



FIRE INSURANCE PROPOSAL FORM

THE PROPOSER

Name (in full) _____

Postal Address _____

P.O. Box : _____

Contact No.: _____

THE RISK PREMISES

Address _____

Type

Private House Apartment Residential

Manufacturing (Type _____)

Warehouse (Type _____)

Others (Details _____)

Construction

Brick, Stone or Concrete for both roof and wall Yes No

If No, please give details

Period

12 months From _____ To _____

In Case of Manufacturing, a brief description of Process:

BUILDING

Maintenance

In good state of repair Yes No

Age of Building _____

Details of Fire Fighting facilities

Sprinkler

----- Yes No

Fire Extinguisher

----- Yes No



Fire Hose ----- Yes No

Hydrants ----- Yes No

Fire Alarms ----- Yes No

Burglary Alarms ----- Yes No

Smoke Detectors ----- Yes No

24 hrs Watchman/
Security ----- Yes No

Are the staff trained to
use fire fighting equipments ----- Yes No

PROPERTY TO BE INSURED (If cover for multiple locations required, please provide details on separate sheet)

		Sum Insured (Dhs)
<u>SECTION I – PROPERTY DAMAGE</u>		
1	Building (including fixed/permanent Fixture and Fittings) Or Building improvements (New Replacement Value)	-----
2	Furniture, fixture and fittings (New Replacement Value)	-----
3	Plant and Machinery (New Replacement Value)	-----
4	Stocks (landed cost with description)	-----
5	Loss Rent (advise Annual Loss of Rent)	-----
<u>SECTION II – BUSINESS INTERRUPTION</u>		
1	Annual Gross Profit (if Business Interruption required) Indemnity Period Required _____	-----
Total Sum Insured (SECTION I AND II)		-----

GENERAL INFORMATION

Has any Insurer :

a) Declined a proposal from you Yes No

b) Cancelled or declined to renew any policy Yes No

c) Demanded an increased rate Yes No

d) Required any special terms Yes No



If "yes" to any of the above, please give details

Current Insurer	Are you presently insured ? If yes, please give details.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Previous Losses	Have you sustained any loss during the past 3 years? If yes, please give details	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Additional Information

1.	Are there any hazardous goods stored? If Yes, please state types and quantity of hazardous goods	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2.	Is the Premises is shared with others? If yes, please provide details of activities carried out by others	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3.	Contact details for the Risk Inspection Name _____ Contact Number _____
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I /we hereby declare that the above statement and answers are true and correct and that no material fact has been with-held or misrepresented and I/We agree that this proposal and declaration shall be the basis to the contract between me/us and Arab Orient Insurance Company Limited whose standard policy for the insurance proposed is acceptable to me/us.

NB: All

Signature:

Date :

Note : *The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.*

Can we assist in your other insurance requirements ?

- | | | | | | |
|-------|-------------------------|-----|--------------------------|----|--------------------------|
| (i) | Motor Insurance | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (ii) | Personal Accident | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iii) | Life | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (iv) | Travel and Medical | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (v) | Others (Please specify) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |