

Underwriting Questionnaire for Miscellaneous Business

Agent Name/Code: _____ Date: _____

Name of Insured _____

Period of Insurance _____ to _____

Nature of Business _____

Any hazardous goods/raw materials handled? 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 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 during business hours S\$ _____
- iii) Money in Premise kept safe &/or strongroom after 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?

- 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.