

PROPERTY INSURANCE PROPOSAL FORM

Proposer's Name in Full	
Proposer's Business Address	
Proposer's Trade or Occupation	

Description of Property

Location	Building No/Name: Street : Emirate :	Plot No: Area :
Occupied as		
Type of Construction		
Age of the Building		

Interest to be covered

Sum Insured (Currency)

1. Building including electrical installation and permanent fixtures	
2. Fixtures, fittings and decorations	
3. Furniture	
4. Electrical Items	
5. Personal Effects (excluding jewellery)	
6. Stock in trade consisting of	
7. Loss of Rent (..... Months Indemnity)	
8. Liability towards	
9. Others (if any)	
Total Sum Insured	

General Questions

Are the windows, air conditioner openings, trap doors, skylights and such other openings secured?	
If yes, please give details	
Are the premises secured by burglar alarms?	
Have any other security precautions been taken?	
If yes, please give details	
Any hazardous goods stored in the building proposed for insurance?	
Do you have any other insurance on this property?	
Will the premises remain unoccupied for more than 30 days in a year?	

Have you ever had a fire/burglary or other loss at any of your properties? If yes, please give details:	
Has any insurer at any time: a) declined you proposal? b) refused to renew your insurance? c) increase the rate or imposed Special Condition? If yes, to any of the above, please give details	
Give details of the fire fighting equipments available at the premises	
Period of Insurance	From : To :

I/We declare that the above answers are true to my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the insurers.

Proposer's Name:

Signature :

Date :

No insurance is in force until the Proposal has been accepted by the Company and the premium paid

1. State amount of wages paid and particulars of accidents to your Workmen incidental to their occupation during the past three years						
Total Wages	Fatal		Permanent Disablement		Temporary Disablement only	
	No.	Compensation Paid to Date	No.	Compensation Paid to Date	No.	Compensation Paid to Date
	Claims still unsettled		Claims still unsettled		Claims still unsettled	
	No.	Estimated further cost	No.	Estimated further cost	No.	Estimated further cost
2. Are your Workmen transported in vehicles belonging to you, or under your control or hired by you for such purpose? If the reply is "Yes", please answer the following:						
<p>a) If seating accommodation is provided, what are the license numbers of the vehicles and the maximum number of seats in each vehicle?</p> <p>b) If no seating accommodation is provided, what are the license numbers of the vehicles that will transport workmen, and what is the maximum number of workmen transported in each vehicle at any one time?</p>						

I/We the undersigned, this day of 20 desire to effect an insurance in the terms of the Policy to be issued by the Company against my/our liability as above mentioned. I/We agree to keep a proper wages register and permit the company at all times to inspect such register and to render at the end of each period of insurance a statement in the form required by the company of all wages actually paid, together with the value of other earnings and allowances, and to pay premium on any excess of the amounts estimated above. I/We hereby warrant that all the above statements and particulars, which I/We have read over and checked, are true, that I/We have not withheld or misstated any material fact, and that I/We have fairly estimated the total wages salaries and expenditure. I/We agree that this declaration shall be the basis of the contract between me/us and the Arabia Insurance Co. s.a.l

Signature of Proposer :
Date :

No insurance is in force until the Proposal has been accepted by the Company and the premium paid