



CHUNG KUO INSURANCE CO., LTD.

FIRE INSURANCE APPLICATION

1. Name of Applicant _____

Postal Address _____

Contact Nos. **Home -** _____ **Work -** _____ **Email Add. -** _____

2. Name of mortgagee (if any) _____
(including all aliases)

Postal Address _____

3. Location of Interest to be insured _____
No. _____ Street _____ City or Municipality _____ Province _____

4. Insurance required from _____ to 4 p.m. _____

5. Insurance required on:	Insurance Required	Applicant's Estimate of Present Value	Insurance in force	Name of Company
Building/s occupied as _____				
Stock-in-Trade consisting principally of _____				
Machinery and utensils used for _____				
Business furniture, fixtures, fittings _____				
Personal effects, furniture, fixtures, fitting and household appliances _____				
Others _____				
TOTAL INSURANCE REQUIRED			ANNUAL PREMIUM: _____	

6. Description of Premises and/or Building: _____

No. of Story	CONSTRUCTION					Occupancy	No. Tenant
	Frontage	Right Side	Left Side	Rear	Flooring		
First							
Second							
Third							

Roofing Material: _____

7. If retail store, are your goods hazardous or non-hazardous? _____

8. Have you ever:	When	Which Insurance Company
a. Had a fire loss in this or other premises? _____		
b. Had a Policy of fire insurance canceled? _____		
c. Had this risk declined by any other Company? _____		

9. Do you want additional covers in this policy, i.e. typhoon, earthquake or others? _____

I/we hereby declare that to the best of my/our knowledge and belief *all* the foregoing questions are answered truthfully and correctly, that I/we *will not effect insurance additional to that stated above without notifying the Company beforehand*, that I/we have not concealed or misrepresented any material fact or circumstance concerning, (a) the insurance applied for (b) the subject thereof, or (c) my/our interest in the property to be covered and I/we hereby propose to effect an insurance with your Company subject to your usual Policy terms and conditions.

Signature of Applicant _____

Date _____