

**PART I      General Information**

General Information

1. Name of the Insured: \_\_\_\_\_

2. Address of the insured: \_\_\_\_\_

3. Telephone: \_\_\_\_\_

4. Business: \_\_\_\_\_

5. Year of Operating Business \_\_\_\_\_

6. Insured's website \_\_\_\_\_

7. Period of Insurance \_\_\_\_\_

	Address	Occupation
8. Location of the property insured:		
9. Location I	_____	_____
10. Location II	_____	_____
11. Location III	_____	_____

Working Hour \_\_\_\_\_

No. of day per week \_\_\_\_\_

No. of shift per day \_\_\_\_\_

	Name	Position	Email address
12. Contact Persons	_____	_____	_____
	_____	_____	_____
	_____	_____	_____