

## INSURANCE QUESTIONNAIRE

- ✓ Please answer the questions as fully as possible, if in doubt, please contact us for further discussions or to clarify any issues.
- ✓ The information that you supply to us in this questionnaire are basic and vital information required in determining your insurance needs and/or requirements. It is purely an information gathering process. Completion of this for does not constitute to any binding Insurance Contract obligation on you to proceed.
- ✓ As an Insurance Broker, we act for and on your behalf and in order for us to negotiate terms or obtain quotes from Underwriters/Insurers, we are required to pass much of these information solely for the above intended purpose. All information supplied to us will be treated with care and strictest confidence.
- ✓ Further note that a full proposal may be required, which we will be happy to help you complete. The Underwriter/Insurer may also require other additional information such as your company profile and insurance history especially claims.

### PLEASE COMPLETE THE FOLLOWING

<b>THE INSURED(S):</b> [Please state the full and correct Title / Name of your Company including subsidiary and/or any associated companies]		
<b>BUSINESS ACTIVITIES / DESCRIPTION:</b> [Please provide full description of your business operations/activities]		
<b>CONTACT DETAILS:</b> [Please provide full details of main contact person/s]		
Name:		
Title:		
Postal Address:		
Phone No:	Mobile No:	Email:
<b>INTERESTED PARTY:</b> [State the name of your bank/financier and/or any other individual persons whose interests are to be noted/covered]		
<b>LOCATION(S)/SITUATION(S) OF BUSINESS:</b> [State correct situation of where you are located]		
<b>SPECIAL HAZARDS OR RISKS:</b> [Please state any special Hazards or Risks that your business faces that are unusual or peculiar to your type of business]		
<b>HISTORY OF PAST CLAIMS OR LOSSES:</b> [Have there been any claims or losses that you have encountered (either Insured or Uninsured) in the last 3 years; or that were of a repetitive nature or that created a special concern to you or your business]		

### LIST OF RISKS & INSURANCE

From the lists provided on the following pages, please carefully identify those which you require or are particularly interested in covering and subsequently provide the required underwriting information.

- *Insurance is a complex subject but we have tried to keep this questionnaire as simple as possible. At the same time we have attempted to capture the 'Core Risks' that face the majority of small and medium business enterprises in PNG.*
- *The list of Risks or the range of insurances available is not exhaustive, if there are any particular risks that are possibly unique to your type of business and/or for any specific or special requirements, please seek our assistance and guidance.*

## PROPERTY INSURANCE – FIRE INSURANCE / INDUSTRIAL SPECIAL RISKS

**Provides Cover for following properties: Buildings / Contents / Plant & Equipment / Stock**

Provided below is a table (example) to guide you, this format is intended to help you set out the values and limits to be insured.

**SPECIAL NOTE:**

1. In reviewing your Buildings & Property values, it should be borne in mind that building costs increases from year to year. When reviewing the values, careful and serious consideration should be given on fluctuations/changes in the Kina value.
2. With regards to replacement costs for plant and machinery, you will be aware of increases in the costs of imports from some countries due to currency changes/fluctuations. We recommend that, in addition, you take current and future inflationary trends into consideration when setting values.
3. **“Average Clause”** Please be aware of the need to declare full values, either on Replacement or Indemnity Basis, depending upon the basis of settlement clause in the policy, to ensure that “Average” is not applied in the event of loss.  
If you under-insure, the ‘Average’ clause in the policy can have a serious impact on what the Insurer will pay out on a claim.

*“Replacement Values” are recommended*

	DESCRIPTION OF PROPERTY / ITEMS INSURED	SUM INSURED (VALUE)
1	Buildings	K
2	Plant / Equipment / Contents	K
3	Stock	K
4	Removal Of Debris (ROD) / Cleaning Up Costs (usually all locations)	K
<b>EXTENSIONS – ADDITIONAL PREMIUM MAY APPLY IF REQUIRED</b>		
5	Architects Fees for plans & specifications for rebuilding	K
6	Customers Goods in your custody	K
7	Water Damage – Bursting or Leaking pipes (enter limit of cover required)	K
8	Flood Water Damage – Rivers and streams (enter limit of cover required)	K
9	Electrical Fusion to Electrical Motors – Up to 5hp max: Burning out of electric motors in machinery or plant (state number of motors and enter limit required)	K
10	Directors and Employees clothing and/or tools of trade on the business premises only (excludes cover at private residences – separate cover must be arranged)	K
11	Accidental Damage	K
12	Extra Cost of Reinstatement	K
13	Escalation Costs (example 15%)	K
14	Property undergoing construction, erection, alteration or addition	K
15	Riots, Strikes & Civil Commotion (This cover is not usually available in PNG market)	K
16	Malicious Damage/Vandalism/Looting (Not easily/usually available in PNG market)	K

