



ALPHA INSURERS

PROTECTING YOUR GOOD THINGS IN LIFE

FIRE INSURANCE APPLICATION

1. Name of Applicant _____

Postal Address _____

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 _____

5. Insurance required on:

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 _____

Insurance Required	Applicant's Estimate of Present Value	Insurance in force	Name of Company

6. Description of Premises and/or Building:

No. of Story	CONSTRUCTION					Occupancy	No. of 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:

(a) Had a fire loss in this or other premises? _____

(b) Had a Policy of fire insurance cancelled? _____

(c) Had this risk declined by any other Company? _____

When?	Which Insurance 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 forgoing 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: _____