LMG Insurance

Member of Liberty Mutual Group

# LMG Application for Business Insurance

1. Applicant Name: _____ E-mail: _____

   Address: _____

   _____

   Telephone: _____

   Address of Premises to be insured: _____

2. Insurance Period: From: _____ at 4.00 p.m. To: _____ at 4.00 p.m.

3. Type of Enterprises: ☐ Group S ☐ Group M ☐ Group L

   Name of Outlet: _____ Type of Business: _____

4. Sum Insured:

   Detail of Property Insured

   | | |
   |---|---|
   | Details of Premises (Townhouse / Commercial Building / Condominium) | _____ Baht |
   | Furniture, Fixture, Fitting, Electrical Appliances | _____ Baht |
   | Stock (please clarify) _____ | _____ Baht |
   | Total Sum Insured | _____ Baht |
   | Insurance Premium (Inclusive of VAT and Tax) | _____ Baht |

5. Details of property Insured: ☐ Townhouse ☐ Commercial Building ☐ Condominium ☐ Other _____

| Wall | Upper Floor | Roof Beam | Roof |
|---|---|---|---|
| ☐ Brick | ☐ Concrete | ☐ Wooden | ☐ Deck |
| ☐ Brick/Wooden | ☐ Wooden | ☐ Steel | ☐ Tile |

No. Of Storey: _____ No. Of Building: _____ Internal Area (esq.): _____

6. Status: ☐ Owner ☐ Lease of the Building
7. Beneficiary's name: _____
8. Is your property currently insured? ☐ Yes ☐ No

   If yes, please give name of insurance company _____ Sum Insured: _____
9. Insured's signature: _____ Date: _____
10. Branch / Broker / Agent's signature _____ Date: _____

**Remark:** This application is a part of the insurance contract and the insurance will commerce when the companies approve the application.

REMINDER OF THE DEPARTMENT OF INSURANCE, MINISTRY OF COMMERCE

Give answers to all questions above truthfully otherwise the company may have caused to deny liability under the Policy in accordance with session 865 of the Civil & Commercial Code.

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