**Additional Information:**

Please provide additional information below on location of your premises including brief construction details and security and fire protection measures:

Situations/Locations of Premises (i.e. Sec Lot , street, place, town)	Construction Details (i.e. Brick/Iron/Steel/Timber)	Security & Fire Protection Measures (e.g: 24hrs security/serviced extinguishers)

## LOSS OF PROFITS – BUSINESS INTERRUPTION/LOSS OF GROSS PROFIT

Many businesses, after a major loss/event such as a major fire or an earthquake failed to re-establish because they did not have this cover or they never had a formal recovery plan.

If you are interested in this type of insurance, please complete the table below. Please further note that this policy cannot be taken alone or without first insuring your properties under a Fire or Industrial Special Risk policy.

(NB: We can supply a Calculation Table that will assist you to establish the correct figures that will be required)

	DESCRIPTION	Sum Insured
1	Gross Profit	K
2	Additional Increased Cost of Working (AICOW) [special extra costs to allow you to resume trading / operations quickly]	K
3	Loss of Rental Income (if applicable)	K
4	Claims Preparation Fee (Accountants Fees)	K
5	Rewriting of Records	K
6	Debt Recovery / Un-recoverable Debtors Losses (Inability to recover debts owing by customers due to loss of records)	K
7	Additional Expenses	K
8	Business Interruption Period / Indemnity Period ( <b>Enter the period it would take to have your business up and running 100% following a major loss, e.g; 12 months</b> )	.....Months

## BURGLARY

Covers Loss or Damage (not otherwise excluded by the policy) to property Insured as a result of burglary or attempted burglary.

### Information Required:

Please see table format below to guide you – Sum Insured should be Estimated Maximum any one loss.

	DESCRIPTION	Sum Insured
1	Plant / Equipment and Contents of every description	K
2	Loss or Damage caused by Burglary/Attempted Burglary including whilst in the open air in securely locked fence	K
3	Stock	K
4	Personal Properties/tools of trade & clothing belonging to Directors/Employees	K
5	Others – Please specify	K

## MONEY

Covers Loss or Damage (not otherwise excluded by the policy) to Money as defined in the policy up to the Sum Insured.

### Information Required:

Please see table format below to guide you – Sum Insured should be Maximum any one time/estimated loss.

	DESCRIPTION	Sum Insured
1	Money In Transit / Bank Night Safe	K
2	Money On Premises During Business Hours and Outside Business Hours	K
3	Money On Premises in Locked Safe/Strong Room	K
4	Money in Personal Custody at Authorized Employee Residence	K
5	Damage to Safe/Strong Room	K

## GLASS

Covering Breakage (not otherwise excluded by the policy) of external and internal glass.

**Information Required:** Please declare/provide value

External and Internal Glass	K
All Other Additional Benefits	K

## PUBLIC & PRODUCTS LIABILITY

Covers Insured's legal liability to third parties for accidental death and/or bodily injury, property damage caused by an occurrence/accident happening during the period of insurance and arising out of or in connection with the Insured's normal business activities/operations.

**Information Required:** Please provide details as requested below

What Limit of Liability (Sum Insured) do you require? Amount of Cover: We recommend a minimum of K1,000,000	K
Estimated Turnover for the next 12 months	K
Total Number of employees in your business	
Had any Public Liability Claims in the last 3 years?	Yes / No
Do you enter into any contracts whereby you assume or accept liability for certain events or agree to release other parties from liability? <b>(Hold Harmless Agreements)</b>	Yes / No
Do you take responsibility for Property / Goods / Vehicles, under your care or custody or control that are owned by customers other persons? <b>If Yes, please advise:</b> <ul style="list-style-type: none"> <li>• <b>Type of Goods:</b></li> <li>• <b>Total value at Risk:</b> K.....</li> <li>• <b>The Location/s:</b></li> </ul>	Yes / No
Do you handle Explosives or Dangerous Chemicals or undertake any drilling or blasting activities	Yes / No

## WORKER'S COMPENSATION

Cover's your (employer's) legal liability/responsibility to Insure your 'employees' in respect of the Workers Compensation Act of Papua New Guinea (Compulsory by Law).

**Information Required:** Please provide details as requested below

a) Wages Declaration – Please estimated Gross Wages to be paid for the next 12 months in the format below:

No. of Employees (No. per class of workers)	Occupation Category/Class of Workers (e.g, Managerial/Clerical, Sales/Marketing/Drivers etc)	Wages
		K
		K
		K
		K
		K

b) Common Law Liability Limit Required (usually K1,000,000). **Specify your requirement:** K.....

## MOTOR VEHICLE

Policy Covers:

- a) Full Accident and Collision Damage to your vehicles
- b) Legal Liability to Third Parties in respect of property damage (Limit: e.g: K1,000,000 any one occurrence)  
Third Party Only (TPO) and/or bodily injury **K**.....per seat in excess of MVIL cover **(If required)**

**Information Required:** Please declare schedule of vehicles in the format below

Year of Make	Vehicle Type (Make & Model)	Rego No.	Engine No.	Chassis No.	Value (K)

## ELECTRONIC EQUIPMENT

Covers physical damage (not otherwise excluded by the policy) to electrical equipment, data storage, restoration directly consequent upon an insured damage/loss to electronic equipment.

**Information Required:** Please provide details of items to be insured in the format below.

Description	Serial No.	Value
Material Damage (Electronic Equipment as declared per schedule provided)		K
Data Restoration		K
Increased Cost of Working		K
Others/Please Specify		K

## MACHINERY BREAKDOWN

- Covers:
1. Sudden, accidental physical damage to Insured Machinery (breakdown, repair costs vital to equipment/machinery)
  2. Loss of Profits (directly resulting from breakdown of vital equipment) – **Do you require cover: Yes / No**

**Information Required:** Please provide details of items to be insured in the format below.

Description	Value
Total Plant and Machinery (as declared per schedule)	K
Refrigerators / Freezers	K
Boilers	K
Air Conditioning	K
Others – Please specify:	K

## GENERAL PROPERTY/ALL RISK (ACCIDENTAL DAMAGE/LOSS/BURGLARY)

Covers Loss or Damage to insured items arising from a sudden and unforeseen accident (not otherwise excluded by the policy) occurring anywhere in Papua New Guinea during the period of Insurance.

This cover is designed to insure portable equipment that is not always located at your main business premises. Portable equipment could be in transit, in your vehicles, or at any other unspecified temporary locations elsewhere in PNG.

Examples: Portable Tools, Lap Top Computers, Radios, Portable Instruments and the like.

**Information Required:** Please provide details of items to be insured or schedule of items in the format below.

Description	Serial No.	Value
		K
		K
		K

## MARINE CARGO / TRANSIT

Cover all shipment of property, goods and/or merchandise principally of every description including which the 'Assured' may have an Insurable Interest.

**Information Required:** Please provide details as required.

a) Limit of Liability / Sum Insured:     K.....any one conveyance/bottom

b) Declaration of Sendings – **Cargo** (mainly for annual Open Cover)

Sendings	Estimated Sending next 12 Months
Exports	K
Imports	K
Local	K
<b>Total Estimated Annual Sendings</b>	<b>K</b>

c) Declaration of Sendings – **Transits** (mainly for Personal Effects / One-Off Transit)

Description	Details
Type of Goods	
Date of Voyage	
Voyage from and to	
Conveyance by Sea / Air / Land	
<b>Total Value of Goods/Cargo</b>	<b>K</b>

## CARRIERS LIABILITY

Covers against Fire, Burglary/Theft from securely locked vehicles, Accidental Damage arising out of collision and/or overturning of the conveying vehicles including loading and unloading only by the employees of the Insured.

### Information Required:

- a) Limit of Liability / Sum Insured: K.....any one conveyance / carry
- b) Provide Estimate Sendings:
- i) Annual sending K.....
  - ii) Average daily sending per vehicle K.....
  - iii) Average Sendings per month K.....

Note: Items a) & b) should help you determine your required limit of liability and to establish estimated annual sendings.

## FIDELITY GUARANTEE

Covers Pecuniary loss of money, securities, negotiable and non-negotiable instruments, goods and other property of the Insured directly from a fraudulent or dishonest act or acts by an employee acting alone or in collusion with others committed during the Period of Insurance.

### Information Required:

- a) Limit of Liability: K..... any one employee
- b) Additional Information: Provide full details and the number of staff involved in activities relating to handling of cash and goods during business hours  
and/or after business hours.

