

PROPOSAL FORM – SMALL COMMERCIAL BUSINESS (SCB) INSURANCE

(Please complete all information and tick Appropriate box)

PERSONAL PARTICULARS OF PROPOSER

Name & Surname of Proposer: Mr./Mrs. /Ms. _____ As Tenant As House Owner
Date of Birth: ____/____/____ **ID Card/Pass Port No:** _____ **Nationality:** _____
Occupation: _____
Current Address:
 House No: _____ Unit: _____ Village: _____ District: _____ Province: _____
 Mobile Phone (Mandatory): _____ E-mail Address: _____
Company Name & Surname of the Insured or Beneficiary (If altered from above): Mr./Mrs./Ms. _____
 Mobile Phone (Mandatory): _____ Tel: _____ E-mail Address: _____
Location /Address of Property to be Insured (If altered from current address) Same as current address
 House No: _____ Unit: _____ Village: _____ District: _____ Province: _____

INFORMATION OF PROPERTY TO BE INSURED

1. Of what material is the building constructed? (If more than one building, please provide this information separately)

a) Walls?	<input type="checkbox"/> Reinforce concrete	<input type="checkbox"/> Bricks	<input type="checkbox"/> Timber	<input type="checkbox"/> Other, Specify _____
b) Columns?	<input type="checkbox"/> Reinforce concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Timber	<input type="checkbox"/> Other, Specify _____
c) Beams?	<input type="checkbox"/> Reinforce concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Timber	<input type="checkbox"/> Other, Specify _____
d) Roof structure?	<input type="checkbox"/> Reinforce concrete	<input type="checkbox"/> Steel	<input type="checkbox"/> Timber	<input type="checkbox"/> Other, Specify _____
e) Roof?	<input type="checkbox"/> Tiles	<input type="checkbox"/> Iron sheet	<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Other, Specify _____

2. How many floors? Single Double Other, Specify _____

3. Year of construction _____

4. Building is used for dwelling and business? Business only Both

5. Is there any boundary fence/wall surrounding your house? Yes No

6. are there any other buildings closed by less than 10 meters? (Exclude small out-houses) Yes No

BUSINESS INFORMATION

1. Business name: _____	2. Business activity (i.e. Service, wholesale, retail shop, production warehouse, Org, GOV, etc...): _____	* To be completed by insurance staff Business Category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
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SUM INSURE

The sum to insured must represent full value of the property. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.

1. Buildings <i>Building being used for the purpose of residence including garage, kitchen, house for Servants (excluded fence and gate)</i>	LAK _____
2. Home Contents <i>Inclusive of Furniture, Fixture, Filling, and Improvements to home decoration, household utensils, electrical appliances, kitchenware, clothing of the insured or member of the insured's family.</i>	LAK _____
3. Equipment of the Business <i>Means furniture, Fixture, Fitting, and Improvements to building decoration, electrical appliances, machinery, and other property that concerning the business activities.</i>	LAK _____
4. Stocks <i>Mean raw material, stock in process and finish goods.</i>	LAK _____
5. Limit for liability toward neighbors <i>Legal liability in case of fire spreads to neighbors</i>	<input type="checkbox"/> LAK 250,000,000 <input type="checkbox"/> LAK 750,000,000 <input type="checkbox"/> LAK 1,500,000,000 Other _____
6. Limit for family liability <i>Legal liability to third parties</i>	<input type="checkbox"/> LAK 10,000,000 <input type="checkbox"/> LAK 30,000,000 <input type="checkbox"/> LAK 50,000,000 Other _____

REQUESTED PACKAGE OF INSURANCE COVER

Basic *Cover fire, family liability & fire liability toward neighbors*

Essential *Cover fire, family liability & fire liability toward neighbors, water damage, storm & earthquake*

Superior *Cover fire, family liability & fire liability toward neighbors, water damage, storm, earthquake, fixed glass breakage & electrical damage*

All inclusive *Cover fire, family liability & fire liability toward neighbors, water damage, storm, earthquake, fixed glass breakage, electrical damage & burglary*

PREMIUM PAYMENT SCHEDULE

Annually Semi-annually Quarterly

PERIOD OF INSURANCE

O1 Year, Inception Date: ____/____/____ Expiry Date: ____/____/____

DECLARATION

I (the Proper) hereby confirm the above information provided is correct and true, In the event of any change of the above information, I shall keep Allianz Insurance Laos informed in writing as soon acknowledged the change.

Signature of the Proposer

 Date: ____/____/____

Signature of the Agent

 Agent Code: