

**CORPORATE PROPERTY INSURANCE APPLICATION - RISK DESCRIPTION**

<b>GENERAL INFORMATION</b>	
Insured	
Line of business	
Legal address	
Contact person	
Phone, fax, email	
Ownership / classification	
Other	
<b>DESCRIPTION OF THE PREMISES</b>	
Location if different to legal address	
Type of building	
Age of building / year of last renovation	
Number of floors / premises located	
Type of floor	
Type of walls	
Type of roof	
Type of ceiling	
Ventilation	
Heating	
Total area of the premises	
Other	

<b>SEESAM INSURANCE AS,</b> <b>VAMBOLA 6, 10114 TALLINN, ESTONIA</b>  <i>Phone + 372 628 1800 Fax + 372 628 1802</i>	<i>Name and signature of person accepting the application on behalf of Seesam, date of acceptance</i>
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<b>FIRE PROTECTION</b>	
Fire alarm system	
System connected to	
Hand extinguishers	
Sprinkler system	
Fire fighting doors	
Smoking	
Construction work / hot work	
Nearest fire brigade (km)	
Other	
<b>GUARDING AND SECURITY</b>	
Burglary alarm system	
System connected to	
Security	
Structural protection / doors	
Structural protection / windows	
Structural protection / area	
Other	
<b>INSURANCE INFORMATION</b>	
Estimated maximum loss (%)	
Loss history (date / type / amount)	

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<b>SUM INSURED (EUR)</b>	
With value added tax (yes/no)	
Building	
Elaboration	
Office equipment	
Furniture	
Inventory	
Machinery	
Raw materials	
Goods	
Other	
<b>DEDUCTIBLE (EUR)</b>	
Building	<input type="checkbox"/> 315 <input type="checkbox"/> 635 <input type="checkbox"/> 955 <input type="checkbox"/> 1 275 <input type="checkbox"/> 1 600 <input type="checkbox"/> 3 200
Movable property	<input type="checkbox"/> 315 <input type="checkbox"/> 635 <input type="checkbox"/> 955 <input type="checkbox"/> 1 275 <input type="checkbox"/> 1 600 <input type="checkbox"/> 3 200
<b>POLICYHOLDER</b>	I wish to receive an insurance offer from Seesam. I have revealed true information necessary for preparing an offer and I am aware that Seesam is entitled to verify the correctness of the information provided by me.
Date	
Policyholder's signature	

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