LOSS OF PROFIT PROPOSAL FORM

Following Fire & Allied Perils

1. Name of Proposer _____

2. Address _____

3. Situation of premises to which insurance is to apply _____

   _____

4. Nature of Business carried on therein _____

5. Amounts to be insured Gross Profit (as per calculation overleaf) Rs _____

   Plus allowance for future increase Rs _____

   Total Sum Insured under item 1 Rs _____

Where an indemnity period in excess of 12 months is required the respective sum insured should represent the estimated gross profit for the full period selected

Period for which indemnity is required From _____To_____
(Consecutive months following the date of the damage)
Period of Insurance ……From _____ To_____

QUESTIONS TO BE ANSWERED BY PROPOSER

6. How long have you carried on business in these premises or elsewhere?	These premises _____ years Elsewhere at _____ years
7. Give full particulars of all losses sustained by you at this or any address in respect of any perils to which this proposal applies	
8. Has any company or insurer in respect of any of the perils to which this proposal relates. a) Declined to insure you? b) Required special terms to insure you? c) Cancelled or refused to renew our insurance? If so, give full particulars	 a) b) c)
9. Do you keep stock books and sales books and will these be posted promptly	
10. Are your books regularly audited? Give the name and address of auditor	
11. Have you at present any insurance covering Business Interruption? If so, give details.	
12. Total Fire Insurance by annual policies on contents	Annual Premium Rs._____ Paid thereon Rs._____

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

Date _____ Signature of Proposer _____

IGI – FIRE UNDERWRITING DEPARTMENT

A) Estimated Gross Profit Business Interruption Values anticipated for _____months, from _____
B) Actual Gross Profit Business Interruption Values Earned for_____ months, ending_____

Note: If Business Interruption Policy covers than one location file separate reports.

ITEMS	Column 1 Actual Value	Column 2 Estimated Value
NET PROFITS, without deduction for Income Taxes……		
FIXED CHARGES AND OTHER EXPENSES		
1. Interest……		
2. Taxes……		
3. Rentals ……		
4. Advertising & Publicity ……		
5. Total salaries and Wages of officers, executives and employees whose services would be retained during suspension of business operations ……		
6. Total salaries and wages payable under contracts guaranteeing annual compensation (not including any salaries and wages contained in Item # 5)……		
7. Compensation Insurance Premiums, Social Security, Unemployment Insurance and other Charges allocated to salaries and wages in 5 & 6 above ……		
8. Sunday operating expenses (Including delivery service)		
9. Donations, membership fees, etc……		
10. Heat, Light and Power (Plant not operating)……		
11 Insurance Premiums and Payments to Pension Plan……		
12 Postage, telephone and telegraph……		
13 Professional Services……		
14 Repairs and depreciation of buildings, fixtures and equipment		
15 Royalties (Minimum contract payments)……		
16 Traveling Expenses……		
17 ……		
18 ……		