



**PROPOSAL FORM**  
**FIRE AND ALLIED PERILS**                      **PROPERTY ALL RISK INSURANCE**

<b>Name of the Proposer:</b>	
<b>Address:</b>	
<b>Business / Occupation:</b>	<b>Residential building</b> <b>Commercial tower/building</b> <b>Warehouse/Store</b> <b>Factory/Manufacturing unit</b> <b>Others, if any</b>

**Property to be Insured:**

- Building / Structures:
  - Other Property
    - On Furniture, Fixture & Fittings
    - On Stock/Raw materials
    - On Plant and Machineries
    - On other asset (details to be mentioned)
  - Rent (if required to be insured):  
Indemnity period:    6 months    or    12 months
- TOTAL SUM INSURED**

**Sum Insured**

QRs.
QRs.
QRs.
QRs.
QRs.
QRs.

**If business interruption cover required**

- Net profit
  - Standing Charges
- TOTAL GROSS PROFIT**
- Indemnity Period:    6 months    or    12 months

QRs.
QRs.
QRs.

**Whether occupation includes any manufacturing process?** If yes, please give brief details

Yes	No
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**(Is the premises fitted with:** (please state Yes or No

Fire extinguishers    Fire hoses    Smoke detectors    Fire arms    Sprinklers

**Claims details for the last 5 year:** please mention full details, if any

<b>Declaration</b> We hereby declare that the statements made by us in this questionnaire and proposal to the best of our knowledge and belief are complete and true.	
<b>Date:</b>	<b>Signature of the Proposer with Stamp:</b>