

PROPOSAL FORM

ALL RISKS POLICY WITH LLOYD'S UNDERWRITERS

---

---

QUESTIONS TO BE ANSWERED BY APPLICANT

---

---

QUESTIONS

ANSWERS

---

1] Names of Applicant and of all members of household to which this insurance applies, giving relationship to each other:

---

2] Residential address:

---

3] Occupation of all members of household, nature of occupation and business to be stated:

---

4] Business address:

---

5] Is Applicant or any member of his/her family (i.e. Husband, Wife, Father, Mother, Son, or Daughter) in any way connected with the theatrical or entertaining profession?

---

6] Has Applicant sustained any loss or losses during the past three years which would have been covered under this form of insurance if the Applicant had carried such a policy?

---

7] If so, state when such losses occurred:

---

8] Was insurance carried?

---

9] If so, state Agency insuring same:

---

10] State fully circumstances and amount of loss or losses:

---

11] Has Lloyd's or any Company ever cancelled insurance for Applicant or Husband or Wife of Applicant?

---

Has any such insurance ever been refused?

---

12] If so, give full particulars:

---

13] Is the Property worn or carried solely by Assured?

---

If not, please state by whom:

---

---

14] If any of the property is worn by women other than the Applicant, are any of them engaged in professional, mercantile or business pursuits?

If so, give full particulars:

---

15] If Husband and/or Wife are Applicants, do they reside together?

---

16] Have any of the Applicants been divorced?

---

17] If Single Person or Widow, state source of income:

---

18] For what amount do you propose to take out policy? \$

**Insurance must for full value; if a valued policy is desired a complete list of articles to be insured with values against each must be furnished with this application, such valuation to be made and signed by a qualified valuer.**

---

19] Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?

---

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

Signature of Applicant: \_\_\_\_\_

---

### QUESTIONS TO BE ANSWERED BY BROKER

---

1] Do you know the Applicant personally?

If so, for how long?

---

2] Did you receive the order direct from the Applicant?

---

3] Do you handle other insurance for Applicant?

---

4] Do you recommend Applicant?

---

5] Approximate age of Applicant:

---

Name: \_\_\_\_\_

Signature of Broker: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_