

LOSS OF PROFIT FOLLOWING FIRE 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. On Annual Gross Profit	
2. On Annual Wages & Salaries	
3. On Annual Rent	
4. On Accountant's Charges	
5. On Other Expenses	
Total Sum Insured	

Indemnity Period	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months
Period of Insurance	From :	To:	

General Questions

1. How long has the business been established?	
2. When does your financial year end	
3. Have you at present any insurance covering Loss of Profits?	
4. Has any Insurer declined a proposal made by you against Fire or Loss of Profit? If so, give details	
5. Have you ever made a claim or suffered a loss during the last 5 years under a Fire Policy or Loss of Profit Policy?	

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