



**CONSEQUENTIAL LOSS INSURANCE**

**PROPOSAL FORM**

**STATEMENT PURSUANT TO ARTICLE 20 OF THE INSURANCE LAW OF THE KINGDOM OF CAMBODIA OR ANY SUBSEQUENT AMENDMENT THEREOF**

You are to disclose in this proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

Agency A/C No:

Policy No:

DETAILS OF PROPOSER	
1. Name of Proposer :	<input type="text"/>
2. Correspondence Address :	<input type="text"/>
3. Occupation/ Nature of Business, Trade :	<input type="text"/>
4. Telephone No. :	O <input type="text"/> - <input type="text"/> H <input type="text"/> - <input type="text"/>
5. Identity Card No./ Business Regn. No. :	<input type="text"/> Date of Birth : <input type="text"/> - <input type="text"/> - <input type="text"/>
(Identity Card/Business Regn. Doc. Verified By : _____ Signature & Name of Agent / Staff)	

PERIOD OF INSURANCE	
From :	<input type="text"/> - <input type="text"/> - <input type="text"/>
To :	<input type="text"/> - <input type="text"/> - <input type="text"/>

THE RISK PREMISES	
1. Location :	<input type="text"/>
2. Name of Chargee/Mortgagee :	<input type="text"/>
3. Please state the occupation/use of the building :-	_____

DESCRIPTION OF PROPERTY TO BE INSURED	SUM INSURED (USD)
1. On Gross Profit/Gross Rental/Gross Revenue (delete whichever is not applicable)	
2. On Total Wages for the first ..... Weeks followed by ..... % for the remaining of the indemnity Period	
3. On Auditors' Fee (incurred for extracting and certifying information required in connection with a claim)	
4. Others (Pls specify) : _____	

## INDEMNITY PERIOD

For how many consecutive months following a fire do you wish the indemnity to be payable?

6 months

12 months

(This should represent your estimate of the maximum period necessary for the business to recover from the effects of any fire)

18 months

## GENERAL QUESTIONNAIRES

	YES	NO	If Yes, please provide details
1. How long has the business been established?	<input type="checkbox"/>	<input type="checkbox"/>	
2. When does your financial year end?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Will your books be audited regularly? If yes, state how often State the name and address of your professional Accountants	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you practise business contingency resumption plan or something similar contingency planning?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you at present any insurance covering consequential loss?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you ever made a claim under a Fire Policy or Consequential Loss Policy?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has any insurance company ever declined / cancelled your policy?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Has any Insurance Company ever refused your Consequential Loss Insurance Proposal or refused to renew your Consequential Loss Policy?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has your insurance been cancelled solely or in part due to a breach of premium payment warranty in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	

## DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ourselves and the Company.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposer