

# AGRICULTURAL COMMERCIAL PROPOSAL FORM



INTERNATIONAL COMMERCIAL AND ENGINEERING

ICE SEGUROS S.A.

## COMPLETION INSTRUCTIONS

- Complete all fields in BLOCK LETTERS (using blue or black ink).
- In order to ensure the correct assessment of the risk and the speedy issue of the policy, indicate the sections and complementary covers that you wish to include in the Policy and furnish all the information requested by the Insurer.
- In case of omissions or doubts when completing this proposal, please contact the Insurer for clarifications.

**Notwithstanding the approval of the proposal, in terms of the law, risks will be covered only and exclusively after payment of the first premium or applicable part thereof.**

### IMPORTANT NOTE

The client remains liable for all omissions, errors or false details pertaining to obligatory or optional information required. In respect of these and other details in General, Special or Particular Conditions as well as details required by the insurance legislation in effect, the policy shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

ICE SEGUROS

## INDEX OF COVERS AVAILABLE

<b>Period of Cover (✓)</b>	<input type="checkbox"/> Annual (Yearly & thereafter) <input type="checkbox"/> Temporary <input type="checkbox"/> Other
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<b>Date of Inception</b>	...../...../..... to ...../...../.....
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Section Number	Product Name	Applicable (✓)
1	Fire	
2	Business Interruption	
3	Theft	
4	Money	
5	Goods in Transit	
6	General Public Liability	
7	Employers Liability	
8	Motor	
9	Electronic Equipment	
10	Houseowners & Householders	



## DECLARATION OF PERSONAL DETAILS

1. .... (hereinafter referred to as the “Policy Holder”) authorizes that its details be made available, under absolute confidentiality, to International Commercial and Engineering ICE, Seguros SA and its affiliates (hereinafter referred to as “ICE Seguros”) provided that such information is only used in accordance with the contractual relationship.
2. The Policy Holder authorizes ICE Seguros to obtain any supplementary personal details from public entities, credit bureau and other financial institutions for purposes of confirming or supplementing the details obtained and required for managing the contractual relationship.
3. The Policy Holder authorizes ICE Seguros to record all telephone calls, emails, messages made and received by any of its employees, agents, directors and the like acting on behalf of the Policy Holder within the scope of the contractual obligation hereby established and to use such recorded information for all legal purposes, namely, for the execution of contracted services, for improving and monitoring such services and as evidence. The details obtained shall be processed and stored and will be used for purposes of the contractual relation with ICE Seguros and its subcontractors.

The Policy Holder acknowledges and consents to third parties having access to information concerning them that may be contained in the Policy Holder’s information and further that they may request that it be corrected, changed or removed by contacting directly, or in writing, ICE Seguros.

The Policy Holder hereby declares that all details provided are true, accurate, and correct and supplied in good faith and the Policy Holder assumes full responsibility for said details. The Policy Holder further undertakes to immediately inform ICE Seguros of any material changes arising after these particulars were supplied under penalty of being personally liable for losses and damages. The Policy Holder acknowledges and agrees that it is liable for all omissions, errors or false details pertaining to obligatory or optional information required and hereby indemnify ICE Seguros from any costs, claims, damages (including consequential damages), legal proceedings or expenses that may arise from any omission, misrepresentation or false information provided by it or its failure to update any of its information.

In the event that the Policy Holder has omitted any information or provided any false, misleading or incorrect information to ICE Seguros, any policy / policies of which it is a policy holder shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

The Policy Holder warrants to ICE Seguros that it has the power, authority and legal right to approve, complete, sign and where necessary perform this proposal form in terms of the Policy and that the aforementioned has been duly authorised by all necessary actions of its directors, members or board of trustees, as the case may be, and constitutes valid and binding obligations on it in accordance with the terms of the Policy and this proposal form.

The Policy Holder declares that it is aware of and agrees to be bound by all the terms and conditions contained in the policy / policies that may be issued by ICE Seguros as requested by it. The Policy Holder further acknowledges that this proposal form and such policy / policies form the basis of the contract between ICE Seguros and it.

In this respect, the Policy Holder hereby agrees to be bound by this proposal form and any policy / policies, and all the terms and conditions contained therein, issued by ICE Seguros as requested by it and further undertake to comply timeously with all its obligations to ICE Seguros including but not limited to payment of premiums.

Date: ...../...../.....

Place of signing: .....

Policy holder signature: .....

Duly Authorised

PROPOSING COMPANIES DETAILS

Name (and Company Trading Name):

.....

How long has your business been established:

.....

If Partnership or Proprietary Company, list names of Partners or Directors:

.....  
.....  
.....  
.....

Nature of trade or business / Full business description:

.....  
.....

Insured's Address and post:

.....  
.....

Postal Address:

.....  
.....

Risk Manager / Insurance Manager:

Name: ..... Job title: .....

Email: ..... Telephone: .....

Agent / Broker: .....

Contact Name/Position: .....

Telephone: .....

E-mail: .....

Mobile: .....

**Note:** When filling out this document either Mozambican Meticals or United States Dollars can be used to indicate a value.

## LOSS EXPERIENCE

In respect of the insurance now being applied for please give details of any and all loss or damage (whether insured or not) sustained over the past 5 (five) years, as well as all prior major losses:

Type of cover	Date of loss	Details of loss / accident (E.g. Causes, precautionary measures implemented, etc.)	Gross value (Indicate MZN / USD)
	...../...../.....		
	...../...../.....		
	...../...../.....		
	...../...../.....		
	...../...../.....		

Has any insurer in respect of the risk to which this proposal relates ever:

1. Declined a proposal, refused renewal or cancelled any of the proposer's previous insurance policies?  
Yes [ ] No [ ]
2. Has any previous insurer required an increased premium and / or imposed special conditions?  
Yes [ ] No [ ]
3. Have you, or any member of your firm, ever made a compromise with creditors or been declared insolvent?  
Yes [ ] No [ ]
4. Do you keep a complete set of books showing a true and accurate record of business transacted?  
Yes [ ] No [ ]
5. Has the proposing insured ever been required to carry the first amount of any loss?  
Yes [ ] No [ ]

If yes to any of these please give details.....  
 .....  
 .....  
 .....

## PREVIOUS INSURERS

Please provide the names of insurers who have provided you with cover over the last five years.

Company	Policy number	Period of cover

Are there any payments outstanding on current or previous insurance policies? Yes  No

### Other Comments

Use this space to make additional comments and, if necessary, attach any other information deemed relevant for this application.

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.....

## SECTION 1 FIRE

Details of property(s) to be insured must be entered into the following pages.

### DEFINITIONS

- Column No. 1 Buildings (and subsequent improvements), including landlord's fixtures and fittings therein, walls (except dam walls), gates, posts and fences.
- Column No. 2 The number of months rent / rental covered (attach copy of agreement).
- Column no. 3 Plant, machinery, landlord's fixtures and fittings for which the insured is responsible and all other contents excluding property more specifically insured.
- Column no. 4 Stock and materials in trade (owned or under your custody).
- Column no. 5 Miscellaneous (attach descriptions).

### TYPE OF CONSTRUCTION

### USE

**Building / Risk 1** – Walls, ceiling and floor in stone, brick, masonry, iron, reinforced concrete or other non-combustible materials possessing at least a 15 hour resistance to fire.

**Residential,  
Offices / Commercial,  
Storage,**

**Building / Risk 2** – Construction not falling under Risk 1, even if built predominantly of fire-resistant materials and non-combustible ceilings with at least ½ hour fire resistance.

**Industrial** – briefly describe the nature of operations carried out there:

.....

.....

.....

**Building / Risk 3** – Construction not falling under Risk 2 built predominantly of combustible materials.



### 1a.1 – Description of Property to be Insured

Date of Inception ...../...../..... to ...../...../.....

Details Address, use and type of construction (for more space use "Other Comments" at the end of this section)	Column number outlined on page before	Sums Insured (indicate MZN / USD)		
		Risk / Building 1 (.....)	Risk / Building 2 (.....)	Risk / Building 3 (.....)
		MZN..... USD .....	MZN..... USD .....	MZN..... USD .....
		MZN..... USD .....	MZN..... USD .....	MZN..... USD .....
		MZN..... USD .....	MZN..... USD .....	MZN..... USD .....
		MZN..... USD .....	MZN..... USD .....	MZN..... USD .....
		MZN..... USD .....	MZN..... USD .....	MZN..... USD .....
<b>Total Sums Insured (indicate MZN / USD)</b>		MZN..... USD .....	MZN..... USD .....	MZN..... USD .....

NB: If the proximity of sections of the building in the same location allows for them to be dealt with separately (per fire area e.g. minimum distance of 30 metres) and / or if the type of occupation is predominantly different (e.g. housing or stores or office) the sum insured must be indicated separately following the definitions at the start of this section.

#### ANTI-THEFT PROTECTION

Tick all applicable measures used by ticking all the **box / boxes relevant** to the building(s) where said measures are in place. You **must** tick the boxes below to specify what security protection is installed at each risk / building in each location.

Risk / Building	1	2	3		1	2	3
<b>Special locks</b>	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	<b>Permanent security guards</b>	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	Column 4 <input type="checkbox"/>		Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>
	Column 3 <input type="checkbox"/>	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>		Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>		Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>	Column 8 <input type="checkbox"/>
	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>		Column 7 <input type="checkbox"/>	Column 8 <input type="checkbox"/>	Column 9 <input type="checkbox"/>
<b>Armoured doors</b>	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	<b>Automatic alarm system / armed response</b>	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	Column 4 <input type="checkbox"/>		Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>
	Column 3 <input type="checkbox"/>	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>		Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>		Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>	Column 8 <input type="checkbox"/>
	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>		Column 7 <input type="checkbox"/>	Column 8 <input type="checkbox"/>	Column 9 <input type="checkbox"/>
<b>Burglar bars</b>	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	<b>CCTV</b>	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	Column 4 <input type="checkbox"/>		Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>
	Column 3 <input type="checkbox"/>	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>		Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>		Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>	Column 8 <input type="checkbox"/>
	Column 5 <input type="checkbox"/>	Column 6 <input type="checkbox"/>	Column 7 <input type="checkbox"/>		Column 7 <input type="checkbox"/>	Column 8 <input type="checkbox"/>	Column 9 <input type="checkbox"/>

## 1b – Special Cover and Extensions

Select the additional covers required

<input type="checkbox"/>	1. Earthquake	<input type="checkbox"/>	5. Malicious damage
<input type="checkbox"/>	2. Special perils	<input type="checkbox"/>	6. Riots and strikes
<input type="checkbox"/>	3. Leakage	<input type="checkbox"/>	7. Explosion
<input type="checkbox"/>	4. Subsidence and landslip		
<b>Extensions</b>			
<input type="checkbox"/>	Additional claims preparation costs	Sum Insured: MZN..... USD.....	
<input type="checkbox"/>	Stock declaration conditions..... (declarations to be made monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> )		
<input type="checkbox"/>	Disposal of salvage		
<input type="checkbox"/>	Escalation clause	% per annum: .....	
<input type="checkbox"/>	Removal of rubble	Sum Insured: MZN..... USD.....	
<input type="checkbox"/>	Business of any other occupants?		
<input type="checkbox"/>	Are any hazardous substances or inflammable liquids held or used by you?		

### PROTECTION AGAINST FIRE (tick applicable boxes)

<input type="checkbox"/>	Extinguishers	Distribution of these: <input type="checkbox"/> In one place <input type="checkbox"/> Spread around the premises
<input type="checkbox"/>	Automatic Fire Detection System (SADI)	
<input type="checkbox"/>	Sprinkler	
<input type="checkbox"/>	Fire resistant door	
<input type="checkbox"/>	Evacuation and fire-fighting plan ( <b>attach details</b> )	

Is the nearest fire brigade located within 30 minutes? Yes  No

Are the computer room(s) insulated by fire-resistant door(s) / wall(s)? Yes  No

Is there protection against lightning bolts? Yes  No

Is any gas used on the premises? Yes  No

What fire extinguishing appliances are held there?

.....

This section excludes flood and overflow damages. If you require this cover, please fill in the questionnaire. This cover is at all times granted at the Insurer’s discretion and depends on the specific location.

Column Ref.	Specific location of the insured item (in the open, basement, ground floor, etc.)	Voluntary excess	Sum insured

Distance to nearest water course(s) or to natural and / or manmade water reservoirs (including dry rivers, runoff canals, dams, lakes, coastal areas, etc.)?

Distance: .....m

Runoff angle on surface of property: .....°

Height between the surface where item is located and the average water level in the watercourse / reservoir or the last recorded flood level? Height..... (metres)

Indicate the existence of a floodwater control / runoff system (canals, walls, etc.)?

.....

.....

Indicate the existence of measures that minimise flood damage:

[ ]	Elevated storage of insured items (Indicate height from the ground: .....metres; and most recent flood water level: .....metres).
[ ]	Torrential rainwater control / drainage canals / pipes.
[ ]	Floodwater retaining walls and dams (canals, walls, drains, etc.).
[ ]	In the case of basements, are there pumps to remove the water?
[ ]	Are these pumps connected to a backup source of energy?

What is the propensity for flood damages of the insured item or adjacent areas owing to torrential rains, or the obstruction of runoff canals owing to the topographical features of the location?

.....

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**Other Comments:**

.....

.....

.....

.....

.....

**SECTION 2 BUSINESS INTERRUPTION**

Details		Sum Insured (indicate MZN or USD)
Date of Inception ...../...../..... to ...../...../.....		
Premises	..... ..... .....	<b>MZN</b> ..... <b>USD</b> .....
<b>Item 1</b> Gross profit difference basis / additions basis (delete whichever is not applicable)	..... % of the sums insured by items 1-5	
<b>Item 2</b> Net profit	..... % of the sums insured by items 1-5 MZN..... USD.....	
<b>Item 3</b> Gross rentals	MZN..... USD.....	
<b>Item 4</b> Revenue	MZN..... USD.....	
<b>Item 5</b> Additional increase in cost of working	No. of weeks .....	
<b>Item 6</b> Wages	MZN..... USD.....	
Additional claims preparation costs	A maximum of ..... months	
Indemnity period .....		
<b>Extensions</b> - to other premises (indicate Yes / No as applicable)	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Specified suppliers / sub-contractors (specify)		
.....		
.....		
Unspecified suppliers	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Prevention of access - Extended cover	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Customers (specify)	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
.....		
.....		
Public utilities – insured perils only	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Public utilities – extended cover	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Public telecommunications – insured perils only	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Public telecommunications –extended cover	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
Accidental damage	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	

**Other Comments:**

.....

.....

.....

.....

SECTION 3 THEFT

Details	
Date of Inception ...../...../..... to ...../...../.....	
Address of premises ..... .....	<b>Sum insured / Limit of indemnity:</b>  <b>MZN</b> .....  <b>USD</b> .....
Assets and contents Yes [ ] No [ ] Consisting of (furniture, fittings, appliances the proposer owns or is responsible for); ..... ..... .....	<b>MZN</b> .....  <b>USD</b> .....
Stock Yes [ ] No [ ] Consisting of: ..... ..... .....	<b>MZN</b> .....  <b>USD</b> .....
This includes goods in trust or on commission for which the proposer is responsible. Maximum value of a single article MZN..... USD.....	
How long has the Proposer occupied the premises? ..... Is the premises self-contained or not? Yes [ ] No [ ]  Make and type of burglar alarm: .....  How are the following secured: Outer doors .....  Front windows .....	

Back windows .....

Trap doors and skylights .....

Additional claims preparation costs MZN..... USD.....

**Extensions**

If contents include any of the following, state approximate total value (indicate MZN / USD)

Luxury items	[ ] .....	Jewellery / watches	[ ] .....
Cigarettes	[ ] .....	Soft goods	[ ] .....
Audio equipment	[ ] .....	TV & video equipment	[ ] .....
Photographic equipment	[ ] .....		

Alarm warranty Yes [ ] No [ ]

Will valuables be stored in a safe while the premises are closed? Yes [ ] No [ ]

Maximum value of a single article left out of the safe when closed?

MZN..... USD.....

Safe details:

- Name of manufacturer: .....
- Date of manufacture: ...../...../.....
- Serial number: .....

Cost price MZN..... USD..... and weight in kilograms .....

Is the safe fixed to the premises structure Yes [ ] No [ ]

Number of keys available, and who they are entrusted to (give details of time at the company and their position)

Will all sets of safe keys be removed from the premises when unattended or unoccupied?

Yes [ ] No [ ]

Previous theft insurers used in the past: .....

**SPECIAL NOTE:** 'Theft' means theft accompanied by a forcible and violent entry to or exit from the premises. This policy does not cover money, securities, gaming, amusement or vending machines or the contents thereof and separate arrangements should be made using other products we offer.

**Sources of credit and / or financial information to verify creditworthiness of buyers?**

[ ] Banks [ ] Trade References [ ] Financial Statements [ ] Credit Agencies

Do you have a credit and collections practices manual? Yes [ ] No [ ]

Do you have a credit department? Yes [ ] No [ ]

Who is responsible for credit decisions? .....

On what basis are credit decisions made?

- |   |  |
|---|--|
| <input type="checkbox"/> Favourable Trade References  | <input type="checkbox"/> Previous Payment Experience |
| <input type="checkbox"/> Favourable Bank Report       | <input type="checkbox"/> Credit Agency Rating        |
| <input type="checkbox"/> Credit Agency Recommendation | <input type="checkbox"/> Financial Statements        |

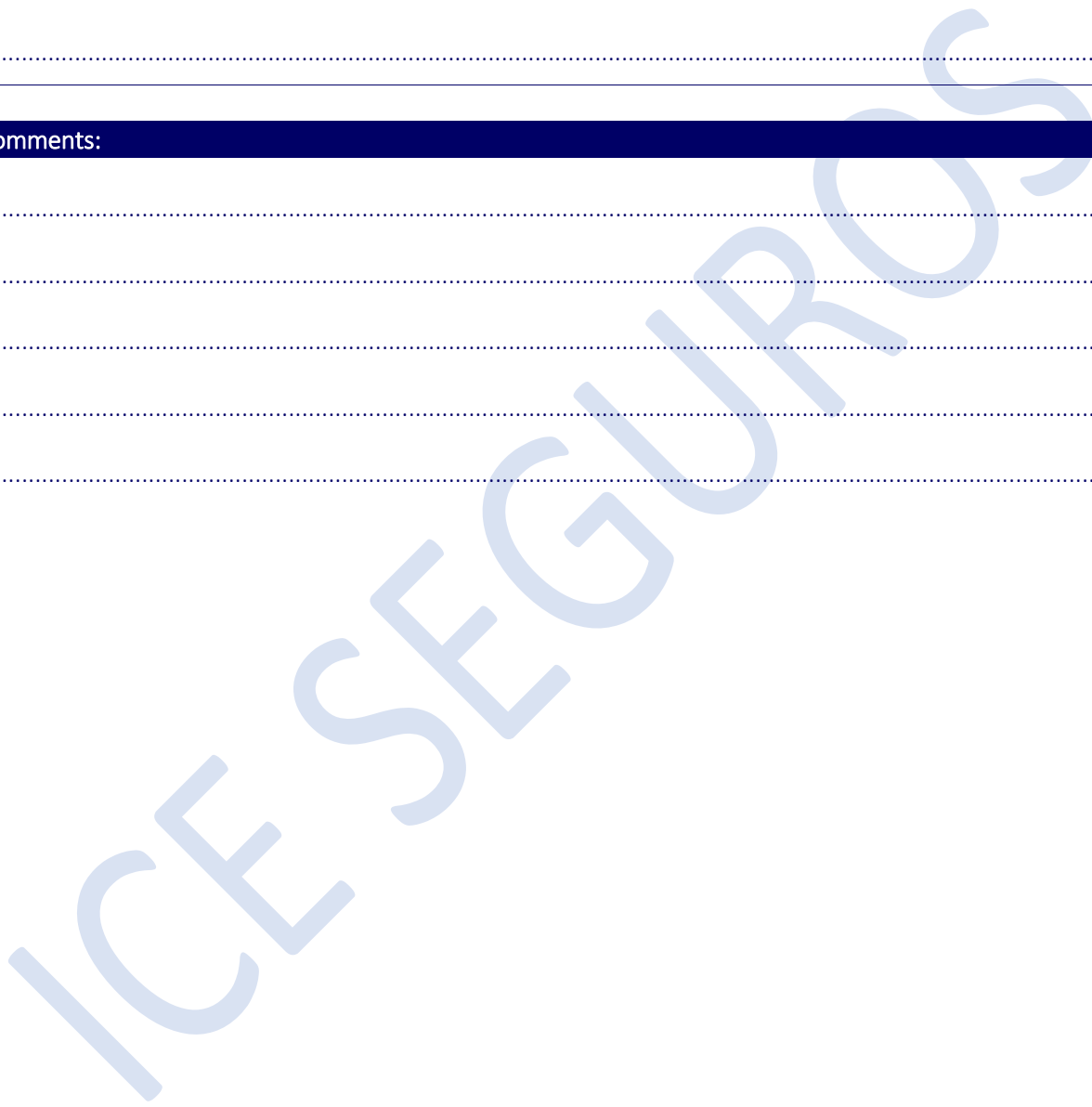
How often are decisions reviewed (monthly / quarterly / biannually / annually / every two years or never)?

