

Property Proposal Form

Proposer's Details

Company name:

Type of Business:

Contact Person: Phone/ mobile

Postal Address:

Bldg. No. : Street :
Area / District: Governorate :

Phone : Fax :

E-mail:

TAX Card No. :

Mortgagee (if applicable): self
Bank / Firm Amount / Value:

Proposer's qua: Owner Creditor Holder Tenant Agent / for:

Period of Insurance: From: ... / ... / ... To: ... / ... / ...

Facilities to be insured

Facilities to be insured: Administration office ware house shop/store factory
Other :

Incase of production activity :

(Factory/ Workshop / Production site)

- Production process:
- Raw Materials: are
- Finished products: are

Location of facilities to be insured:

Bldg. No. : Street:
Area / District: Governorate :

Construction Type: Concrete/cement Metal , Other :

Facilities location : Basement Ground floor Upper floors Separate building
Other :

Protection / Security means					
Security measures			Firefighting Facilities		
■ 24 guarding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ Water Sprinkles	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Safe doors/ windows	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ Heat/Smoke detectors	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Security alarm system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ Fire alarm system	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Entre/ Exit Security outposts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Fire Extinguishers :</u>		
■ surveillance cameras	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ Dry Powder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ wall surrounding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ CO2	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ location bounds lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ Foam	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Internal lighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Firefighting network :</u>		
■ Nearest firefighting station	Yes <input type="checkbox"/>	No <input type="checkbox"/>	■ Fire boxes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Distance: Meter.			■ Faucets	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Trained staff	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>Other Firefighting Facilities / Security measures:</u>		
Number: Person.				
.....					

Policy Covers
(Fire and Allied Perils) Policy main covers:-
<u>Damage to or loss or destruction of the insured property due to:</u>
<ul style="list-style-type: none"> ■ Fire. ■ Lighting. ■ Aircraft impact (or other aerial devices or articles dropped therefrom).

Please chose if Insurance is required for any of the additional premium allied Perils:			
■ Theft as a direct result of forcible And violent entry to or exit from the building.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Earthquake ,Storm ,Tempest, Flood &Torrential Rain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Bursting of water tanks, pipes or apparatus Or overflowing of water tanks.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Bursting or leakage of water from any Automatic Sprinkler installation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Strikes, Riots & Civil Commotions.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
■ Vehicle or Animal Impact.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(in case of Yes , please state the sum insured)

Subject matter insured		
Property	(sum insured)	
Building	Construction type: Concrete/cement <input type="checkbox"/> Metal <input type="checkbox"/> ,Other <input type="checkbox"/> : Building number: bldg. Number of floors: floor.	
Fixtures /Decorations	Electrical installations <input type="checkbox"/> Sewer system <input type="checkbox"/> floors <input type="checkbox"/> suspended ceiling <input type="checkbox"/> paints <input type="checkbox"/> Other <input type="checkbox"/> are :	
Contents : <input type="checkbox"/> Furniture <input type="checkbox"/> Devices <input type="checkbox"/> Other	Are Are Are Note: (please attach the detailed list for this item).	
Machinery /Equipment's	Are Note: (please attach the detailed list for this item).	
Stock : <input type="checkbox"/> Raw materials <input type="checkbox"/> Under processing <input type="checkbox"/> Finished product	Are Are Are	
Cash in safe	Safe box: Height : Width: Depth: Safe box brand:	
Insured's Expenses		
<input checked="" type="checkbox"/> Loss of profit.	Indemnity period: (3/6/9/12) months. Note: (please attach the balance sheet for this item)	
<input checked="" type="checkbox"/> Loss of Rent.	Monthly rent: Indemnity period: (3/6/9/12) months.	
<input checked="" type="checkbox"/> Removal of Debris & demolition costs. (maximum 10% of total sum insured)		
Insured's Liability		
<input checked="" type="checkbox"/> Insured's liability (as a tenant) towards the owner.		
<input checked="" type="checkbox"/> Insured's liability towards third party.		
<input checked="" type="checkbox"/> Public garages / repair shops / service stations owner's liability or Tenants, (Damage due to fire accident - according to the Civil law).		
Total Sum Insured		

Other Details	
<p>■ During the last five years sustained any loss or had any claim made against you?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>■ Had any previous insurance for the cover you now Require?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>■ Has any Insurer declined to insure you, imposed special terms or conditions or cancelled or refused To renew your insurances?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>■ Are you currently insured against any of the risks Proposed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Amount:, insurer :</p>

I/WE have read the above and to the best of MY/OUR knowledge it is true and accurate. I understand this proposal form will form the basis of any contract between the Insurer(s) and myself and I have not withheld any information likely to affect the acceptance of this proposal ie. Criminal convictions, claims pending, change of business occupation & activities etc.

Signature of Proposer & Company Stamp

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Date: .../.../...

■ The liability of the Company does not commence until this Proposal has been accepted.