material damage caused by boiler explosion?

Yes No

If YES, please provide details:

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3. If not insured, are the boilers inspected regularly? (by whom and how often?)

Inspector Name	Inspection Intervals

4. How long has your business been in existence?

_____ years

5. Are your books audited at regular periods?

Yes No

(i)Date of last audit:	
(ii)Name and address of auditors:	

6. Do you own your business premises?

Yes No

If not, when does the lease expire?

Expiry Date: _____

Does the lease provide that premises must be reinstated in event of fire?

Yes No



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7. Is there any bill of sale on your stock?

Yes No

If so, state the amount

Amount: _____

8. Special Extensions

Do you require extensions for any of the following:

(i)	Specified Suppliers	YES	NO	Supplier Name:	
				Address:	
				How much (%) of your gross profit would be affected	
(ii)	Specified Customers	YES	NO	Customer Name :	
				Address:	
				How much (%) of your gross profit would be affected	

9. Have you ever sustained any loss by fire or any of the other contingencies covered by this insurance?

Yes No

If so, give details:

10. Give particulars of any policies currently in force with any other company covering Material Damage &/or Business Interruption

11. Please give details of previous insurers in the last five years

Insurer Name	Details



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12. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled?

Yes No

If so, give particulars:

13. Have you ever had any special terms or conditions imposed?

Yes No

If yes, please provide details:

14. Have you ever been convicted or charged (but not yet tried) with any criminal offenses?

Yes No

If yes, please provide details:

15. Are there any other Material Facts to disclose?

(** A Material Fact is information which would influence the mind of a prudent Underwriter in deciding whether to accept a risk and what terms to apply).

Any Additional Information?



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Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true correct and that no material fact has been withheld, mis-stated or misrepresented.

Submitting this form does not bind you to complete the insurance nor Tokio Marine Saudi Arabia to accept, but it is agreed that this shall be the basis of the contract should a policy be issued.

Signature of Proposer
& Company stamp: _____

Date: _____

