

**PROPOSAL FORM FOR ALL RISKS POLICY WITH LLOYD'S UNDERWRITERS (U.S.A. AND CANADA)**

**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 or carried by women other than the Applicant, are any of them engaged in professional, mercantile or business pursuits? If so, give full particulars.	

QUESTIONS	ANSWERS
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? <b>(Insurance must be 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.)</b>	
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 BROKERS**

QUESTIONS	ANSWERS
1. Do you know the Applicant personally? If so, for how long?	
2. Do 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 Applicants	

Signature of Broker

Name  
Address

20/7/34  
NMA322