



**PROPOSAL FORM
FOR
INDUSTRIAL SPECIAL RISKS
INSURANCE**

Trans Pacific Assurance Limited
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Papua New Guinea

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INDUSTRIAL SPECIAL RISK (Mark 7) PROPOSAL

POLICY No:

(Office use only)

IMPORTANT FACTS

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, You have a duty, under the P.N.G. Insurance Act, to disclose to us every matter which you know or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of matter:

- that diminishes the to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in ordinary course of business as an insurer, ought to know;
- as to which compliances with your duty is waived by the insurer.

Non- Disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning

Co-Insurance

Section 1 – Specified Events and Section 2 – Business Interruption contain a co-insurance clause. This means that we require you to insure for full value. If you do not do so you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eight five (85%) per cent of the full value, subject to specific conditions of the policy.

PRIVACY

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on to insure your risks. We only provide personal information to our Insurers and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly quote for your clients' insurance and we cannot insure them. You can check the personal information we hold about you and your clients at any time.

If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

Contact details for Trans Pacific Assurance Limited are:

Mail: Compliance Manager
Trans Pacific Assurance Ltd
PO Box 170
PORT MORESBY, NCD 121
Telephone: 321 6808
Facsimile: 321 6528
Email: info@transpacific.com.pg
Website: www.transpacific.com.pg

PERIOD OF INSURANCE

Cover commences:...../...../..... Cover expires at 4.00 pm:...../...../.....

YOUR DETAILS:

Full Name:

Trading Name:

Interested Parties:

What interest do the above parties have:

Business Description:

Years in operation:

This Business: years Any Similar Business: years

Do you maintain complete records of sales and purchases?

Yes No

Are your books of account prepared by a public accountant each year?

Yes No

Have you or any Director/Partner/Manager of the business ever:

(a) had insurance declined or cancelled?

Yes No

(b) had an insurer refuse or not invite renewal

Yes No

(c) had special conditions imposed on policy of insurance?

Yes No

(d) had a special excess imposed on a policy of insurance?

Yes No

(e) had a claim rejected under a policy of insurance?

Yes No

(f) been declared bankrupt or put into receivership or liquidation?

Yes No

(g) been charged with or convicted of a criminal offence?

Yes No

(h) Any other matters you should disclose (see 'Your Duty of Disclosure')

Yes No

If answered 'Yes' to any of the above question provide complete details on a separate piece of paper

YOUR CLAIMS HISTORY:

In the last 5 years have you sustained loss or damage (insured or not) of a type against which insurance is now being sought? Yes No
(If 'Yes', please provide details)

DATE:	INSURER:	DETAILS:
...../...../.....
...../...../.....
...../...../.....

(If insufficient space, please provide full details on a separate sheet of paper)

SCHEDULE OF PROPERTIES TO BE INSURED

As per attached

SUM INSURED DETAILS

DECLARED VALUES:

Section One: (All property Insured)	K.....
Section Two:	
(Gross Profits)	K.....
(Professional Fees)	K.....
(Payroll)	K.....
(Additional Increased Cost of Working	K.....
(Other:.....)	K.....

LIMITS OF LIABILITY:

The amount hereunder represents the insurers maximum Limits Of Liability any one loss or series of losses arising out of any one Situation subject to any lesser Limits Of Liability specified elsewhere in the Policy.

Section One:	K.....
Section Two:	K.....
Combined Limit Sections One & Two:	K.....

SUB LIMITS OF LIABILITY:

Removal of Debris	K.....
Accidental Damage:	K.....
Personal Property of Employees/Directors	K.....
Fusion(4HP)	K.....

DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signature:

Position/Title:

Date://