.....  
How often do you update a buyer's credit information (monthly / quarterly / biannually / annually / every two years or never)?

.....

**Other Comments:**

.....  
.....  
.....  
.....  
.....



**Details**

Date of Inception ...../...../..... to ...../...../.....

Premises:

.....

.....

Sum insured: MZN..... USD.....

**A. In which situation would the money be insured?**

Cash in safe [ ] Cash in transit [ ] Cash in premises only [ ]

Other options please state .....

**B. Please state the Value to be insured for each option?**

Cash in safe	MZN.....	USD.....	Go to section I
Cash in transit	MZN.....	USD.....	Go to section II
Cash in premises	MZN.....	USD.....	Go to section III
Other option's value	MZN.....	USD.....	Go to section VI

**Section I – Cash in safe**

1. **What category is your safe?** .....
2. **How many people have access to the money?** .....

Please state their names and positions held in the company:

Name	Position
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....



**Section II – Cash in Transit**

**1. Who is responsible for transporting the cash?**

The business owner [ ] Cash carrier specialists [ ]  
 Employee [ ] Business Partner [ ]

Other, please state the relationship to the company.....

**2. How often is the money banked?**

Every second day [ ] twice a week [ ] once a week [ ]

Please specify if not shown above: .....

**3. What is the transport routine?**

From the business direct to the Bank [ ]  
 From the business to agencies other than the bank [ ]  
 From the business to other agencies then the bank [ ]  
 Other, give information on the routine:

.....  
 .....

**Section III – Cash in Premises**

**1. What is the average amount in cash held on premises?**

Please state the value MZN..... USD.....

**2. What security measures does your company have in place?**

Video camera [ ] Alarm [ ] Security guard [ ] Till locker [ ]

If other please state: .....

**3. Is there anyone responsible for controlling the money during business hours?**

Yes [ ] No [ ] if yes please state the position of employee .....

**Section IV – Business Hours**

**1. What are your general trading hours?**

Please state time ..... : ..... to ..... : .....

**Extensions**

Riot and strike Yes [ ] No [ ]  
 Personal accident (assault) Yes [ ] No [ ]

**Other Comments:**

.....  
 .....  
 .....  
 .....

**SECTION 5 GOODS IN TRANSIT**

Details		Limit of Indemnity / Sum Insured
Date of Inception ...../...../..... to ...../...../.....		
<b>Goods consigned</b> (including ropes, tarpaulins and packing materials in connection with the transit) Description of goods conveyed: ..... Goods are to be transported from: ..... to ..... How are the goods going to be packed? ..... Will vehicle(s) be left loaded overnight Yes [ ] No [ ] (a) by the Insured Yes [ ] No [ ] (b) by or for the Insured Yes [ ] No [ ] (c) for the Insured Yes [ ] No [ ] (indicate Yes / No wherever applicable) Means of conveyance: ..... Additional Information: ..... Additional claims preparation costs MZN..... USD..... Annual turnover MZN..... USD..... Annual haulage fees MZN..... USD..... <b>Maximum value of goods in any one owned vehicle:</b> MZN..... USD..... First amount payable MZN..... USD..... Fire, explosion, collision and overturning limitation Yes [ ] No [ ]		MZN ..... USD .....
<b>Extensions</b> Riot and strike Yes [ ] No [ ] Debris removal Yes [ ] No [ ] Restricted Cover Yes [ ] No [ ]		

**Other Comments:**

.....

.....

.....

SECTION 6 GENERAL PUBLIC LIABILITY

Details	
Date of Inception ...../...../..... to ...../...../.....	Limit of Indemnity (Indicate MZN or USD)
Premises/ Farm Name (Unit 1)	
Limit of Liability	
Spread of Fire (Max cover USD 300,000)	
Premises/ Farm Name (Unit 1)	
Limit of Liability	
Spread of Fire (Max cover USD 300,000)	
Premises/ Farm Name (Unit 1)	
Limit of Liability	
Spread of Fire (Max cover USD 300,000)	
Premises/ Farm Name (Unit 1)	
Limit of Liability	
Spread of Fire (Max cover USD 300,000)	
Basis of cover: Loss Occurrence	MZN .....
Full description of activity & period of activity (attach when possible catalogues & relevant information): ..... .....	USD .....
Construction description of the premises and any other premises owned by the company and details of the activities in the same premises ..... .....	
Minimum distance from adjacent or nearest premise? .....	
Description of these and their utility: .....	
Indicate any type of service performed outside the premises? .....	
Indicate any equipment / vehicle(s) used in this off site premises? ..... .....	

**Extensions**

Products liability Yes [ ] No [ ]  
 Specify territories (excluding U.S.A. and Canada)

.....

Annual turnover current year MZN..... USD.....

Annual turnover previous year MZN..... USD.....

Full details of products:

.....

Do you load or unload where public have access? Yes [ ] No [ ]

If so, give details.

.....

**Limit of Indemnity;**

Indicate MZN ..... USD .....

Defective workmanship liability Yes [ ] No [ ]

If Yes, state annual wages in current year.....

and annual wages in the previous year.....

Work away extension; where: .....

Legal defence costs Yes [ ] No [ ]

Number of employees: Permanent ....., temporary .....

Wrongful arrest and defamation Yes [ ] No [ ]

EU liability Yes [ ] No [ ]

**Voluntary first amount payable**

(i) Products liability MZN..... USD.....

(ii) Defective workmanship liability MZN..... USD.....

(iii) EU liability MZN..... USD.....

(iv) Other MZN..... USD.....

**Other Comments:**

.....  
 .....  
 .....  
 .....

**Details**

Date of Inception ...../...../..... to ...../...../.....

**Limit of Indemnity required** MZN.....

USD .....

Retroactive date ...../...../.....

Employee details .....

**Total number of employees:** .....

MZN.....

