

Paid Up Capital: Dhs. 500,000,000

Registered under Federal Law No. (6) of 2007  
Certificate No. 14 dated 29<sup>th</sup> December 1984  
Commercial Registration 51814

رأس المال المدفوع: ٥٠٠,٠٠٠,٠٠٠ درهم  
مسجلة طبقاً للقانون الإتحادي رقم (٦) لسنة ٢٠٠٧م  
شهادة رقم ١٤ بتاريخ ١٢/٢٩/١٩٨٤م  
رقم السجل التجاري ٥١٨١٤

## HOTEL PLUS

### PROPOSALFORM

#### THE PROPOSER

NAME

POSTAL ADDRESS

WHEN ESTABLISHED

#### THE HOTEL

NAME

LOCATION

DATE OF COMMENCEMENT OF OPERATIONS

RATING CATEGORY

CONSTRUCTION OF THE BUILDING

NO. OF FLOORS

NO. OF ROOMS

Single:

Double:

Suites:

NO. OF RESTAURANTS

NO. OF CLUBS & DISCOS

NO. OF EMPLOYEES

ESTIMATED ANNUAL SALARIES

#### SECTION I- PROPERTY INSURANCE

DESCRIPTION

SUM INSURED

Building

Plant & Machinery

Furniture, Fixtures, Fittings & utensils

Stock of food stuff &

beverages

Sign Boards

TOTAL

#### SECTION II- BUSINESS INTERRUPTION INSURANCE

Gross Annual Revenue

Auditors Fee

TOTAL

Indemnity Period ..... months.....



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**STANDARD POLICY LIMITS FOR OTHER SECTIONS**

**SECTION III- MACHINERY BREAKDOWN INSURANCE**

Limit of Liability Dhs.

**SECTION IV- DETERIORATION OF STOCKS**

Limit of Liability Dhs.

**SECTION V -INFIDELITY OF EMPLOYEES**

Limit of Liability Dhs. *{Pre employee and in the annual aggregate}*

**SECTION VI-LIABILITY TO EMPLOYEES**

WORKMEN'S COMPENSATION AS PER LABOUR LAW

EMPLOYER'S LIABILITY INSURANCE LIMIT Dhs. any one occurrence

**SECTION VII-LOSS OF MONEY**

Limit of Liability	In transit	Dhs.	
	In safe	Dhs.	<i>{including valuables deposited by Hotel guests}</i>

**SECTION VIII-LEGAL LIABILITY**

Standard Limit of Liability Dhs. any one claim and in the aggregate  
for Food and Drink Poisoning Extension

Liability for Guest's Effects Dhs. per guest and Dhs. in the aggregate

**SECTION IX- DAMAGE TO FIXED GLASS**

Limit of Liability Dhs.

**SECTION X- BOOK DEBTS**

Limit of Liability Dhs.

**SECTION XI- GOODS IN TRANSIT**

Limit of Liability Dhs. *{limit per carry}*

**SECTION XII- COMPUTERS**

Limit of Liability Dhs.

**DECLARATION:**

- |   |     |    |
|---|-----|----|
| a) Have you ever sustained a loss or losses under any of the above classes of insurance ?<br>(Whether insured or not)               | Yes | No |
| b) Are you at present insured with any other Company?   | Yes | No |
| c) Has any Insurer ever declined or cancelled your insurance policies?  | Yes | No |
| d) Is there any other information within your knowledge not already disclosed, affecting or likely to affect the proposed Insurance | Yes | No |
- If any of the above answers "Yes", Please give below full particulars

We have read the above and agree that to the best of our knowledge and belief it represents a true and complete statement of facts.

It is agreed that this proposal from shall be the basis of the Contract should a Policy be issued

Signature of the Proposer

Date: