

1. Are the premises in your sole occupation? If not, please give particulars of other businesses or trades carried on.	
2. How long have you occupied these premises? If only recently give previous address.	
3. Have you been insured hitherto? If so, state name of office and number of Policy?	
4. Have you or, if appropriate, any of the partners, ever had a proposal for insurance of any kind, or renewal of a policy, declined or a policy cancelled? If so, give Particulars.	
5. Has a fire occurred in or on any premises wholly or partially occupied by you or any of your partners (If any)? If so, give Details	
6. Give Particulars of any policies in force with this or other Companies covering any of the property to be insured.	
7. Give the following particulars of any building within 50 feet of the property to be insured: (a) Construction (b) Height (approx.) (c) Occupation (d) i) if adjoining, whether communicating with proposer's premises ii) If separated, the distance of separation	(a) (b) (c) (d) i) ii)

(Note: The above information can be linked with sketch plan Please attach)

Give the following particulars of each separate building to be insured or in which the property to be insured is situated (if more than two buildings continue on separate sheet)

	Building No.....on sketch plan	Building No.....on sketch plan
8. Construction of external Walls		
9. Construction of Roof		
10. Construction of Floors		
11. Construction of Interior Walls		
12. Number of FLOORS (including ground floor)		
13. Any ceilings, partitions or other linings of Calico, Canvas or Rush		
14. If Store (a) Nature of Goods Stored (b) Proportion of hazardous goods	(a) (b)	
15. If Manufacturing Premises (a) Power Used (b) Brief Details of Processes	(a) (b)	
16. Form of lighting, and/or heating		
17. Potable Fire Extinguishers, If any		

(Note: Where premises consist of two or more buildings a sketch plan should be given on a separate sheet.)

Declaration: I/We desire to effect with the **LIBANO-SUISSE Insurance S.A.L** an insurance in the terms of the policy used for this class of business and I/We declare that the above statements and particulars are correct and complete. I/we agree that this proposal shall be the basis of the contract between me/us and the Company.

Date:.....

Signature Of The Proposer:.....

The insurance will not be in force until the proposal has been accepted by the Company and the first premium paid.