**Total estimated annual earnings**

USD .....

- Workers employed offshore:.....

Estimated annual earnings

MZN.....

- Number of clerical employees:.....

Estimated annual earnings

USD .....

MZN.....

- Manual wage roll (split by activity)

USD .....

Number of workers involved	Activity
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Estimated annual earnings

MZN.....

USD .....

**Extensions**

Extended reporting option      Yes [ ]    No [ ]

Principals                              Yes [ ]    No [ ]

.....

.....

.....

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SECTION 8 MOTOR

Vehicle Description	Make and Model	Year of manufacture	VEHICLE 1 type (✓)					
			Private Motor <input type="checkbox"/>	LDV <sup>1</sup> (GVM <sup>2</sup> more than 3500) <input type="checkbox"/>	Truck <input type="checkbox"/>	Motor Buses (agricultural) <input type="checkbox"/>	Trailer (please specify) <input type="checkbox"/>	
Engine Number	Registration Number	Chassis Number						
			LDV <sup>3</sup> (GVM <sup>4</sup> less than 3500) <input type="checkbox"/>	Caravan <input type="checkbox"/>	Tractor <input type="checkbox"/>	Specified Agri Implements <input type="checkbox"/>	Special Types (please specify) <input type="checkbox"/>	
<b>Accessories (indicate currency MZN/USD)</b>			<b>NB: Insurance for Harvesters or Combines must be considered separately</b>					
<b>Item</b>	<b>Value</b>		<b>Cover (Fully comprehensive/Third Party Fire and Theft/Third Party)</b>	<b>Regular driver (provide ID number)</b>	<b>Credit shortfall</b>	<b>Sum insured including extras</b>		
1	.....				Yes/No			
2	.....				How much?			
3	.....				MZN .....	MZN .....		
4	.....				USD .....	USD .....		
5	.....				USD .....	USD .....		
<b>Vehicle Security (Immobiliser / Gear lock / Alarm / Tracking Device) if sum insured exceeds USD 40,000. Please provide proof hereof.</b>		<b>Area / Risk address where vehicle will be used</b>	<b>Credit shortfall (sum insured must provide for including the amount in respect of credit shortfall)</b>			<b>Registered owner</b>		
<p>Important Notes: Rebuilt vehicles can only be insured for Comprehensive cover. The sum insured is reduced by 30 % - not retail value            Please disclose any rebuilt or specially imported vehicles</p>								

<sup>1</sup> Light Duty Vehicle  
<sup>2</sup> Gross Vehicle Mass  
<sup>3</sup> Light Duty Vehicle  
<sup>4</sup> Gross Vehicle Mass

Vehicle Description	Make and Model	Year of manufacture	VEHICLE 2 type (✓)				
			Private Motor <input type="checkbox"/>	LDV <sup>5</sup> (GVM <sup>6</sup> more than 3500) <input type="checkbox"/>	Truck <input type="checkbox"/>	Motor Buses (agricultural) <input type="checkbox"/>	Trailer (please specify) <input type="checkbox"/>
Engine Number	Registration Number	Chassis Number					
			LDV <sup>7</sup> (GVM <sup>8</sup> less than 3500) <input type="checkbox"/>	Caravan <input type="checkbox"/>	Tractor <input type="checkbox"/>	Specified Agri Implements <input type="checkbox"/>	Special Types (please specify) <input type="checkbox"/>
Accessories (indicate currency MZN/USD)			<b>NB:</b> Insurance for Harvesters or Combines must be considered separately				
Item	Value		Cover (Fully comprehensive/Third Party Fire and Theft/Third Party)	Regular driver (provide ID number)	Credit shortfall	Sum insured including extras	
1	.....				Yes/No		
2	.....				How much?		
3	.....				MZN .....	MZN .....	
4	.....				USD .....	USD .....	
5	.....						
Vehicle Security (Immobiliser / Gear lock / Alarm / Tracking Device) if sum insured exceeds USD 40,000. Please provide proof hereof.		Area / Risk address where vehicle will be used	Credit shortfall (sum insured must provide for including the amount in respect of credit shortfall)			Registered owner	
Important Notes: Rebuilt vehicles can only be insured for Comprehensive cover. The sum insured is reduced by 30 % - not retail value Please disclose any rebuilt or specially imported vehicles							

<sup>5</sup> Light Duty Vehicle  
<sup>6</sup> Gross Vehicle Mass  
<sup>7</sup> Light Duty Vehicle  
<sup>8</sup> Gross Vehicle Mass



Vehicle Description	Make and Model	Year of manufacture	VEHICLE 3 type (✓)				
			Private Motor <input type="checkbox"/>	LDV <sup>9</sup> (GVM <sup>10</sup> more than 3500) <input type="checkbox"/>	Truck <input type="checkbox"/>	Motor Buses (agricultural) <input type="checkbox"/>	Trailer (please specify) <input type="checkbox"/>
Engine Number	Registration Number	Chassis Number					
			LDV <sup>11</sup> (GVM <sup>12</sup> less than 3500) <input type="checkbox"/>	Caravan <input type="checkbox"/>	Tractor <input type="checkbox"/>	Specified Agri Implements <input type="checkbox"/>	Special Types (please specify) <input type="checkbox"/>
Accessories (indicate currency MZN/USD)			NB: Insurance for Harvesters or Combines must be considered separately				
Item	Value		Cover (Fully comprehensive/Third Party Fire and Theft/Third Party)	Regular driver (provide ID number)	Credit shortfall	Sum insured including extras	
1	.....				Yes/No		
2	.....				How much?		
3	.....				MZN .....	MZN .....	
4	.....				USD .....	USD .....	
5	.....						
Vehicle Security (Immobiliser / Gear lock / Alarm / Tracking Device); if sum insured exceeds USD 40,000 the vehicle must		Area / Risk address where vehicle will be used	Credit shortfall (sum insured must provide to include the amount in respect of credit shortfall)			Registered owner	
Important Notes: Rebuilt vehicles can only be insured for Comprehensive cover. The sum insured is reduced by 30 % - not retail value Please disclose any rebuilt or specially imported vehicles							

IF MORE VEHICLES REQUIRE INPUTTING PLEASE LOG THEM ON THE FOLLOWING SHEET AND THIS SHOULD BE SENT TO THE INSURER; THERE IS NO VEHICLE NUMBER SO THE FOLLOWING SHEET CAN BE COPIED AND FILLED OUT MULTIPLE TIMES FOR DIFFERENT VEHICLES.

<sup>9</sup> Light Duty Vehicle  
<sup>10</sup> Gross Vehicle Mass  
<sup>11</sup> Light Duty Vehicle  
<sup>12</sup> Gross Vehicle Mass

Vehicle Description	Make and Model	Year of manufacture	VEHICLE type (✓)				
			Private Motor <input type="checkbox"/>	LDV <sup>13</sup> (GVM <sup>14</sup> more than 3500) <input type="checkbox"/>	Truck <input type="checkbox"/>	Motor Buses (agricultural) <input type="checkbox"/>	Trailer (please specify) <input type="checkbox"/>
Engine Number	Registration Number	Chassis Number					
			LDV <sup>15</sup> (GVM <sup>16</sup> less than 3500) <input type="checkbox"/>	Caravan <input type="checkbox"/>	Tractor <input type="checkbox"/>	Specified Agri Implements <input type="checkbox"/>	Special Types (please specify) <input type="checkbox"/>
<b>Accessories (indicate currency MZN/USD)</b>			<b>NB: Insurance for Harvesters or Combines must be considered separately</b>				
<b>Item</b>	<b>Value</b>		<b>Cover (Fully comprehensive/Third Party Fire and Theft/Third Party)</b>	<b>Regular driver (provide ID number)</b>	<b>Credit shortfall</b>	<b>Sum insured including extras</b>	
1	.....				Yes/No		
2	.....				How much?		
3	.....				MZN .....	MZN .....	
4	.....				USD .....	USD .....	
5	.....						
<b>Vehicle Security (Immobiliser / Gear lock / Alarm / Tracking Device) if sum insured exceeds USD 40,000. Please provide proof hereof.</b>		<b>Area / Risk address where vehicle will be used</b>	<b>Credit shortfall (sum insured must provide for including the amount in respect of credit shortfall)</b>			<b>Registered owner</b>	
Important Notes: Rebuilt vehicles can only be insured for Comprehensive cover. The sum insured is reduced by 30 % - not retail value Please disclose any rebuilt or specially imported vehicles							

<sup>13</sup> Light Duty Vehicle

<sup>14</sup> Gross Vehicle Mass

<sup>15</sup> Light Duty Vehicle

<sup>16</sup> Gross Vehicle Mass

Date of inception: ...../...../..... to ...../...../.....

Has the vehicle(s) been altered to carry a heavier load than specified by manufacturer?

If so, please give details .....

Where is the vehicle(s) normally used and garaged? .....

If carrying goods what is the nature of these goods? .....

What is the purpose of the vehicle(s)? .....

Have any of your principal driver(s) ever been convicted of any motor offence?

Yes [ ] No [ ]

If yes, please provide details:

.....  
 .....

How many passengers is the motor vehicle(s) licensed to carry? .....

Will a trailer be attached to the vehicle?

Yes [ ] No [ ]

Have any of your principal driver(s) had defective vision, hearing or any other physical or mental defects?

Yes [ ] No [ ]

If yes, please provide details:

.....  
 .....

The following benefits are available at a cost, please indicate those required:

Windscreen .....

Loss of use .....

Legal liability to Passengers .....

Other (specify).....

**Extensions**

Loss of use of customer's vehicles	Yes [ ]	No [ ]
Contingent liability	Yes [ ]	No [ ]
Parking facilities and movement of third party vehicles	Yes [ ]	No [ ]
Loss of keys	Yes [ ]	No [ ]
Negligence of passengers	Yes [ ]	No [ ]
Passenger liability – motorcycles	Yes [ ]	No [ ]
Unauthorised passenger liability	Yes [ ]	No [ ]
Passenger liability	Yes [ ]	No [ ]
Social, domestic and pleasure use	Yes [ ]	No [ ]
Unaccompanied driving – motorcycles	Yes [ ]	No [ ]
Windscreen	Yes [ ]	No [ ]
Car radio and sound equipment/accessories	Yes [ ]	No [ ]
Unauthorised use by employees	Yes [ ]	No [ ]
Riot and strike	Yes [ ]	No [ ]

.....

.....

.....

.....

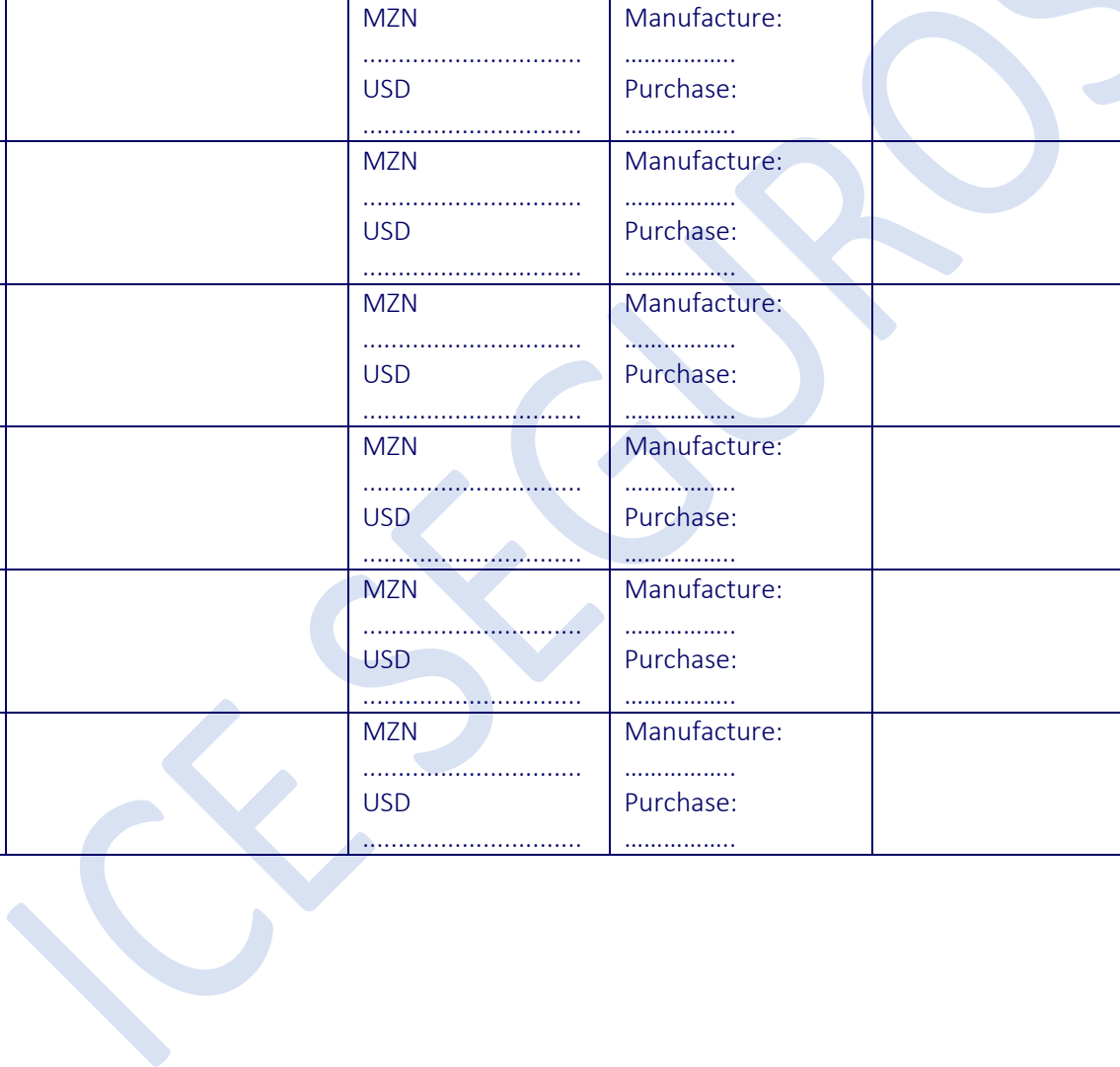
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## SECTION 9 ELECTRONIC EQUIPMENT

Details	
Date of Inception ...../...../..... to ...../...../.....	
<b>Material Damage</b>	
Location of equipment to be insured (address of building/buildings): ..... .....	
Is the equipment maintained in accordance with the manufacturer's instructions? <div style="text-align: right;">Yes [ ]      No [ ]</div>	
Is there a risk of flood or inundation?      Yes [ ]      No [ ] If so, by:      Bodies of water [ ]      Torrential rainfall [ ]	
Are dangerous materials used in the vicinity?      Yes [ ]      No [ ] If so, specify:      Acids [ ]      Prepared or sanitized paper [ ]      Test Solutions [ ] Developers [ ]      Explosives [ ]      Isotopes [ ] Others [ ]: .....	
Do you have protection(s) against and / or contingencies in place for: Power surges      Yes [ ]      No [ ] Lightning strikes      Yes [ ]      No [ ]	
<b>Extensions</b>	
Transit and away from premises	Yes [ ]      No [ ]
Increased cost of working	Yes [ ]      No [ ]
Reinstatement of data	Yes [ ]      No [ ]
Telecommunication access lines	Yes [ ]      No [ ]
Failure of electricity supply	Yes [ ]      No [ ]
<b>Details for items are to be entered on the following page.</b>	

Item number	Full and exact description <sup>17</sup>	Serial number	Purchase price	Year of manufacture and purchase	Note any breakdown or failure <sup>18</sup>	Value MZN / USD	Owned / Leased
1.			MZN ..... USD .....	Manufacture: ..... Purchase: .....		MZN ..... USD .....	
2.			MZN ..... USD .....	Manufacture: ..... Purchase: .....		MZN ..... USD .....	
3.			MZN ..... USD .....	Manufacture: ..... Purchase: .....		MZN ..... USD .....	
4.			MZN ..... USD .....	Manufacture: ..... Purchase: .....		MZN ..... USD .....	
5.			MZN ..... USD .....	Manufacture: ..... Purchase: .....		MZN ..... USD .....	
6.			MZN ..... USD .....	Manufacture: ..... Purchase: .....		MZN ..... USD .....	



<sup>17</sup> Make / model / name of manufacturer / voltage / power input / in case of outdoor lines indicate length and method of laying.

<sup>18</sup> In the last five years, include any signs of repair. With mobile phones please state means and frequency of transport.

**FOR INSURANCE OF AN ELECTRONIC DATA PROCESSING (EDP) SYSTEM**

EDP System:

If the system is rented, state monthly rent: MZN ..... USD .....

Name and address of manufacturer and / or lessor:

.....  
 .....

Date of start of operation ..... Operational hours per day: ..... in ..... shifts.

What are the provisions of your lease contract regarding your liability in the case of damage to the EDP system? Please furnish with a copy of the lease contract if applicable.

.....  
 .....

**Housing of the EDP system**

Central Unit [ ] Basement [ ] Ground floor [ ] Floor [ Number: .... ]  
 Peripheral Unit [ ] Basement [ ] Ground floor [ ] Floor [ Number: .... ]

Total value of plant located in basement MZN ..... USD .....

Total value of plant located on ground floor MZN ..... USD .....

Total value of plant located on floor MZN ..... USD .....

**Installation**

Is installation in accordance with the manufacturer's recommendations or instruction? Yes [ ] No [ ]

If not, specify deviations: .....  
 .....

**Fire prevention measures**

Fire resistant walls and ceilings [ ] Fire resistant wall and ceiling openings (doors etc.) [ ]  
 Smoke-proofing and fire-resistance [ ] Smoke and heat ventilation systems [ ]

Others [ ] .....

**Fire detection facilities**

Smoke detectors [ ] Heat detectors [ ] Optical detectors [ ]  
 Push button fire alarms [ ] Fire alarms by telephone [ ] Supervision by guards [ ]

Others [ ] .....

**Fire fighting facilities**

Portable fire extinguisher(s) filled with: ..... (Co2 / Halon / Powder Water) [ ]  
 Wall hydrants [ ] and connected hose [ ] and steel pipe [ ]  
 Sprinklers [ ] Co2 flooding system [ ] Halon flooding system [ ]

Others: [ ]

.....



**Supply lines in the EDP rooms**

Yes [ ] No [ ]

If so, specify:

Central heating lines [ ] Steam lines [ ] Water lines [ ]  
Gas lines [ ]

**Supply lines in the rooms above the EDP rooms**

If so, is the ceiling waterproof?

Yes [ ] No [ ]

**Vibrations of building?**

If so, due to: Road traffic [ ] Nearby railway lines [ ] Blasting [ ]

Other causes: [ ] .....

**REINSTATEMENT OF DATA:**

Yes [ ] No [ ]

Sum Insured: MZN ..... USD .....

