

COMMERCIAL COMBINED PROPOSAL FORM



INTERNATIONAL COMMERCIAL AND ENGINEERING

ICE SEGUROS S.A.

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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.

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

Company Name:

.....

Headquarters:

.....

Company Activities:

.....

Insured's Address:

.....

.....

Postal Address:

.....

.....

Risk Manager / Insurance Manager:

Name:

Job title:

Email:

Telephone:

Agent / Broker:

Contact Name:

Position / Job Title:

Telephone:

E-mail:

Mobile:

Company website:

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

INDEX OF COVERS AVAILABLE

Period of Cover (✓)	<input type="checkbox"/> Annual (Yearly & thereafter) <input type="checkbox"/> Temporary <input type="checkbox"/> Other
----------------------------	---

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

Section Number	Product Name	Applicable (✓)
1	Fire	
2	Buildings Combined	
3	Office Contents	
4	Business Interruption	
5	Accounts Receivable	
6	Theft	
7	Money	
8	Glass	
9	Fidelity	
10	Goods in Transit	
11	Business All Risks	
12	Accidental Damage	
13	Public Liability	
14	Employer's Liability	
15	Stated Benefits	
16	Group Personal Accident	
17	Motor	
18	Electronic Equipment	
19 & 20	Householders & Houseowners	

LOSS EXPERIENCE

In respect of the insurance(s) 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 (if more space is required please use the extra space provided throughout this document and the pages at the end):

Type of cover	Date of loss	Details of loss / accident (E.g. Causes, precautionary measures implemented...)	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 insurance policy?
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 any 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 Reference.	Sums Insured (indicate MZN / USD)		
		Risk / Building 1	Risk / Building 2	Risk / Building 3
	Column 1	MZN..... USD	MZN..... USD	MZN..... USD
	Column 2	MZN..... USD	MZN..... USD	MZN..... USD
	Column 3	MZN..... USD	MZN..... USD	MZN..... USD
	Column 4	MZN..... USD	MZN..... USD	MZN..... USD
	Column 5	MZN..... USD	MZN..... USD	MZN..... USD
Total Sums Insured (indicate MZN / USD)		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	
Special locks	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>		Permanent security guards	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>				Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	
Armoured doors	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>		Automatic alarm system / armed response	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>				Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	
Burglar bars	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>		CCTV	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>				Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	

1a.2 – 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 Reference.	Sums Insured (indicate MZN / USD)		
		Risk / Building 1	Risk / Building 2	Risk / Building 3
	Column 1	MZN..... USD	MZN..... USD	MZN..... USD
	Column 2	MZN..... USD	MZN..... USD	MZN..... USD
	Column 3	MZN..... USD	MZN..... USD	MZN..... USD
	Column 4	MZN..... USD	MZN..... USD	MZN..... USD
	Column 5	MZN..... USD	MZN..... USD	MZN..... USD
Total Sums Insured (indicate MZN / USD)		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	
Special locks	Column 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permanent security guards	Column 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Armoured doors	Column 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic alarm system / armed response	Column 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglar bars	Column 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CCTV	Column 1 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 2 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 3 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 4 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Column 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Column 5 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1a.3 – 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 Reference.	Sums Insured (indicate MZN / USD)		
		Risk / Building 1	Risk / Building 2	Risk / Building 3
	Column 1	MZN..... USD	MZN..... USD	MZN..... USD
	Column 2	MZN..... USD	MZN..... USD	MZN..... USD
	Column 3	MZN..... USD	MZN..... USD	MZN..... USD
	Column 4	MZN..... USD	MZN..... USD	MZN..... USD
	Column 5	MZN..... USD	MZN..... USD	MZN..... USD
Total Sums Insured (indicate MZN / USD)		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		
Special locks	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>		Permanent security guards	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>	
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>				Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>		
Armoured doors	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>			Automatic alarm system / armed response	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>					Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	
Burglar bars	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>	Column 3 <input type="checkbox"/>				CCTV	Column 1 <input type="checkbox"/>	Column 2 <input type="checkbox"/>
	Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>					Column 4 <input type="checkbox"/>	Column 5 <input type="checkbox"/>	

Select the additional covers required

<input type="checkbox"/>	1. Earthquake	<input type="checkbox"/>	4. Subsidence and landslip
<input type="checkbox"/>	2. Special perils	<input type="checkbox"/>	5. Malicious damage
<input type="checkbox"/>	3. Leakage	<input type="checkbox"/>	6. Riots and strikes
Extensions			
<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.....	

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 (attach details)	

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

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:

<input type="checkbox"/>	Elevated storage of insured items (Indicate height from the ground: .....metres; and most recent flood water level: .....metres).
<input type="checkbox"/>	Torrential rainwater control / drainage canals / pipes.
<input type="checkbox"/>	Floodwater retaining walls and dams (canals, walls, drains, etc.).
<input type="checkbox"/>	In the case of basements, are there pumps to remove the water?
<input type="checkbox"/>	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?

.....

.....

Other Comments:

.....

.....

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.....

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.....

SECTION 2 BUILDINGS COMBINED

Details		Sum Insured (indicate MZN or USD)
Date of Inception/...../..... to/...../.....		
Address of premises	.....	MZN
	.....	USD
	
Additional claims preparation costs MZN..... USD.....		
Extensions		
Subsidence and landslip	Yes [] No []	
Prevention of access	Yes [] No []	
Escalation clause	Yes [] No []	
Malicious damage	Yes [] No []	
Riot and strike	Yes [] No []	
Premises.....		
.....		
Sub-section D: Public Liability		Limit of indemnity: MZN USD

Other Comments:

.....

.....

.....

.....

.....

SECTION 3 OFFICE CONTENTS

Details		Sum Insured / Limit of Indemnity												
Date of Inception/...../.....to/...../.....														
Address of premises	MZN USD												
Theft limited to: MZN USD														
<p>Sub-sections of cover</p> <p>A (contents) B (rent) C (documents) D (liability for documents) E Computer system records replacement costs (but not the cost of producing information to be recorded) F Personal effects of employees and visitors G Trade samples & stock in trade H Goods in trust for which you are responsible</p> <p>Is your equipment or stock individually worth more than the MZN equivalent of USD 10,000? If yes, please provide details..... </p> <p>Additional claims preparation cost MZN USD</p> <p>Extensions Premises</p> <p>.....</p> <p>Riot and strike Yes [] No []</p> <p>ANTI-THEFT PROTECTION Tick all applicable measures used by ticking all the box / boxes relevant to the building / buildings where said measures are in place. You must tick the boxes below to specify what security protection is installed at the location.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Special Locks</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 30%;">Permanent security guards</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Armoured doors</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Automatic alarm system / armed response</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Burglar bars</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>CCTV</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Special Locks	<input type="checkbox"/>	Permanent security guards	<input type="checkbox"/>	Armoured doors	<input type="checkbox"/>	Automatic alarm system / armed response	<input type="checkbox"/>	Burglar bars	<input type="checkbox"/>	CCTV	<input type="checkbox"/>
Special Locks	<input type="checkbox"/>	Permanent security guards	<input type="checkbox"/>											
Armoured doors	<input type="checkbox"/>	Automatic alarm system / armed response	<input type="checkbox"/>											
Burglar bars	<input type="checkbox"/>	CCTV	<input type="checkbox"/>											

Additional covers (note limits required):

Breakdown of computer equipment	MZN
	USD
Exhibition equipment	MZN
	USD
Perishable goods (surgeries only) – following breakdown	MZN
	USD
Precious metal and alloys (surgeries only)	MZN
	USD
Drugs (surgeries only)	MZN
	USD
Contents (including drugs) of any one visiting bag or case (surgeries only)	MZN
	USD

Other Comments:

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SECTION 4 BUSINESS INTERRUPTION

Details		Sum Insured (indicate MZN or USD)	
Date of Inception/...../..... to/...../.....			
Premises	.....	MZN	.....
	.....	USD	.....
		
Item 1 Gross profit difference basis / additions basis (underline that which is required)	..... % of the sums insured made up by items 1-5		
Item 2 Net profit	MZN..... USD.....		
Item 3 Gross rentals	MZN..... USD.....		
Item 4 Revenue	MZN..... USD.....		
Item 5 Additional increase in cost of working	No. of weeks		
Item 6 Wages	MZN..... USD.....		
Additional claims preparation costs	A maximum of months		
Indemnity period			
Extensions - to other premises (indicate Yes / No as applicable)	Yes [] No []		
Specified suppliers / sub-contractors (specify)			
.....			
.....			
Unspecified suppliers	Yes [] No []		
Prevention of access - Extended cover	Yes [] No []		
Customers (specify)	Yes [] No []		
.....			
.....			
Public utilities – insured perils only	Yes [] No []		
Public utilities – extended cover	Yes [] No []		
Public telecommunications – insured perils only	Yes [] No []		
Public telecommunications –extended cover	Yes [] No []		
Accidental damage	Yes [] No []		

Other Comments:

.....

