



GENERAL INSURANCE PACKAGE PROPOSAL FORM

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

General Questions

1. Name of Insured:	
2. Postal Address:	
3. Office Tel. No:	
4. E-mail Address:	
5. Address of Physical Location:	
6. Name of Owner:	

Please ensure that the policy and the details herein meet with your insurance requirements and that all statements contained herein are to the best of your knowledge and belief correct and complete

Section 1 – Property All Risks

7. Type of Construction & Roofing: _____

8. Business &/or Occupation of the Insured: _____

9. Occupation of the Premises: _____

10. Nature of Stock (if any): _____

Please tick where applicable:

11. Is the premises a) self- contained building [] b) part of a multi-tenure property []

12. Is the premises shared with any other business whether or not belonging to the same Insured:
If yes please specify: _____

13. Are all external opening (doors, windows and/or A/C cavities protected by wood or metal doors, grills and/or shutters:
If not please specify: _____

14. Please provide details of any fire detection and/or fighting and/or security equipment on site:

Section 1 – Property All Risks (Contd...)

15. Sums Insured (in AED on a new Replacement Value Basis):

Buildings: _____

Tenants' Improvements & other Contents: _____

Furniture Fixtures & Fittings: _____

Stocks (*Please specify*): _____

Others (*Please specify*): _____

Section 2 – Equipment Insurance

16. List/specify the equipment that is to be Insured on an extended All Risks basis under this section EACH with their respective sums insured in AED (on New Replacement Value):

a) AED _____

b) AED _____

c) AED _____

d) AED _____

e) AED _____

f) AED _____

g) AED _____

h) AED _____

17. Is any of the above equipment 'portable' within the insured premises:

If yes please specify indicating also its value:

18. Are any of the above items used outside the Insured premises [] or overseas []

If so please specify: indicating also its value

19. Which of the following equipment is covered by a comprehensive maintenance, servicing and (in the case of data) software agreement?

20. If any of the equipment mentioned above has a single article value exceeding 25% of all equipment please specify such equipment again hereunder providing details of Year of Make, Model, New Replacement Value etc.:

Section 3 – Money

21. If you require limits that are different to the ones listed in the policy please specify:

- a) Money in transit AED _____
- b) On premises during business hours AED _____
- c) On premises outside business hours AED _____
- d) Money in locked safe AED _____
- e) Estimated annual carryings: _____

Please provide details of safe if applicable:

Section 4 – Fidelity Guarantee Insurance

22. Please provide a list of employees, their designation and limit you wish to cover unless different to what is stated in the policy:

Name	Designation	Limit (AED)

23. Please provide the

- a) the total number of employees in the company [] and
- b) the total number of employees handling cash and/or valuables []

Section 5 – Glass Insurance

24. Please provide details of the glass you wish to insure under this section. Unless otherwise specified hereunder all glass will be deemed to be single-plate, plain glass incorporated in fixtures, fittings and/or furniture:

Item Description	Location	Value (AED)

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Section 5 – Glass Insurance (Contd...)

25. Please specify whether:

a) Are there any embossed, engraved, duplex, armoured, modified and/or embellished glass? If yes, please provide details and value on New Replacement basis:

b) Are there any neon signs or other signboards that you wish to cover under this section? If yes, please provide details and value on New Replacement basis:

Section 6– Deterioration of Refrigerated Stock

26. Please provide details of the refrigeration equipment used and their year of make as well as details of the refrigerated stocks:

Equipment Name	Model /Year of Make	Stocks	Limit (AED)

Section 7 – Loss of Income Insurance

27. Please provide the following information (in AED):

Financial Year	Annual Turnover/Revenue	Gross Profit
Last full year []		Please advise Estimated Gross Profit for the next 12 months
Previous year []		
Year before []		
Estimated for Current yr		
		DH

28. Do you wish to insure rent? If yes, what is the annual rent payable?
AED _____

29. What indemnity period is required?
[6 months] [12 months] [18 months] [24 months]

**Section 8 – General 3rd Party & Tenants’ Liability Insurance
(Tenants’ Liability is free with this Section)**

30. The standard policy limit is AED 1,000,000 any loss and/or in the aggregate. Do you wish to increase the ‘per occurrence’ and/or aggregate limit? If yes, to how much?

Section 9 – Products’ Liability Insurance (Cover restricted to UAE)

31. What products are manufactured, processed, supplied, serviced and/or treated by the Insured?

32. The standard policy limit is AED 1,000,000 any loss and/or in the aggregate. A request for an increased limit would require a separate questionnaire to be completed. Do you require a separate questionnaire?

Section 10 – Employers’ Liability & Workmen’s Compensation Insurance

33. The standard policy limit is AED 1,000,000 any loss and/or in the aggregate. Do you wish to increase the ‘per occurrence’ and/or aggregate limit? If yes, to how much?

31. Please attach list of employees, their designations and their annual salary per employee

32. Is medical expenses coverage required as a result of a claim under this Section? [YES] [NO]
(subject to treatment being limited to Government and/or private hospitals and/or clinics in the UAE)

33. Is repatriation coverage required in the event of death of an insured employee? [YES] [NO]

Section 11 – Personal Accident Insurance (Limits per person as specified in the Policy)

34. If you require this section please re-attach the list requested in 31 above inclusive of dates of birth per employee.

35. Is cover required on an [Occupational] basis or on a [24 hour] basis [YES] [NO]

36. Is medical expenses coverage required as a result of a claim under this Section? [YES] [NO]

37. Have you ever been refused insurance or has any insurance company cancelled any policy of insurance that you purchased? If yes please give details:

38. Have you had any losses in the past 5 years whether or not claimable under an insurance policy? If yes, please give details:

39. Have any area where your business is situated been affected by fire, conflagration, explosion or natural perils:

40. On the back of the proposal form please provide a sketch of the insured premises indicating where the main entrance and any external openings are as well as (if applicable) which part of the premises is used for storage and which part is accessible to the public as a retail/sales area.

Section 12 – Medical Insurance

It is a distinct possibility that all Employers and Business Owners will be legally obliged to provide Medical Insurance for their employees and dependants.

41. Please attach a list of all persons to be covered showing personal details in the following format:

Name	Gender (Male/Female)	Date of Birth (dd/mm/yyyy)	Nationality	Status (Employee/Spouse/ Child)

Section 13 – Transit Insurance: Marine (Cargo) by Air / Sea freight and Land Transit

If you import merchandise or export products, a Marine Cargo Insurance can be arranged under an ‘Open Cover’ that will automatically cover all shipments within the specified limit. Each shipment will have to be declared.

Please provide the following information:

42. Description of the items imported/exported:

43. Maximum Value of any one shipment: AED _____
44. Method of transportation: By Air [] by Sea - Containerized []
by Sea – Conventional packing [] by Road []
45. Estimated Total Value of all shipments in the year: AED _____
46. Basis of Valuation: Ex-Works [] FOB [] C&F [] CIF []

Section 14 – Motor Insurance

47. Please attach a list of all Motor Vehicles to be insured, showing the following details:

Make	Model	Type (Saloon/4WD/Station Wagon)	Class (Private/Commercial)

48. Please provide copy of the relevant Registration Card (both sides) for each vehicle listed above

DECLARATION

I hereby declared that I have read and understood the proposal form and answered all questions (and /or directed the producer, insurance broker and/or agent to answer all questions on my behalf) to the best of my knowledge and belief. I am aware that the concealment of any information, wrong description or misrepresentation of information can result in the policy of insurance being nullified. This insurance will not be in force a notification of coverage is issued by the insurance company.

Signed: _____

Name: _____
(Capital Letters please)

Date: _____