

**PROPOSAL FORM
FOR PROPERTY ALL RISK INSURANCE
(MATERIAL DAMAGE ONLY)**

1. PROPOSER

Full Name _____

Complete Address: _____

2 POLICY PERIOD REQUIRED: From: _____ **To:** _____

3 INTEREST TO BE COVERED:

Description and Location of the Premises to be insured:

	Value in Saudi Riyals
- Building including electro-mechanical installations if any:	_____
- Furniture, fixtures and decoration.	_____
- Office furniture and equipment.	_____
- Plant and Machinery	_____
- Stock in Trade. (Held under trust, care, custody and control of the Proposer)	_____
- Debris removal.	_____
- Loss of Rent. (Please specify – Rent Receivable / Rent Payable)	_____
- Architect & Legal Consultants Expenses.	_____
- Tenant's Liability Limit.	_____
- Neighbour's Liability Limit.	_____
- Others.	_____

(Please attach separate sheet if necessary)

4. INSURANCE COVERAGE:

Property All Risks (LM7 OR ABI WORDINGS) _____

Additional Perils (*Please mention*)

To Cover Burglary, please furnish the following:

- a) Are windows, Air-conditioner opening, trap doors, skylight and such other openings are secured?
- b) Are the premises secured by Burglar Alarm System
- c) Is the premise guarded round the clock?
- d) Any other security precautions taken by the insured.
- e) Will the premises remain unoccupied for a specific period on regular basis and or during weekends or Eid Holidays?

Business Interruption:

Yes

No

If yes please complete the proposal form for Business Interruption

5. GENERAL QUESTIONS:

- | | | | |
|----|--|-----|-----|
| 1. | Do you have any other insurance on this property? | Yes | No |
| 2. | Nature of stock to be stored at the above premises. | Yes | No |
| 3. | Any hazardous goods stored in this premises. | Yes | No |
| 4. | Will the premises remain unoccupied for more than 30 days? | Yes | No |
| 5. | Has the Security System certified by Civil Defense. | Yes | No |
| 6. | Has any insurer declined your proposal or Refused to renewal | Yes | No. |
| 7. | (if yes give details.) | | |
| 8. | Fire fighting Facilities available at the premises (Please provide completed details) | | |
| 9. | Loss History for the past Fire years.(If positive what preventive measures were taken to avoid such occurrences) | | |

6. DECLARATION:

I / we declare that the above information are true to the best of my / our knowledge and belief and that I / we have disclosed all particulars effecting the assessment of the risk. I / we agree that this proposal and declaration shall be the basis of the contract between myself / ourselves and the insurers.

Signature and Date
(Company Stamp)