.....

.....

.....

Details

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

Outstanding debit balances

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

Address of premises:

.....

Are duplicate records of sales and services maintained and stored at different premises from the originals?

.....

Are records kept in a fire-resistant safe, cabinet or strong room? Yes [] No []

Clauses and memoranda (indicate Yes / No as applicable)

Premises:

Extensions and Warranties

Riot and strike Yes [] No []

Duplicate records Yes [] No []

Protections warranty Yes [] No []

Transit extension Yes [] No []

Type and nature of business:

.....

.....

.....

Year company was established:

Number of employees:

Brief Description of Products / Services	Percentage of Overall Business
	%
	%
	%
Sum insured / limit of indemnity:	MZN..... USD.....

Other Comments:

.....

.....

Details	
Date of Inception/...../..... to/...../.....	
Address of premises Retail Shop [] Warehouse [] Factory or Workshop [] Offices [] Other (give details) []	Sum insured / Limit of indemnity: MZN..... USD
Assets and contents Yes [] No [] Consisting of (furniture, fittings, appliances the proposer owns or is responsible for);	MZN..... USD
Stock Yes [] No [] Consisting of: This includes goods in trust or on commission for which the proposer is responsible. Maximum value of a single article MZN..... USD.....	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.

Details

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

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:

.....

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SECTION 8 GLASS

Details		Sum Insured (Indicate MZN or USD)
Date of Inception/...../..... to/...../.....		
Premises:		MZN USD
Additional claims preparation costs MZN..... USD.....		
Extensions		
Riot and strike	Yes [] No []	
Special replacement	Yes [] No []	

Other Comments:

.....

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.....

Details	Indicate sum insured below															
Date of Inception/...../..... to/...../.....																
Basis: Blanket [<input type="checkbox"/>] OR Named Basis [<input type="checkbox"/>] Names and positions (if cover is on a "Named Basis")	MZN..... USD.....															
Additional claims preparation costs MZN..... USD.....																
Extensions																
Retroactive cover (12 months)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Superseded policy	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Defined events covered by the superseded policy extension can be a maximum of two years. Select whether this extension will provide cover for one or two years: 1 / 2 years (select one)																
<table border="0" style="width: 100%;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 30%; text-align: center;">Details</th> <th style="width: 30%;"></th> </tr> <tr> <th style="text-align: center;">Insurer</th> <th style="text-align: center;">Policy No.</th> <th style="text-align: center;">Sum Insured</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> </tbody> </table>		Details		Insurer	Policy No.	Sum Insured	
	Details															
Insurer	Policy No.	Sum Insured														
.....														
.....														
.....														
Voluntary first amount payable	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Reduction / reinstatement of insured amount	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Cost of recovery (where loss exceeds sum insured)	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Computer losses	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Extensions for losses discovered more than 24 months after being committed but not more than 36 months thereafter	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															
Extension granted on receipt of a satisfactory systems audit in respect of losses discovered more than 24 months after being committed	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]															

Other Comments:

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SECTION 10 GOODS IN TRANSIT

Details	Limit of Indemnity / Sum Insured
Date of Inception/...../..... to/...../.....	
Goods consigned (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..... Maximum value of goods in any one owned vehicle: MZN..... USD..... First amount payable MZN..... USD..... Fire, explosion, collision and overturning limitation Yes [] No []	MZN USD
Extensions Riot and strike Yes [] No [] Debris removal Yes [] No [] Restricted Cover Yes [] No []	

Other Comments:

.....

.....

.....

SECTION 11 BUSINESS ALL RISKS

Details		Sum Insured (Indicate MZN or USD)
Date of Inception/...../..... to/...../.....		
Item No.	Property Description	
Total:		MZN..... USD.....

Extensions

Increased cost of working	Yes []	No []
Riot and strike	Yes []	No []
Replacement value condition	Yes []	No []

Voluntary excess: MZN..... USD.....

Other Comments:

.....

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.....

