



**ENTERPRISE INSURANCE COMPANY LIMITED
BUSINESS INTERRUPTION PROPOSAL FORM**

Proposer's Name in full: -----
Postal Address: -----
Address to which proposal relates: -----
Nature of Business: -----
Date from which insurance cover is desired: -----

COVER REQUIRED (as calculated on page 2)

ITEM 1 ON GROSS PROFIT ---- (c) Sum to be insured
The specified working expenses to be excluded are
(i) Purchases (less discounts received
(ii)
(iii)
(iv)
ITEM 2 ON ALL WAGES ---- (c)
100% for ----- weeks and -----% for remainder of the Indemnity .
ITEM 3 ON PROFESSIONAL ACCOUNTANTS' CHARGES ---- (c)
TOTAL SUM INSURED -----

MAXIMUM INDEMNITY PERIOD: ----- months.

ADDITIONAL COVER (See Page 1)

PERILS

- 1. AIRCRAFT OR AERIAL DEVICES AND EXPLOSION (excluding explosion of apparatus under steam pressure) ---- Yes No
- 2. RIOT, CIVIL COMMOTION and MALICIOUS DAMAGE ---- Yes No
- 3. EARTHQUAKE ---- Yes No
- 4. TORNADO ---- Yes No
- 5. FLOOD ---- Yes No

EXTENSIONS

A SUB CONTRACTORS AND SUPPLIERS Yes No
If 'Yes', names and addresses, and the maximum possible loss attributable to each expressed as a percentage of the Gross Profit.

- (i) ----- % Yes No
- (ii) ----- % Yes No

B CUSTOMERS

If 'Yes', names and addresses, and the percentage of Annual turnover derived from each

- (i) ----- % Yes No
- (ii) ----- % Yes No

C PROPERTY STORED

If 'Yes', percentage of Gross Profit attributable to any one situation Yes No

- (i) ----- %

D CONTRACT SITES

If 'Yes', percentage of Gross Profit attributable to any one site Yes No

----- %

PLEASE ANSWER ALL QUESTIONS OVERLEAF

This page is to assist in completing the proposal form and may be detached and retained by the Proposer.

ITEM 1. GROSS PROFIT

EXTRACTS FROM THE ACCOUNTS OF THE BUSINESS FOR THE LAST FINANCIAL YEAR.

The sum of

(a) Turnover (less discounts allowed) ---- ---- ---- ---- ---- ---- ¢

and

(b) Closing Stock ---- ---- ---- ---- ---- ---- ---- ¢

From which deduct the sum of

(a) Opening Stock ----- ---- ---- ---- ---- ---- ---- ¢

(b) The following Specified Working Expenses (i.e. those which vary directly with Turnover)

(i) Purchases (less discounts received) ---- ---- ---- ---- ---- ¢

(ii) Wages (if insured by Item 2) ---- ---- ---- ---- ---- ¢

(iii) ---- ---- ---- ---- ---- ---- ¢

(iv) ---- ---- ---- ---- ---- ---- ¢ _____ ¢ _____

Annual Gross Profit ---- ---- ---- ---- ---- ---- ---- ¢

Adjust for current trend of business (see page 1) ---- ---- ---- ---- ---- ¢

Maximum Indemnity Period required ----- 12 months (see page 1) ¢

If exceeding 12 months, increase sum insured proportionately ---- ---- ---- ¢

Sum to be Insured on Gross Profit ---- ---- ---- ---- ---- ¢

ITEM 2. WAGES

1. Are you now or have you been previously been insured against Business Interruption/Loss of Profits/Consequential Loss? -----
2. Have you whilst trading in the above or any other name ever had a fire or suffered damage by any of the Additional perils to be covered? -----
3. Has any Insurance company or underwrite ever refused, cancelled, declined to renew or proposed special terms on any Insurance of this or any other class proposed or effected by you, whilst trading in the above or any other name? -----
4. Please state (i) the Company with whom you are insured against fire. -----
 - (ii) The name and address of your professional Accountant. -----
 - (iii) May we approach them each year for a statement of gross profit? (This will enable a return of premium to be made if the sum insured has been over estimated)-----
 - (iv) When does you financial year end? -----

DECLARATION

I/We hereby apply for insurance as set out herein and I/We declare that the statement is true and I/We agree that this proposal and declaration shall be the basis of the contract between the Company and myself/ourselves.

DATE: -----

AGENCY: -----

SIGNATURE OF PROPOSER: -----