

Please complete all sections to facilitate the processing of your application.

Statement pursuant to Section 23(5) of the Insurance Act 1966 or any subsequent amendments thereof. You are to disclose in the proposal form fully and faithfully all facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Name of Producer & Producer Code: _____

Particulars of Proposer

Name of Proposer:		Business Registration No.:	
_____		_____	
Mailing Address:			
_____		Postal Code	(_____)
Email:		Contact No.:	
_____		_____	
No. of Years in Business:	Period of Insurance:		
_____	From _____ To _____		
Nature of Business: (Please provide full description) _____			

Details of Risk Premises

Address:			
_____		Postal Code	(_____)
Use of Premises:			
<input type="checkbox"/> Dwelling	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Shop	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Engineering	<input type="checkbox"/> Office	<input type="checkbox"/> Others (please specify): _____	
Construction of Premises			
a) Walls	<input type="checkbox"/> Abestos	<input type="checkbox"/> Concrete	<input type="checkbox"/> Open-sided
	<input type="checkbox"/> Brick	<input type="checkbox"/> Others (please specify): _____	
b) Roof	<input type="checkbox"/> Abestos	<input type="checkbox"/> Tiles	<input type="checkbox"/> Zinc
	<input type="checkbox"/> Concrete	<input type="checkbox"/> Others (please specify): _____	
c) Building Frame	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal	<input type="checkbox"/> Wooden
	<input type="checkbox"/> Others (please specify): _____		

Fire Fighting Applications

1. Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, where is the fire alarm connected to? _____		
2. Fire Extinguisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. of Extinguisher: _____		
3. Heat Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Hose Reels	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Proposer: _____

Fire Fighting Appliances

5. In-House Fire Brigade If Yes, are they trained and no. of person in the team? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Smoke Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Sprinkler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Yard Hydrants Number _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Protection other than the above: _____		

Security Systems of Premises

1. 24-hours Watchman Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Burglar Alarm System If Yes, please state Name of Brand: _____ Does it connect to a central monitoring station? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Grilled Doors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Security Checkpoint	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Surveillance Camera	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Others, please specify: _____		

Period of Indemnity

6 months 12 months 18 months 24 months Others _____

Interest to be Insured

Interests	Sum Insured (S\$)
a) Gross Profit (Note: This should be an estimated annual gross profit unless the Period of Indemnity exceeds 12 months when the amount should be increased proportionately. Please specify any Uninsured Working Expenses: _____)	S\$
b) If Payroll/Wages are excluded from gross profit, please state amount to be insured separately for the selected Period of Indemnity	S\$
Total Sum Insured	S\$

Consequential Loss

Name of Proposer: _____

Interest to be Insured

Alternatively, the following Interests can be insured:	Sum Insured (S\$)
a) Standing Charges, please list: _____	S\$
b) Net Profit	S\$
c) Auditor's Fees	S\$
Total Sum Insured	S\$

Other Information

a) Are there any hazardous goods stored in the premises? If Yes, please state the types of hazardous goods: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Is the Premises shared with others? If Yes, please state its Nature of Business: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Does the building adjoin any other premises? If Yes, please state its Nature of Business: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Is there any insurance on the same property in force for the same Period of Insurance being proposed? If Yes, please state: Name of Insurer _____ Sum Insured: _____ _____ S\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Has any Insurance Company ever refused your Consequential Loss Insurance Proposal or refused to renew your Consequential Loss policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Has your insurance been canceled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Claims Experience

Please provide full particulars of all losses for the last 5 years:

Date of Loss	Nature of Loss	Amount Claimed

Name of Producer:	
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Details of Expiring Insurance

Name of Insurer:		Sum Insured:
		S\$ _____
Annual Premium:	Expiry Date:	Excess:
S\$ _____		

Details of Expiring Insurance

Special Terms and Conditions:

IMPORTANT NOTES

- The liability of the Company does not commence until this Proposal has been accepted by the Company.

PAYMENT BEFORE COVER WARRANTY (INDIVIDUAL)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) on or before the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and no benefits whatsoever shall be payable by the Company.

PREMIUM PAYMENT WARRANTY (CORPORATE)

Please note that the total premium must be paid and actually received in full by the Company (or the intermediary through whom this Policy was effected) within 60 days of the inception date of the coverage, failing which the Policy shall be deemed to be automatically canceled and a pro-rata premium is to be charged for the period that the Company is on risk.

PERSONAL DATA PROTECTION

By signing this form, I/we consent to Liberty Pte Limited ("Liberty") and its authorised service providers, related entities, and partners (collectively, "Appointees") collecting, using, and disclosing my/our personal data, and any personal data of other individuals provided by me/us, for purposes including: assessing and providing insurance products and services; policy administration, renewals, claims, and payments; compliance, audit, and regulatory reporting; research, analytics, and service improvement; and communication and customer support. I/we confirm that I/we have read and agree to [Liberty's Privacy Policy](#), which explains how Liberty manages personal data, including cross-border transfers. If I/we provide personal data of other individuals, I/we warrant that I/we have obtained their consent (or consent from their legal representatives, where applicable) for these purposes. I/we understand that I/we may access, correct, or withdraw consent for my/our personal data at any time by contacting Liberty's Data Protection Officer at privacy.officer.ap@libertymutual.com, subject to legal and contractual obligations.

DECLARATION

I/We do hereby declare and warrant that:

- a) All information provided by me/us in connection with this application is true, accurate and complete
- b) I/We understand that any inaccurate, incomplete or false information given or any omission of information required, may at Liberty Pte. Limited's ("**Liberty**", the "**Company**") discretion, render this application invalid
- c) I/We agree that this application and declaration shall be the basis of the contract between Liberty and myself
- d) I/We agree to accept the Company's policy subject to the terms, exclusions and conditions to be expressed therein, endorsed thereon or attached thereto
- e) If we/I do not fully and faithfully give the facts as we/I know them or ought to know them, we/I may receive nothing from the policy

Date

Signature of Proposer &
Company Stamp