

### ALL RISKS INSURANCE PROPOSAL FORM

Proposer's Name in Full		
Proposer's Business Address		
Proposer's Trade or Occupation		
Location of Residence	Building No/Name:	Plot No:
	Street :	Area :
	Emirate :	
Type of Construction		
Age of the Building		
Period of Insurance	From :	To:
1.	Is the main residence regularly left unoccupied (a) during the day ? (b) at night?	
2.	In which countries is the insurance to apply?	
3.	Have you ever made a claim or suffered a loss during the last 5 years in respect of any item which was or could have been covered by 'All Risk' insurance ? If so, please give details.	
4.	Have you ever had an insurance against Fire, Theft or Accidental Damage on your property declined, terminated or subjected to special terms by an Insurer.	
5.	Have you at present an insurance against Fire, Theft or 'All Risk'? If so, with whom?	

#### Property to be insured

**State the FULL VALUE of the property to be covered by each item. Any property to be insured which is not described in items 1-4 and articles valued at over US\$.500 (or currency equivalent) should be listed under item 5. Failure to insure for FULL VALUE under items 1-5 may cause you to bear a share of any loss.**

Property to be Insured		Amount
1.	Clothing and personal effects (excluding contact lenses, spectacles, documents, motor vehicles and accessories, and property described in items 2-5 below)	
2.	Unspecified items of jewellery, gold and silver, watches and furs with no single item valued at more than US\$.500 (or currency equivalent)	
3.	Unspecified items of photographic, radio, T.V. and recording of hi-fi equipment, binoculars and musical instruments, with no single item valued at more than US\$.500 (or currency equivalent).	
4.	Sporting and camping equipment and pedal cycles (excluding clothing and personal effects) with no single item valued at more than US\$.500 (or currency equivalent).	
5.	All other property, including those items valued at more than US\$.500 (or currency equivalent) listed below.	
<b>Total Sum Insured (All Items)</b>		

**Schedule of items over US\$.500  
(or currency equivalent)  
Proof of value must be enclosed for all items**

DESCRIPTION OF ITEM	FULL VALUE		DESCRIPTION OF ITEM	FULL VALUE
1.			6.	
2.			7.	
3.			8.	
4.			9..	
5.			10.	

**DECLARATION:**

I/We declare that the answers given in the Proposal are true to best of my/our knowledge and I/we have withheld no information whatever which might influence the decision of the Insurer regarding the Proposal.

I/We agree that the Proposal shall be incorporated in and shall form the basis of the contract between the Proposer and the Insurer and a Policy in the form issued by the Insurer for the insurance now proposed

I/We agree to inform the Insurer of any material change in risk.

Signature :  
Date :

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