



Sun Flower Insurance Brokers Limited
Placing through Sun Flower Insurance Agency Limited
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WAREHOUSEMAN'S LEGAL LIABILITY PROPOSAL FORM

IMPORTANT

This form may be completed by your authorised insurance advisor or broker
If you have insufficient space to answer any questions, please attach a separate sheet

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM, FULLY AND FAITHFULLY, ALL THE FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE, THE POLICY ISSUED HEREUNDER MAY BE VOID.

Name of Insured	
Location to be insured	
Exact description of location a) open area – type of boundaries illuminated, flood exposure, kind of fire protection etc. b) buildings – construction, year built, conditions, total storage area, flood exposure to ground floor / basement, installation of sprinkler equipment, other kind of fire protection etc. c) storage tanks – age and conditions of tanks etc. d) cold storage facilities – type and age of refrigerant / compressor	
Security measures – watchmen, theft and burglary alarm etc.	



Description of commodities stored – furniture, foods, acids, chemicals, explosives, wet commodities etc.	
a) Annual turnover of goods b) Value in storage in maximum / average / minimum	
Annual gross receipts – (by year for last 5 years) Estimated gross receipt – for next 12 months	
Claims experience a) previous insurance cover – company, details of cover, statistics – net premium / paid and outstanding losses and details of loss b) if no insurance – details of all previous claims which would have been recoverable under this type of insurance c) loss prevention measures already taken	
Other kind of compulsory contractual agreements	
Conditions and scope of cover	
Limit of indemnity	



Deductible – per package, per whole storage etc.	
Premium rate – to be calculated on turnover / receipts monthly or annual, minimum and deposit premium	

We declare that the information and answers given in this form are true to the best of our knowledge and belief and that we have not misstated or suppressed any material facts that might influence the assessment of the risk. We also understand that completion of this form does not bind insurers or mean we will accept this insurance but, if terms are agreed, it will form part of the contract.

Signature of applicant _____

Title _____

Date _____

If the intermediary who serves you is an Insurance Broker, please read this:

“The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.”