

PROPOSAL FORM

Property All Risks

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 underwriting 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.

Section – A Material Damage

1. Proposer Details

Full Name

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)*

Commercial Registration Number *(please attach copy)*

2. Coverage Details

Coverage Required (Please select one)

Property All Risk

Fire and Allied Perils

Optional Coverage

Loss of Profit required *(if yes please fill section-B of proposal form)*

h) Stock book maintained regularly Yes No

5. Basis of Valuation of assets

Depreciated Cost Replacement Value

1. Refers to: Standard electrical panels & wiring, phone & data cabling, plumbing & fire pipelines (excluding pump) and AC Ducts (excluding AC Units)

6. General Questions:

1. Building – year built
(If there are number of buildings built in one premise please provide year built for each building separately)
2. Are there machineries which are more than 10 years old
(Please provide full details of these machineries)
3. Do you have any other insurance on this property?
(If yes please give details) Yes No
4. Nature of stock to be stored at the above premises.
5. Any hazardous-goods² stored in this premises. Yes No
6. Do you have valid Civil Defense License for all of your locations
(Please attach copies) Yes No
7. Has the Security System certified by Civil Defense. Yes No
8. Has any insurer declined your proposal or Refused to renewal
(If yes give details.) Yes No.
9. Firefighting Facilities available at the premises (Please provide completed details)
 - a. Portable fire extinguishers Yes No.
 - b. Smoke / heat detectors Yes No.
 - c. Sprinklers Yes No.
 - d. Fire Alarm Yes No.
10. Loss History for the past Five years.(If positive what preventive measures were taken to avoid such occurrences)
11. CCTV System / surveillance system available Yes No

Section – B Loss of Profit

1) DESCRIPTION OF BUSINESS (for which Loss of Profit is required)

2) DETAILS OF RAW MATERIALS:

- Nature of raw materials used. _____
- Main Purchasing Source _____
- Alternative Purchasing Source _____
- Value and Quantum of Stock. _____

3) DETAILS OF MACHINERY:

2. Corrosive. flammable. self-igniting

- Number of Machines and their description. _____
- Replacement Arrangements. _____
- Critical Spare Parts Stock Maintained _____
- Are all machineries have reputed spare parts supplies or service agents _____

4) UTILITIES:

- Electricity Network (Public / Private) _____
- In case of failure alternative arrangements. _____

5) OTHER INFORMATION:

- Total Number of Employees & their Salaries _____
- Total Turnover (Annual Gross Sales) _____
- Estimated Gross Profits. _____
(Please provide working)

6) MAXIMUM INDEMNITY PERIOD REQUIRED. _____

7) GENERAL INFORMATION:

Loss History for the past five years _____

DECLARATION:

I / we declare that the above information are 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)