



Proposal Form For Fire, Allied Perils Insurance

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 electromechanical installations if any: _____

Furniture, fixtures and decoration: _____

Office furniture and equipment: _____

Plant and Machinery: _____

Value in Saudi Riyals

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:

Neighbor's Liability Limit:

Others:

(Please attaché separate sheet if necessary)

4. INSURANCE COVERAGE

a) Fire and lightning only

or

b) Fire and lightning only and additional coverage

or

c) Fire and lightning including expansion to the following risks: (please clearly mark the required risks)

1	Road vehicles crash	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Damage caused by aircraft	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3	Earthquakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Storms or hurricanes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Water damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Flood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Owner's liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Glass breaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Industrial boiler explosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Debris removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Malicious or deliberate damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Strikes, riots and civil frenzy	<input type="checkbox"/> Yes	<input type="checkbox"/> No

d) Theft: ☐ Yes ☐ No

(if yes, please answer the following):

- Are window openings, air conditioning vents, door traps, skylights and other openings are sealed?
- Are the premises secured with early warning and theft systems?
- Are the premises physically guarded around the clock?
- Are there any other protection and security measurements being taken by the proposer?
- Will the premises be unoccupied for a specific periods of times and/or during weekends and holidays?

e) Business Interruption ☐ Yes ☐ No

(if yes, please fill the Business Interruption Proposal Form)

5. GENERAL QUESTIONS

Do you have any other insurance on this property?

☐ Yes

☐ No

Nature of stock to be stored at the above premises:

Any hazardous goods stored in this premises:

☐ Yes

☐ No

Will the premises remain unoccupied for more than 30 days?

☐ Yes

☐ No

Has the Security System certified by Civil Defense:

☐ Yes

☐ No

Has any insurer declined your proposal or Refused to renewal:

☐ Yes

☐ No

(if yes give details)

Fire fighting Facilities available at the premises (Please provide completed details):

Loss History for the past Five 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.

Name: _____

Position: _____

Signature: _____

Stamp: _____