



# Application of Insurance

## Business Multiplex / Multimark III

Policy number ..... Branch name ..... Branch number .....

Broker/Agent ..... Broker/Agent number .....

Period of insurance cover: From ..... up until ..... Renewal code .....

Inspector number ..... Method of payment .....

Sasria/Nasria ..... Collective .....

Broker fee ..... Replacement policy number .....

Name of applicant .....

Postal address .....

Postalcode .....

Description of business .....

Business/Trade number .....

Client's-ID number / Company registration number / CC-number .....

Telephone number ..... Fax number .....

Language preference  AFR  ENG

Policy sections (indicate with Yes/No where applicable)	Applicable	Annual Premium
1. Fire		
2. Buildings combined		
3. Office		
4. Business interruption		
5. Accounts receivable		
6. Theft		
7. Money		
8. Glass		
9. Fidelity		
10. Goods in transit		
11. Business all risks		
12. Accidental damage		
13. Public liability		
14. Employers' liability		
15. Stated benefits		
16. Group personal accident		
17. Motor		
18. Electronic equipment		
19. Internal risks		
20. House owners		
21. Machinery breakdown		
22. External risks		
23. Machinery breakdown - business interruption		
35. Deterioration of stock		

\* VAT at 14% is included in the total premium