Indemnity Period: ..... Months

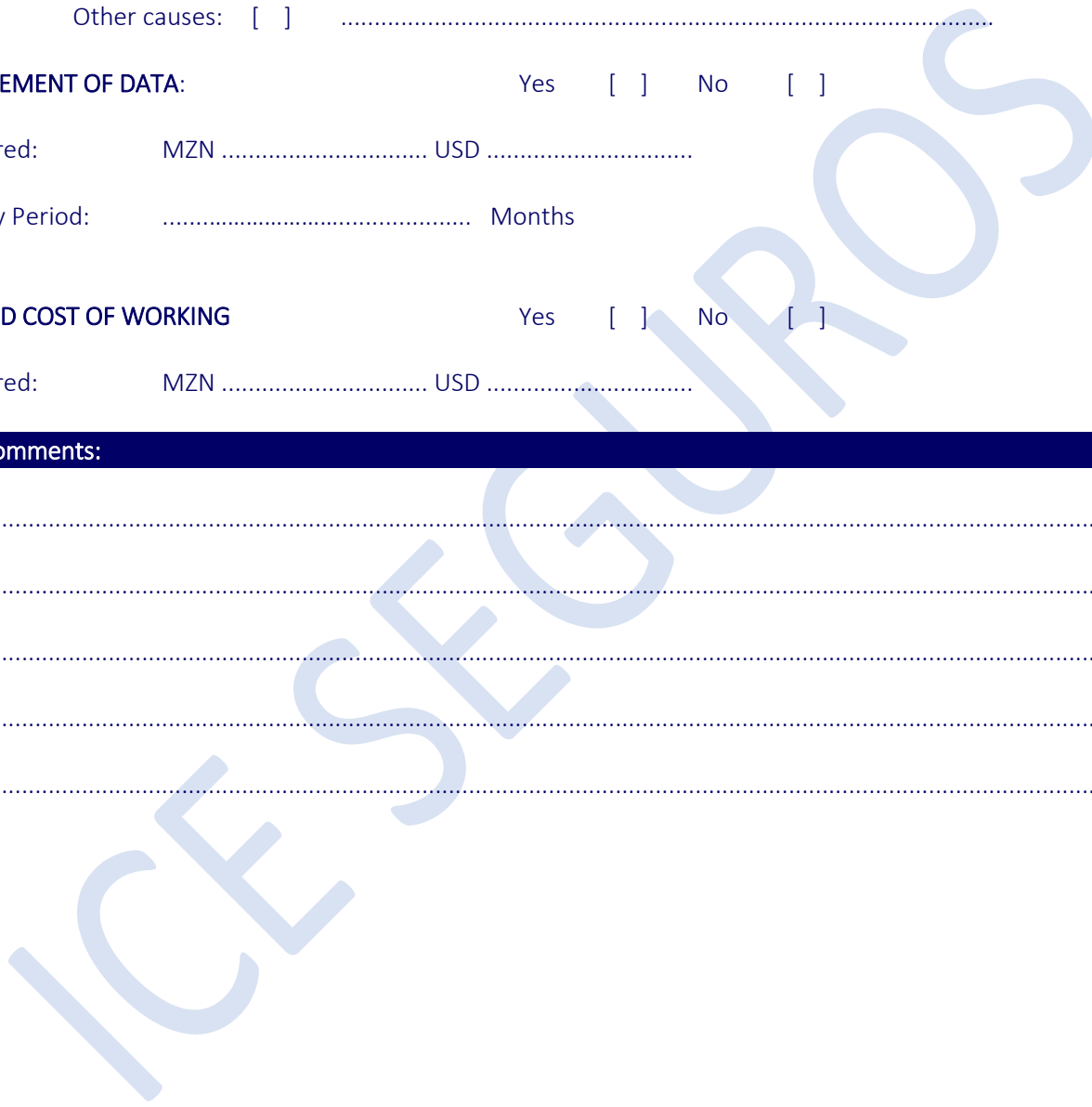
**INCREASED COST OF WORKING**

Yes [ ] No [ ]

Sum Insured: MZN ..... USD .....

**Other Comments:**

.....  
.....  
.....  
.....  
.....





Risk Address 1

Details			
Date of Inception ...../...../..... to ...../...../.....			
Physical Address: ..... .....			
Sum Insured: MZN ..... USD .....			
Type of residence:	Flat / Apartment [ ]	House [ ]	Semi-detached House [ ]
	Other [ ]		
If other, please describe: ..... .....			
If a flat / apartment, what floor is it on? .....			
Materials used in the construction of the wall and roof: .....			
If thatched, is property equipped with a lightning conductor? Yes [ ] No [ ]			
Description of surrounding area:	Residential [ ]	Industrial [ ]	
	Other [ ]	Open ground [ ]	
If other, please specify: .....			
Is property near:	Grassy Field [ ]	Highway [ ]	
	Other [ ]	Open ground [ ]	
If other, please specify: .....			
Is property fitted with burglar bars on all opening windows? Yes [ ] No [ ]			
Is property fitted with security gates on all external doors? Yes [ ] No [ ]			
Are sliding doors and pivot doors fitted with additional locking devices? Yes [ ] No [ ]			

Is building alarmed? Yes [ ] No [ ]

If yes: Make: .....

Date installed: .....

Are security guards present: Yes [ ] No [ ]

If yes, please state hours of duty: .....

Do you operate a business from home thus needing cover on office contents? Yes [ ] No [ ]

If yes, please provide a short description of the type of business:

.....

.....

Please indicate whether the building is occupied solely by your immediate family and servants? If not state number of other tenants, lodgers, boarders or paying guests.

.....

Please indicate number of days consecutively in any year the building(s) / dwelling is likely to be left without an inhabitant?

..... days

**Please note:** Certain cover does not apply if property is left unoccupied for 30 consecutive days, or 60 across a calendar year.

**Extensions and Warranties**

Subsidence and landslip	Yes [ ]	No [ ]
Reinstatement value conditions	Yes [ ]	No [ ]
Replacement value condition	Yes [ ]	No [ ]
Riot and strike	Yes [ ]	No [ ]
Protections / alarm warranty	Yes [ ]	No [ ]

**Other Comments:**

.....

.....

.....

.....

.....

**Risk Address 2**

Details	
Date of Inception ...../...../..... to ...../...../.....	
Physical Address: ..... .....	
Sum Insured: MZN ..... USD .....	
Type of residence:	Flat / Apartment [ ] House [ ] Semi-detached House [ ] Other [ ]
If other, please describe: ..... .....	
If a flat / apartment, what floor is it on? .....	
Materials used in the construction of the wall and roof: .....	
If thatched, is property equipped with a lightning conductor? Yes [ ] No [ ]	
Description of surrounding area:	Residential [ ] Industrial [ ] Other [ ] Open ground [ ]
If other, please specify: .....	
Is property near:	Grassy Field [ ] Highway [ ] Other [ ] Open ground [ ]
If other, please specify: .....	
Is property fitted with burglar bars on all opening windows? Yes [ ] No [ ]	
Is property fitted with security gates on all external doors? Yes [ ] No [ ]	
Are sliding doors and pivot doors fitted with additional locking devices? Yes [ ] No [ ]	

Is building alarmed? Yes [ ] No [ ]

If yes: Make: .....

Date installed: .....

Are security guards present: Yes [ ] No [ ]

If yes, please state hours of duty: .....

Do you operate a business from home thus needing cover on office contents? Yes [ ] No [ ]

If yes, please provide a short description of the type of business:

.....

.....

Please indicate whether the building is occupied solely by your immediate family and servants? If not state number of other tenants, lodgers, boarders or paying guests.

.....

Please indicate number of days consecutively in any year the building(s) / dwelling is likely to be left without an inhabitant?

..... days

**Please note:** Certain cover does not apply if property is left unoccupied for 30 consecutive days, or 60 across a calendar year.

**Extensions and Warranties**

Subsidence and landslip	Yes [ ]	No [ ]
Reinstatement value conditions	Yes [ ]	No [ ]
Replacement value condition	Yes [ ]	No [ ]
Riot and strike	Yes [ ]	No [ ]
Protections / alarm warranty	Yes [ ]	No [ ]

**Other Comments:**

.....

.....

.....

.....

.....

FURTHER INFORMATION (FOR CLIENT USE ONLY)

Dotted lines for client input.

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