Walaa Cooperative Insurance Co.



PROPOSAL FORM

Home Insurance

Guidelines to Fill the Form

- 1. Please use BLOCK CAPITALS and tick YES or NO where appropriate and initial any amendments.
- 2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A". We will take unanswered question as *No.*
- 3. Please attach extra sheets wherever the space is insufficient to provide the additional information. Put a (v) mark wherever applicable.
- 4. Kindly contact the Company's Office or authorized representative for any doubts or clarifications on the proposal form.
- 5. The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid or agreed to be paid.
- 6. All amount should be expressed in SAR

	·						
1.	Proposer Deta	ils					
Title:							
Full Na	ime:						
Occupation / Profession:							
Contac	ct Number:						
Email	address:						
Complete Address: (If there are multiple address please provide complete details of all locations in separate sheet)							
Wasel Address:							
GPS Coordinates: (please provide for all locations)							
2.	Property Detai	ls					
Туре о	f House (Please sel	ect one)					
Individ	ual Home or Villa		Flat				
Shared	Accommodation						
(Please	attach pictures)						

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Year Built:							
Are you the owner of this pro	Yes	No					
Is the property to be insured	Yes	No					
Is the property to be insured (if yes please give details)	Yes	No					
Number of Floors							
Construction Details Type of Walls:	Brick Wall		Hollow Brick Wall				
Type of roof:	Reinforced Concrete Cement		Zinc-Aluminum				
3. Policy Period Re	equired						
From:	То:						
4. Building Insurar	nce						
Is Building cover required?			Yes	No			
If yes please state following info							
Value of Building including ele Furniture, fixtures and decora	SAR						
Basis of Valuation of assets							
Depreciated Cost	Replacement Value	e					
5. Contents Insura	nce						
Is content cover required?			Yes	No			
If yes please state following in	fo						
Total Value of Contents:			SAR				
Please attach separate list showing all Individual items exceeding SAR 10,000 anyone item							
Important notes							

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- Please note, total values of valuables i.e. Jewelry gold silver watches, pictures, work of art, stamp, coin and medals collection should not exceed 20% of content sum insured

Do you	wish to	Yes	No				
If yes, p	a)	furnish the following: Are windows, Air-conditioner opening, trap doors, skylight as secured?`	nd such other op Yes	enings are No			
	b)	Are the premises secured by Burglar Alarm System?	Yes	No			
	c)	Is Security Guard Available at your location	Yes	No			
	d)	Is CCTV system available in your location	Yes	No			
	e) Will the premises remain unoccupied for a specific period on regular basis and or weekends or Eid Holidays?						
	f)	Will the premises remain unoccupied for more than 30 days continuous in a year?	Yes	No			
6.	Loss	of Rent:					
Loss of (Only a _l		equired le to owner who is receiving rental income from the property)	Yes	No			
Please s	state e	stimated 12 months rental income figure:	SAR				
7.	Gen	eral Questions:					
1.		o you have any other insurance on this property? f yes please give details)	Yes	No			
2.		as any insurer declined your proposal or Refused to renewal yes give details.)	Yes	No.			
3.	Fi a.	refighting Facilities available at the premises (Please provide cor Portable fire extinguishers	npleted details) Yes	No.			
	b.	Smoke / heat detectors	Yes	No.			
	C.	Sprinklers	Yes	No.			
	d.	Fire Alarm	Yes	No.			
4.		ave you ever encountered any loss in past Five years fyes please give details)	Yes	No			

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I/we declare that the above information is true to the best of my/our knowledge and belief and that I/we have disclosed all particulars effecting the assessment of the risk. I/we agree that this proposal and declaration shall be the basis of the contract between myself/ourselves and the insurers.

Signature and Date (Company Stamp)