



PACIFIC BASIN INSURANCE COMPANY

P.O. Box 500710, Saipan, MP 96950

Tel. Nos. (670) 234-5860/7864

Fax Nos. (670) 234-7841

FIRE APPLICATION

Application No. _____

For an Insurance against Fire and Lightning on the Property herein described.

This Proposal is made subject to the Company's Policy Conditions, which the Applicant hereby agrees to accept. Period of Indemnity: From _____ 20 _____ to Four o'clock in the afternoon of _____ 20 _____

Mr. Insured Mrs. Miss		Premium Fire		
		TYPHOON		
MORTGAGE/LIENHOLDER	S/S NO. _____	E.Q		
		R & S		
		V & MM		
POSTAL ADDRESS OF INSURED		FLOOD		
		EXT.C.		
LOCATION OF PREMISES		TOTAL	\$	
PROPERTY TO BE ISNURED	No. 1 Building	No 2. Building	No 3. Building	No 4. Building
On Building.....				
On Household Furniture, Effects & Personal Property of every Description.....				
On Merchandise the Insured's own, held in Trust, or on Commission, For which the Insured is liable in the event of loss or damage by fire.....				
On Stock-in-Trade of a				
On Business Fixtures & Fittings, Machinery, Plant & Equipment of Every description including Utensils and Tools of Trade; Telephone and Meters (in trust)				
On				
On Interest as per Schedule attached				
TOTAL AMOUNT INSURED \$				
RATE FOR EACH ITEM				
PREMIUM FOR EACH ITEM				
1. (a) Occupied by (b) For what purpose?				
2. Construction of Buildings (Whether of Concrete, Brick, Wood, Iron or other Material)	WALLS			
	PARTITIONS			
	ROOFS			
	FLOORS			
3. What other insurance exists on any of the property now proposed?				
4. What artificial light is used?				
5. Are any hazardous or dangerous goods stored or used in or near the premises? If so, state nature and quantities.				
6. If machinery used state Power employed. If electricity state horse-power.				
7. Are any stoves, grates, or metal pipes in the buildings except those fitted and built properly constructed concrete of brick fireplaces or chimneys?				
8. Are any lamps, stoves or refrigerator burning mineral spirit or similar material, used?				

9. Do you wish the Policy to cover any of the extensions as per reverse side of this application? Yes/No				
10. Land (a) Is it freehold or Leasehold? (b) If Leasehold, on what date does Lease Expire? (c) Is there any appraisal at end of Lease? (d) Is there any covenant to re-build?				
11. Stock (a) Is there an inventory? (b) When was inventory las taken? (c) What was the total value at purchase price?				
12. Is any of the property proposed for insurance in any way mortgaged or other security interest or otherwise encumbered?				
13. Has any insurer ever declined to accept or continue ay of your insurances? If so, give details.				
14. Have you or anyone interest in this insurance ever been a claimant on any insurer or had any property damaged or destroyed by fire or any of the contingencies now to be covered? If so. Give details. (Applicable to individuals involved in a Partnership or Corporation)				

This application (if accepted) shall be deemed to be incorporated in the policy to be issued hereon ad the answers and particular in this Application shall constitute the basis of such policy and shall be deemed express ad continuing warranties. Any questions in this Application remaining unanswered shall be deemed to be answered in the negative. This Application is made subject to the terms, exceptions, conditions and provisions of the Company’s policy which are hereby accepted.

I hereby warrant the truth of the above statement, and I declare that I have not withheld any information whatever which tend in any way to influence the acceptance of this application. I understand that any false statement by me will constitute a breach of warranty and cause the policy to be void.

Dated: _____ **Signature of Applicant(s)** _____ **Tel. No.** _____

Agency	Area	Policy No.	RI	In Lieu of Policy No.
Annual Co. Premium		Extensions	Annual Total Premium	Cover Note No.
Policy To			Copy To	Paid O/S