



FIRE INSURANCE PROPOSAL

Full Name of the Proposer: _____ _____ Address : _____ _____ C.R.No. _____		Period of Insurance From : _____ To : _____ (Both days inclusive)	
Trade or Business :		Fax No. :	Tel.No. :
Location of Property & Address:			
Description of Premises (Shop, Factory, Office, etc.)			
Sum(s) to be Insured: (SR) a) Buildings including Landlords Fixtures & Fittings _____ b) Plant, Machinery, Fixtures & Fittings (not Landlords) and other contents (excluding stock) _____ c) Stock & Material in Trade _____ d) _____ months rent, payable/Receivable/Rental Value _____ e) Other Property (as follows) _____ Total S.R. _____			
Does the Sum Insured Represent the Full New Replacement Value Depreciated Value (New Replacement Value is not applicable for stock)			
The Policy will cover you against Fire & Lightening. In addition Explosion, Aircraft, Impact by Road Vehicle, Earthquake, Riot and Strikes, Malicious Damage, hail, Windstorm, Rain, Flood, Burst Pipes & subterranean Fire may be included on specific request & payment of additional premium. (Please delete those additional perils not required)			
1.	Give the Building Construction Details Internal Walls : External walls : Number of Storeys : Roof : Is there a basement : Floors :		
2.	Describe the Nature of your stock in the (a) Premises excluding Basement : (b) Basement (if any) and of what value:		
3.	Give the number, type and capacity of the fire fighting appliances on your premises?		
4.	What is the distance between the premises and the nearest Fire Department or Civil Defense unit?		

5.	Will your premises be unoccupied for more than 30 consecutive days in any one year?
6.	If the premises are not in your sole occupation state how otherwise occupied?
7.	Have you ever sustained any loss by Fire or any of the above named perils? If so, give details <input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Give particulars of any policies in force with any other company covering any of the Property to be insured.
9.	Have you ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars. <input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief, the above statements and particulars are complete and true and that I/We have not misstated or suppressed any material facts. (a material fact is one which is likely to influence Saudi Indian Company for Cooperative Insurance acceptance or assessment of this Proposal. If in any doubt wherever facts are material, they should be disclosed).

Submitting this form does not bind the Proposer to complete the insurance, nor Saudi Indian company for cooperative Insurance to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

I/We have understood the terms and condition of the Policy contract which I/We are entering into, as explained by the Company's representative.

Date: _____

Proposer's Signature _____

Agent / Brokers name : _____

Code number : _____