FEDERAL INSURANCE TIMOR S.A

MATERIAL DAMAGE PROPOSAL FORM

Agent: Policy Number: | | | | | | | | | | | |

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

DETAILS OF APPLICANT(S)

Business Name_____

Postal Address_____

Business Location_____

Phone _____ Mobile _____ Email _____

Contact Person _____ Position _____

Business Activity _____

Interested Parties:

Name	Address	Interest
_____	_____	_____
_____	_____	_____

Period of Insurance From _____ To _____ at 4pm

MATERIAL DAMAGE

Name of main Contractor responsible for the original construction of the building _____

Details of the property to be insured:

Address	**Construction e.g. 30% wood/70% concrete**	**Age**	**Type of use and occupancy**
1_____	Floor _____	_____	_____
_____	Walls_____	years	_____
_____	Roof _____		_____
_____	Frame_____		_____

Address	Construction e.g. 30% wood/70% concrete	Age	Type of use and occupancy
2_____	Floor _____	_____	_____
_____	Walls_____	years	_____
_____	Roof _____		_____
_____	Frame_____		_____

Situation 1	Sum Insured (IV*)	Fire		Security	
Building	$ _____	Fire extinguishers	Yes/No ___	Deadlocks	Yes/No ___
Plant	$ _____	Fire hoses	Yes/No ___	Alarm	Yes/No ___
Stock	$ _____	Fire alarm - Monitored	Yes/No ___	*Audible* ☐ *Monitored* ☐	*Security response* ☐
Other	$ _____	Smoke detectors	Yes/No ___	Bars on Windows	Yes/No ___
Other	$ _____	Automatic Sprinklers	Yes/No ___	Security Fence	Yes/No ___
TOTAL	**$** _____			Bollards	Yes/No ___

Situation 2	Sum Insured (IV*)	Fire		Security	
Building	$ _____	Fire extinguishers	Yes/No ___	Deadlocks	Yes/No ___
Plant	$ _____	Fire hoses	Yes/No ___	Alarm	Yes/No ___
Stock	$ _____	Fire alarm - Monitored	Yes/No ___	*Audible* ☐ *Monitored* ☐	*Security response* ☐
Other	$ _____	Smoke detectors	Yes/No ___	Bars on Windows	Yes/No ___
Other	$ _____	Automatic Sprinklers	Yes/No ___	Security Fence	Yes/No ___
TOTAL	**$** _____			Bollards	Yes/No ___

*IV = Indemnity Value

EXTENSIONS WITH SPECIAL LIMITS

Extensions	Standard Limit	Other Limit Required	Extensions	Standard Limit	Other Limit Required
Capital Additions	$50,000	$_____	Protection Costs	$10,000	$_____
Demolition and Other Costs	$20,000	$_____	Refrigerated Goods	$2,000	$_____
Employees Personal Property	$2,000/$5,000 max	$_____	Electric Motors/Switchboards	$2,000	$_____
Money: Section A	$1,000	$_____	Social/Sport Club Items	$2,000	$_____
Section B	$1,000	$_____	Keys & Locks	$2,000	$_____
Seasonal Increase	$Nil	$_____	Temporary Removal/Transit	$5,000	$_____
Portable Electronic Equipment	$5,000 per item $10,000 Max	$_____	Theft	$5,000	$_____

Additional Extensions: Do you require this insurance to be extended to include the following additional coverage?

Cyclone & Natural Disaster Yes ☐ No ☐

Property Under Construction/Contract Works (if "Yes" please complete CAR proposal form) Yes ☐ No ☐

SUMMARY SECTION

1. Are you now, or have you ever been, insured for the type of risk proposed? Yes ☐ No ☐ If "Yes" please give details below

Insurer	Cover	Date of Cover
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Has any insurer in respect to your Business:

- Ever declined a proposal?;
- Withdrawn, cancelled or refused to renew a policy?;
- Demanded an increased premium for renewal?;
- Imposed a penalty excess or restriction?; or
- Declined any claim in respect of insurance held by you, any director or any company with which you or they have been associated?

If you answered "Yes" to any of the above questions, please give details below

_____

_____

_____

_____

3. Have you or any director or partner ever committed any criminal offence? Yes ☐ No ☐ If "Yes" please give details below

_____

_____

_____

_____

4. How long have you been in your current business? _____ years

5. Have you had any losses (whether insured or not) over the last 3 years incurred by you or any director or partner in respect of any of the types of risks proposed? Yes ☐ No ☐ If "Yes" please give details below

_____

_____

_____

_____

ON BEHALF OF THE APPLICANTS

I agree that:

1. Material facts

(a) All information given to FIT (whether oral or written) is true and correct, and

(b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. Terms of Policy

The terms of FIT policy are accepted

3. Agency

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FIT and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title _____ Date _____

Full Name _____

Applicants signature _____ Position/Title _____ Date _____

Full Name _____