



PROPOSAL FORM FOR BUSINESS INTERRUPTION (FIRE)

1.	Name of Proposer in full : C.R.No :																				
2.	Address of Proposer in full :																				
3.	Nature of Business carried on by Proposer:																				
4.	Address of premises to be included in insurance: (N.B. Care should be taken to see that all premises are specified)																				
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6.	<p>Item No. 2 ON WAGES (Pro-rata wages / Dual basis Wages*) SR.</p> <p>Notes: (i) The Sum Insured on wages should represent the Annual wage Roll of the business, but excluding employees' wages insured as Standing Charge under Item 1 on Gross Profit. (ii) Where the Indemnity period in respect of wages exceeds 12 months the Annual amount should be increased proportionately. (iii) Delete the type of wages cover NOT required.</p>																				
7.	<p>What Indemnity period is required in respect of Wages:</p> <p>(i) _____ months (Pro-rata Wages) OR (ii) 100% cover _____ weeks and _____ % cover for the remainder of the Indemnity period. This total Indemnity Period required is _____ months (Dual Basis Wages)</p>																				
8.	<p>Item No. 3 Professional Accountant's fees. SR. _____</p> <p>This item is in respect of Professional Accountant's Fees payable for producing and certifying any particulars and details required in connection with a claim.</p>																				

QUESTIONS TO BE ANSWERED BY THE PROPOSER

9.	(a) Name and Address of Proposer's Auditors : (b) The date of last report in the Proposer's accounts : (c) Are the books and accounts of the Proposer regularly balanced and audited :
10.	(a) Has the Proposer suffered loss by Fire, or any other peril against which it is applied to insured? If so, when & on what Office(s) the loss fall? (b) Has the Proposer made a claim under a Loss of Profits Policy? If so, when & on what office(s)?
11.	(a) Has any Proposal made by or on behalf of the Proposer for Fire Insurance, or Loss of Profits Insurance been declined? (b) Has any Office or Underwriter cancelled or refused to renew an existing Insurance?
12.	Please state: (a) Name of Office (or Office having largest amount) carrying the Fire Insurance: (b) the Total Sum Insured & Annual Premium of the Fire Insurance:
13.	Has the Proposer any existing Insurance covering Loss of Profits? If so, please give details of total amount & name of Office(s) or Underwriter(s)
14.	Does the Proposer carry on any other Business?

**ITEM 1. GROSS PROFIT
EXTRACTS FROM THE ACCOUNTS OF THE BUSINESS
for the last financial year.**

The Sum of (a) Turnover (less discounts allowed) (b) Closing Stock	SR. SR.
From which deduct the sum of: (a) Opening Stock (b) The following Specified Working Expenses (i.e. those which vary directly with Turnover) (i) Purchases (less discounts received) (ii) Wages (if Insured by Item 2) (iii) (iv)	SR. SR. SR. SR. SR.
Annual Gross Profit	SR.
Adjust for current trend of business (see page 1)	SR.
Maximum Indemnity Period required ____ months (See page 1)	SR.
If exceeding 12 months, increase Sum Insured proportionately	SR.
Sum to be Insured on Gross Profit	SR.

Additional covers if required specify as below:

1. Earthquake risk : Yes No
2. Storm, tempest, flood and Inundation : Yes No
3. Failure of Public Electricity : Yes No
4. Failure of Public Gas : Yes No
5. Failure of Public Water supply : Yes No
6. Damage to Customer's premises : Yes No
(due to perils covered under Fire/ Property damage policy)
If Yes, specify _____ percentage
7. Damage to Supplier's premises : Yes No
(due to perils covered under Fire/ Property damage policy)
If Yes, specify _____ Percentage

DECLARATION:

I / We declare that to the best of my/our knowledge and belief the information given on this proposal is true and that I / We know of nothing else which I / We think the Company should be told in considering this Proposal. I / We agree that this Proposal shall be the basis of the Contract between me / us and the Saudi Indian Company for Cooperative Insurance.

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

Date:

Signature of the Proposer