Note: Insurer may require a fully completed Fidelity Proposal Form.

## MEDICAL

Covers Compensation as a result of injury and/or sickness resulting in Medical and/or Repatriation Expenses including Emergency Evacuation and Treatment.

### Information Required:

- a) Provide List of Insured Persons in the format below
- b) Confirm any Pre-existing condition for any one Insured Person/Member

\*Note: Each Insured Person is required to complete Proposal Form

	Name of Insured Person	Date of Birth (DOB)	Occupation	Plant Type	Name of Dependents	Confirm details of any Pre-existing Conditions
1						
2						
3						
4						

**LIFE**

Covering Loss of Life by natural causes and/or illness to the Insured Person.

**Information Required:**

Provide list of Persons to be Insured in the format below (Insurer may require each Insured Person to complete a full Proposal)

	Name of Assured Member	Date of Birth	Occupation	Sum Insured	Confirm details of any Pre-existing Conditions	Beneficiaries
1						
2						
3						
4						

**GROUP PERSONAL ACCIDENT**

Covers specified/nominated employees for Accidental Death and Weekly Accidental Benefits as a result of an accident and/or sickness (including loss of wages). Note: Weekly Compensation for Sickness is not usually Insured.

The scope of the cover is usually provided on 24 hours, 365 days a year basis.

**Information Required:**

Provide list of persons to be Insured in the format below showing the death benefit for each person and Weekly Accident compensation required. Maximum weekly benefit can be insured is up to 85% of normal gross weekly wages.

	Name of Insured Person	Date of Birth (DOB)	Occupation	Death & Capital Benefit	Weekly Accident Benefit	Beneficiaries
1				K	K	
2				K	K	
3				K	K	
4				K	K	



## MAKE UP PAY

Covers nominated employee for accident Make-Up-Pay to cover the difference between the weekly benefit under the PNG Workers Compensation Act and up to 85% of Employees Salary, subject to maximum amount declared for the nominated person's weekly wage.

Cover is subject to a deferment (waiting) period (e.g; 14 days and ceases on payment on of a lump sum benefit for Death & Total Disability.

### Information Required:

Provide list of employees in the format below

Weekly Benefit: State Maximum amount: K..... per week

	Name of Insured Person	Date of Birth (DOB)	Occupation	Annual Salary	Death Benefit	Weekly Accident Benefit
1				K	K	
2				K	K	
3				K	K	
4				K	K	

## TRAVEL

**Authorized Travel** shall be deemed to mean travel undertaken by the Insured Person on the business of the Insured provided such travel involves a destination outside the radius of 100km from the Insured Persons residence or place of business or any destination involving travel by air or sea but excludes personal travel and/or normal daily travel between an Insured Person's residence and place of work.

### Information Required:

a) Advise your requirements

Interest Covered	Sum Insured
Cancellation, Overseas Medical and Additional/Extra Expenses	K
Luggage and Personal Effects	K
Money and Credit Cards/Travelers' Cheque	K
Loss of Deposits and Additional Expenses	K
Capital & Weekly Benefits	K
Personal Liability	K

b) Declaration of Travels

Class of Employees	No. of Overseas Trips	No. of Local Trips	Duration of Trips	Destinations

## DUTY OF DISCLOSURE

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For an Insurer to decide to take a risk and then to make an informed assessment of the risk it faces under a contract of insurance, (and hence calculate the premium it should charge) all relevant matters must be disclosed in the utmost good faith to it.

The duty to make full and frank disclosure rests upon the party seeking insurance cover (or renewal or variation of it) and upon the broker who acts on that party's behalf.

### Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a Duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance and so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- That diminishes the risk to be undertaken by the Insurer
- That is of common knowledge
- That your Insurer knows, or in the ordinary course of his business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

### Non-disclosure

If you fail to comply with your Duty of Disclosure, the Insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from the beginning.

## DECLARATION

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I / We declare that the particulars provided in response to the questions contained in the Questionnaire are true and correct

I / We have discharged my / our duty of disclosure.

I / We have not suppressed, misrepresented or misstated any relevant facts.

I / We agree that the particulars provided shall be the basis of the contract of Insurance and be deemed to be incorporated in the Policy to be issued.

**Signature** : \_\_\_\_\_

**Print Name** : \_\_\_\_\_

**Title** : \_\_\_\_\_

**Date** : \_\_\_\_\_