Details		
Date of Inception/...../..... to/...../.....		
Item No.	Property Description:	Total Value
		MZN USD
		MZN USD
		MZN USD
		MZN USD
		MZN USD
		MZN USD
		MZN USD
Total Sum Insured:		MZN USD
Voluntary Excess: MZN..... USD.....		
Extensions		
Defined events: Leakage of oils / chemicals / fumes	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Additional claims preparation costs	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Memoranda applicable	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Average	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Excluded property	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Describe:		
.....		
Reinstatement	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	
Apply first loss average	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

1. All the insured property as defined (see below).

Definition

Insured Property

Any tangible property belonging to the Insured or held in trust or on commission for which they are responsible other than:

- (a) Currency coin, bank and currency notes, travellers and other cheques, money and postal orders, current unused postage revenue and holiday pay, stamps, credit card vouchers and other certificates, documents or instruments of a negotiable nature
- (b) Furs, jewellery, bullion, precious and semi-precious metals and stones, curiosities, rate books and works of art
- (c) Property in transit by air, inland, waterway or sea
- (d) Railway locomotives, rolling stock and other railway property, aircraft, watercraft, mechanically or electrically propelled vehicles, motor cycles, mobile plant caravans and trailers
- (e) Standing or felled trees, crops, animals, land (including topsoil backfill, drainage and culverts) driveways, pavements, roads, runways, dams, reservoirs, canals, pipelines (external to the premises) tunnels, cables (external to the premises) cableways, bridges, docks, jetties, wharves, piers, excavations, property below the ground or explosives
- (f) Electronic data processing equipment and external data media (punch cards, tapes, disks and the like) and the information they contain
- (g) Property in the course or construction, erection or dismantling including materials or supplies related thereto
- (h) Property in the possession of customers under lease, rental, credit or suspensive sale agreements
- (i) Glass, china, earthenware, marble and other fragile or brittle objects unless stated in the schedule to be insured

Other Comments:

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SECTION 13 PUBLIC LIABILITY

Details		Limit of Indemnity (Indicate MZN or USD)
Date of Inception/...../..... to/...../.....		
Basis of cover: Loss Occurrence Premises: Branch Yes [] No []		MZN
Where?.....		USD
Full description of activity & period of activity (attach when possible catalogues & relevant information):		
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:		

Details

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

Limit of Indemnity required MZN.....

USD

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

Employee details

Total number of employees:

Total estimated annual earnings MZN.....

USD

- Workers employed offshore:.....

MZN.....

Estimated annual earnings

USD

- Number of clerical employees:.....

MZN.....

Estimated annual earnings

USD

- Manual wage roll (split by activity)

Number of workers involved

Activity

.....

.....

.....

.....

.....

Estimated annual earnings MZN.....

USD

Extensions

Extended reporting option Yes [] No []

Principals Yes [] No []

Other Comments:

.....

.....

SECTION 15 STATED BENEFITS

Details		Limit of indemnity (Indicate MZN or USD)
Date of Inception/...../..... to/...../.....		
Persons Insured	Occupation	MZN
		USD
Stated Benefits 1. Death MZN..... USD 2. Permanent disability. Such percentage of limit of indemnity as is specified for the particular disability. 3. Temporary total disability, MZN..... USD..... with a limit of 52 [] or 104 [] weeks. 4. Medical Expenses MZN..... USD		
Extensions Business hours limitation Yes [] No [] Burns disfigurement Yes [] No [] Exposure Yes [] No [] Disappearance Yes [] No [] Life support machinery Yes [] No []		

Other Comments:

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.....

SECTION 17 MOTOR

Details

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

Specify vehicle(s) below						<u>COVER REQUIRED</u>	Value of vehicle
Make and Model	Year of Manufacture	Registration Number	Engine Size (CC)	Engine Number	Chassis Number	Comprehensive; Fire & Theft or Third Party Only	(Indicate <u>MZN</u> or <u>USD</u>)
Total Value:							MZN USD

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 []

.....

.....

.....

.....

.....

Details	
Date of Inception/...../..... to/...../.....	
Material Damage	
Location of equipment to be insured (address of building):	
Is the equipment maintained in accordance with the manufacturer's instructions? Yes [] No []	
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 []	
Extensions	
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 []
Details for items are to be entered on the following page.	

Item number	Full and exact description ¹	Serial number	Purchase price	Year of manufacture and purchase	Note any breakdown or failure ²	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	

¹ Make / model / name of manufacturer / voltage / power input / in case of outdoor lines indicate length and method of laying.

² 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:

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

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:

.....

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 (s) is likely to be left without an inhabitant(s)? 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:

.....

