



BUSINESS INTERRUPTION INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

Insured	:	_____
Business	:	_____
Location	:	_____
Occupancy	:	_____
Period	From:	To:
	_____	_____
Interest / Sum	:	
Insured	Gross Profit	: AED
	Auditors Fee	: AED
	Additional Cost of Working following Property Damage	: AED
	TOTAL	: AED

Indemnity Period : _____

I/ We confirm that the details provided above are true and complete to the best of our knowledge.

DATE:

SIGNATURE:

NAME and Contact Number:

Company Stamp

DESIGNATION: