

## FIRE INSURANCE PROPOSAL FORM

### 1. PROPOSER

Name:

P. O. Box:  Tel. No. Office:  Res:

### 2. THE BUILDING

Address: House/Office No.  Bldg. No  Road No.

Block No  Area No

Owned By:  Occupied as:

No. of Storey:  Age of the Building  Date of Last Renovation

### 3. INTEREST TO BE COVERED

Building including electrical installation and lifts (if any)-----	BD.	<input type="text"/>
Fixtures, fittings and decorations-----	BD.	<input type="text"/>
Furniture-----	BD.	<input type="text"/>
Electrical items-----	BD.	<input type="text"/>
Personal effects (Excluding Jewellery)-----	BD.	<input type="text"/>
Other household items-----	BD.	<input type="text"/>
Plant & Machinery-----	BD.	<input type="text"/>
Stock in trade consisting of the proposer's own or held by him in trust or in commission for which he is responsible-----	BD.	<input type="text"/>
Nature of stock-----	BD.	<input type="text"/>
Debris removal-----	BD.	<input type="text"/>
Architects & Consultant's fees-----	BD.	<input type="text"/>

	Alternative Accommodation	Rent Payable (as tenant if legally liable)	Rent Receivable (as owner)
Loss of rent:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rent per Month	<input type="text"/>	No. Of Months	<input type="text"/>	BD.	<input type="text"/>
Others-----				BD.	<input type="text"/>
				<b>TOTAL</b>	BD. <input type="text"/>

Basis of Indemnity:      Market Value       **OR**      Replacement/Reinstatement Value

Do you wish to insure any of the following additional covers?

- Riot, Strike, Civil Commotion, Sabotage and Terrorism----- YES  NO
- Theft----- YES  NO

a) Are the windows, air conditioner openings, trap doors, skylights and such other openings secured?----- YES  NO

(If yes, please give details :)

b) Are the premises secured by burglar alarms?----- YES  NO

c) Will the premises remain unoccupied for a specific period on a regular basis and/or during weekends?----- YES  NO

d) Have any other security precautions been taken?----- YES  NO

(If yes, please give details :)

**(In case of business premises, please complete the relevant Proposal Form)**

Period of Cover:      From:       To:

#### 4. GENERAL QUESTIONS

Do you have any other insurance on this property?----- YES  NO

Any hazardous goods stored in the building proposed for insurance?----- YES  NO

Will the premises remain unoccupied for more than 30 days in a year?----- YES  NO

Have you ever had a fire/burglary or other loss at any of your properties?----- YES  NO

(If yes, please give details :)

Has any insurer at any time:

a) declined your proposal----- YES  NO

b) refused to renew your insurance----- YES  NO

c) increased the rate or imposed Special Condition----- YES  NO

If Yes to any of the above, please give details:

Give details of the fire fighting equipments available at the premises.

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## 5. DECLARATION

*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.*

Signature:

Date: