

HOTEL COMPREHENSIVE BLOCK INSURANCE PROPOSAL FORM**The Proposer:**

1. Name:
2. Address:

The Hotel:

1. Name :
2. Location:
3. Date of Commencement of Operations:
4. Rating Category:
5. Construction of the building:
6. No. of Floors:
7. No. of Rooms : Single Double Suites
8. No. of Restaurants:
9. No. of Clubs & Discos:

I- Property Insurance :

- Building Value (*if owned by the applicant*):
- Contents including Furniture /Fixtures/Fittings, Decorations, Kitchen Equipments, Utensils, Consumables:
- Plant & Machinery:
- Stock of Foodstuff & Beverages:
- Sign Boards:
- Loss of Rent (if rented):

II- Business Interruption Insurance :

- Annual Gross Profit:
- Auditor Fees:
- Indemnity Period:

III- Money Insurance:**In Transit:**

- Limit of Liability At Any One Time:
- Estimated Annual Carrying:

In Safe:

- Limit of Liability at any one time:
- Description of Safe (s):

IV- Fidelity Guarantee Insurance:

- List of Employees showing name and occupation to be provided
- Limit per Person:
- Limit in the aggregate:

V- Public Liability:

- Limit of Liability any one occurrence including Guest Effects, Car Parking:
- Limit of Liability in the aggregate:
- Limit of Liability for Food & Drink:

VI- Workmen's Compensation:

- Estimated Annual Wages:
- No. of Employees:
- List of Employees showing the name and occupation and monthly salary for each employee to be provided

VII- Machinery Breakdown insurance:

- Limit of Indemnity:

VIII- Deterioration of Stock Insurance:

- Limit of Indemnity:

IX- Damage to Fixed Glass :

- Limit of Indemnity:

Declaration:

- Have you ever sustained a loss or losses under any of the above lines of insurance? (whether insured or not) :
- Are you at present insured with any other Insurance Company:
- Have any Insurer ever Declined or cancelled your insurance policies?:
- Is there any other information within your knowledge not already disclosed affecting or likely to affect the proposed insurance?:

If any of the above answers "YES" , please give below full particulars :

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THE APPLICANT DECLARES THE STATEMENTS SET FORTH HEREIN TO BE TRUE, COMPLETE AND CORRECT TO THE BEST OF HIS KNOWLEDGE.

NOTICE TO APPLICANTS:

This Application does not bind the Applicant or the Company. However, it is agreed that this Insurance Application will be the basis of the contract, should a policy be issued, and will be attached to, and made part of the policy. The Applicant agrees that if the information supplied on this Application changes between the date set forth below and the inception date of the policy, the Applicant will immediately notify the Company of such changes.

Authorized Signature of Applicant -----

Name & Title of Authorized Officer -----

Date-----