Walaa Cooperative Insurance Co.



## **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	<b>Material Dam</b>	nage		
1. Propose	er 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. Coverag	ge 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)				

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3.	Poli	cy Period Required		
From:		То:		
4.	Inte	rests to be covered:		
	Buildin Furnit Office Plant Stock Debris Loss o	ind Location of the Premises to be insured:  Ing including electro-mechanical¹ installations if any:  Ing including electro-mechanical installations installation	Value in	Saudi Riyals
-	Other (if the	bour's Liability Limit. s. re are multiple locations this information is required for each lo n separate sheet if necessary)	ocation sepa	rately you may
To Cov	er Burg	lary, please furnish the following:		
	a)	Are windows, Air-conditioner opening, trap doors, skylight ar secured?	nd such othe Yes	er openings are No
	b)	Are the premises secured by Burglar Alarm System?	Yes	No
	c)	Is the premise guarded round the clock?	Yes	No
	d)	Any other security precautions taken by the insured (Please give	e details)	
	e)	e) Will the premises remain unoccupied for a specific period on regular basis and or during weekends or Eid Holidays?		
	f)	Will the premises remain unoccupied for more than 30 days continuous in a year?	Yes	No

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Yes

No

Is there a boundary wall around the premises

g)

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	h) Stock book maintained regularly	Yes	No
5. B	asis of Valuation of assets		
Depreciat	ed Cost Replacement Value		
	Standard electrical panels & wiring, phone & data cabling, plumbing & fire pipelines (excluding	ng pump) and AC	Ducts (excluding AC Units)
6. G	eneral Questions:		
1.	Building – year built (If there are number of buildings built in one premise please provid separately)	de year built f	or each building
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-goods <sup>2</sup> stored in this premises.	Yes	No
6.	Do you have valid Civil Defense License for all of your locations ( <i>Please attach copies</i> )	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 coa. Portable fire extinguishers	ompleted deta Yes	ails) 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 m such occurrences)	neasures wer	e taken to avoid
11.	CCTV System / surveillance system available	Yes	No



Se	ection – B Loss of Profit	
1)	<b>DESCRIPTION OF BUSINESS</b> (for which Loss of Profit is a	required)
2)	DETAILS OF RAW MATERIALS:	
	<ul> <li>Nature of raw materials used.</li> <li>Main Purchasing Source</li> <li>Alternative Purchasing Source</li> <li>Value and Quantum of Stock.</li> </ul>	
3)	DETIALS 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:	
	<ul> <li>Total Number of Employees &amp; their Salaries</li> <li>Total Turnover (Annual Gross Sales)</li> <li>Estimated Gross Profits.</li> <li>(Please provide working)</li> </ul>	
6)	MAXIMUM INDEMNITY PERIOD REQUIRED.	
7)	GENERAL INFORMATION: Loss History for the past five years	

### **DECLARATION:**

# شركة ولاء للتأمين التعاوي

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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)**