

DATA CAPTURE FORM (COMMERCIAL PROPERTY)

TRANSACTION TYPE: QT NB RN ENDT OTH, SPECIFY _____

POSTAL ADDRESS: _____

RISK LOCATION: _____

OCC OF BLDG BY PROPOSER: _____

OCC OF BLDG BY OTHERS: _____

OTHER BUSINESS YES NO POLICY NO: _____ CLIENT NO: _____

DATE OF BIRTH: _____ PREVIOUS INSURER: _____

REASON FOR CHANGE IN INSURER: _____

PREVIOUS LOSSES: YES NO IF YES, GIVE DETAILS: _____

CONSTRUCTION

ADJOINING RISK

Ext walls:
Int walls:
Roof type:
Roof design:

Storeys:
condition:
Roof anchor:
Floor

Construction:
Occupancy:

<u>SUBJECT MATTER</u>	<u>SUM INSURED</u>

PPN: GGIL: _____ OTHS: _____

INTERESTED PARTIES (NAME & ADD): _____

NATURE OF INT: _____ PERIOD OF INSURANCE: FROM: _____ TO: _____

PLEASE GIVE DETAILS OF SECURITY/FIRE PROTECTION AT RISK LOCATION: _____

RATE: _____	CONFLAG YES <input type="checkbox"/> NO <input type="checkbox"/>	BLOCK: _____
BURGLARY LIMIT: _____	RI ACCUM: _____	

EXCESSES: _____	COVER: _____
_____	SETTLEMENT BASIS: _____
SURVEY REQUESTED YES <input type="checkbox"/> NO <input type="checkbox"/> DATE: _____	AVERAGE: _____
BLDG OCCUPANCY (H S L): _____	HAZARD RSN: _____
RATING OCCUPANCY (H S L): _____	LOC EXP: _____
EXTENSIONS: _____	_____
_____	_____

FIRST PREMIUM: _____

ANNUAL PREMIUM: _____

REMARKS: _____
