

## Underwriting Questionnaire for Manufacturers

Agent Name/Code: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Insured \_\_\_\_\_

Period of Insurance \_\_\_\_\_ to \_\_\_\_\_

Type of Goods Manufactured \_\_\_\_\_

Any hazardous goods/raw materials?  Yes  No

If "Yes" please state what are the characteristics of goods/raw materials.

Risk Location 1. \_\_\_\_\_ Occupancy \_\_\_\_\_

2. \_\_\_\_\_ Occupancy \_\_\_\_\_

3. \_\_\_\_\_ Occupancy \_\_\_\_\_

(store/factory/office)

ConstructionType \*:      Location 1  Class I  Class II  Class III      \* Please select the appropriate.  
    Location 2  Class I  Class II  Class III  
    Location 3  Class I  Class II  Class III

Class 1

Walls : Brick/Stone/Concrete

Hardroofs: Tiles/Concrete/Metal Sheeting/Asbestos Cement

Class II

Walls i) : Bricks/Stone/Concrete and partly iron or wood

Or ii) : Wholly of iron on iron or wood frame

Hardroofs: Tiles/Concrete/Metal Sheeting/Asbestos Cement

Class III

Walls : Wood

Roofs : Wood/iron

Is the risk location(s) owned, rented or Multi-tenanted?

Location 1 :  Owned  Rented  Multi-Tenanted; State type of trade/biz of other occupants \_\_\_\_\_

Location 2 :  Owned  Rented  Multi-Tenanted; State type of trade/biz of other occupants \_\_\_\_\_

Location 3 :  Owned  Rented  Multi-Tenanted; State type of trade/biz of other occupants \_\_\_\_\_

### Class of Insurance Required

- Fire and Extraneous Perils or  Industrial All Risks
- Consequential Loss
- Public Liability
- Work Injury Compensation
- Burglary
- Money
- Plate Glass
- Fidelity Guarantee
- Electronic Equipment
- Machine and Equipment
- Group Personal Accident } Complete Group Fact-Find Form
- Group Medical Insurance }
- Motor (Refer to underwriter)
- Marine (Refer to underwriter)

Please answer each question and where appropriate, provide particulars.

**FIRE & EP [ ] / INDUSTRIAL ALL RISKS INSURANCE [ ] (please select one)**

1. SUM INSURED	Location 1	Location 2	Location 3
i) On Building Only	S\$ _____	S\$ _____	S\$ _____
ii) On Contents, Furniture, Fixtures & Fittings	S\$ _____	S\$ _____	S\$ _____
iii) On Stock in Trade	S\$ _____	S\$ _____	S\$ _____
iv) On Other (please specify)	S\$ _____	S\$ _____	S\$ _____
_____			
_____			

2. Fire Protection Facilities (please tick the appropriate)	Location 1	Location 2	Location 3
	<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Sprinklers	<input type="checkbox"/> Sprinklers
	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Smoke Detector	<input type="checkbox"/> Smoke Detector
	<input type="checkbox"/> Fire Hydrant	<input type="checkbox"/> Fire Hydrant	<input type="checkbox"/> Fire Hydrant
	<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Hose Reels	<input type="checkbox"/> Hose Reels
	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Fire Alarm
	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Fire Extinguishers

**CONSEQUENTIAL LOSS / BUSINESS INTERRUPTION (Only if Fire is taken up)**

1. SUM INSURED	Location 1	Location 2	Location 3
i) On Gross Profit	S\$ _____	S\$ _____	S\$ _____
ii) On Rent Receivable (if Insured is Landlord)	S\$ _____	S\$ _____	S\$ _____
iii) On Rent Payable (if Insured is Tenant)	S\$ _____	S\$ _____	S\$ _____
iv) On Increase Cost of Working	S\$ _____	S\$ _____	S\$ _____

**BURGLARY INSURANCE**

1. SUM INSURED	Full Value	First Loss (if applicable)
i) On Contents, Furniture, Fixtures & Fittings	Location 1 - S\$ _____	S\$ _____
	Location 2 - S\$ _____	S\$ _____
	Location 3 - S\$ _____	S\$ _____
ii) On Stock in Trade	Location 1 - S\$ _____	Not applicable
	Location 2 - S\$ _____	
	Location 3 - S\$ _____	
iii) On Others (please be specify)	Location 1 - S\$ _____	S\$ _____
	Location 2 - S\$ _____	S\$ _____
	Location 3 - S\$ _____	S\$ _____

2. What are the working hours? \_\_\_\_\_

3. Security	
a. Is there a 24 hour security guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Insured's own or by Contract? _____
b. Any Burglary Alarm installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Any linked to security station?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Any CCTV installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" how many & where _____

### PUBLIC LIABILITY INSURANCE

#### 1. LIMIT OF INDEMNITY

Any One Accident S\$ \_\_\_\_\_  
 Any One Period of Insurance S\$ \_\_\_\_\_ / [ ] Unlimited

2. Estimate Sales Turnover S\$ \_\_\_\_\_

#### 3. Contractors &/or Sub-Contractors

Does Insured employ Contractors &/or Sub-contractors? If so,

a) State nature of work carried out by them \_\_\_\_\_

b) Does Insured wish to cover liability for their negligence? [ ] Yes [ ] No

### WORK INJURY COMPENSATION INSURANCE

Please complete the Work Injury Compensation Insurance Proposal Form (Annual Policy) and submit together with this questionnaire.

### PLATE GLASS INSURANCE

1. SUM INSURED	Full Value	First Loss (if applicable)
On All Plate Glass	S\$ _____	S\$ _____

### MONEY INSURANCE

#### 1. SUM INSURED

i) Money in the personal custody of the Insured or his authorised employees whilst in transit anywhere in Singapore	S\$ _____
ii) Money in Premises kept in safe &/or strongroom <u>during</u> business hours	S\$ _____
iii) Money in Premise kept safe &/or strongroom <u>after</u> business hours	S\$ _____
iv) Money kept in locked drawers	Limit to S\$500/-
v) Loss of or damage to safe &/or strongroom in which money is contained	S\$ _____
vi) On Others (please specify) _____	S\$ _____

2. Premises Risks (Please state location if differ from Fire policy)

### FIDELITY GUARANTEE INSURANCE

1. Total Employees Headcount \_\_\_\_\_

\* To provide a listing of names, nric no., duties, length of service, salary if not all employees are to be covered

2. Amount to be guaranteed S\$ \_\_\_\_\_ Any one accident and in aggregate any one policy period

**MACHINE AND EQUIPMENT INSURANCE (Please provide separate listing if space below is not sufficient)**

1. Details / Description of Property to be Insured	Sum Insured
	S\$ _____
	S\$ _____
	S\$ _____
	S\$ _____
	S\$ _____

**LOSS EXPERIENCE (Please list all claims/losses for the last 3 years regardless of whether there was insurance cover)**

1. Claims Experience for PAST 3 YEARS.

Date of Accident	Class	Claim Details	Claim Amount	Claim Status (Paid / Reserve)
			S\$	
			S\$	
			S\$	
			S\$	

2. Risk Improvements

If there were claims, what steps were taken after the incident to avert/prevent a similar incident?

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- Note:
- a. If space is insufficient, please use separate sheet.
  - b. The above underwriting questions act solely as a general guide. Further queries may be posed by Underwriters depending on the nature of risk and the information provided.
  - c. Insurance cover does not commence until proposal is accepted by the company.