PRIME
INSURANCE BROKERS

OFFICESHIELD 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.

Company Name of Proposer :

Postal Address :

Premises Address (if different) :

Business / Profession :

Period of Insurance : **From:** **To:**

Please indicate which of the following Sections you require:

Section 1	**Office Contents……**	**Yes/No**	
Section 2*	**Business Interruption ……**	**Yes/No**	
Section 3	**Personal Accident…….**	**Yes/No**	
Section 4	**Legal Liability……**	**Yes/No**	
Section 5**	**Fidelity Guarantee ……**	**Yes/No**	
Section 6	**Travel Baggage……**	**Yes/No**	

NOTE: * Only available in conjunction with Section 1

**** Only available in conjunction with one or more of Sections 1, 2, 3, or 4**

In connection with those Sections requested please complete the relevant questions overleaf.

Abu Dhabi: Sky Tower, Al Reem Island, 9th Floor, Office 904 & 905, P.O. Box 32380, Abu Dhabi – UAE, Tel.: 02-6449915, Fax: 02-6449934
Dubai: Al Warsan Building, 8th Floor, Office 803, Near Media Rotana Hotel, Tecom, P.O. Box 31130, Dubai – UAE, Tel: 04-4534700, Fax: 04-4534701
E-mail: primeins@primeinsbrokers.com

SECTION 1 – OFFICE CONTENTS

1. **Do you wish to insure on (a) Reinstatement Basis** ☐
   Or (b) Indemnity Basis ☐

   If (a), indicate Reinstatement Sum Insured :
   (i.e. Total Replacement Cost of all insured property as new) AED _____

   If (b), indicate Indemnity Sum Insured:
   (i.e. Total Estimated Market Value of all insured property after allowing for wear, tear and depreciation) AED _____

NOTE: The Sum Insured should include any Landlord's Fixtures, Fittings and Furnishings for which you may be responsible under the terms of your Lease.

2. **Do any other businesses share or have access to your offices? YES/ NO**
   If yes, give details.

_____

_____

3. **Do you have a safe on the premises? YES/ NO**
   If yes, state type and size of the safe.

_____

_____

4. **What is the maximum amount of money normally kept on the premises?**

   (i) Locked in Safe **AED** _____

   (ii) Out of Safe **AED** _____

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SECTION 2 – BUSINESS INTERUPTION

State the estimated revenue of your business during the next 12 months: AED _____

SECTION 3 – PERSONAL ACCIDENT

Do you wish to:

(a) Insure All Employees ☐

(b) Insure only Named Employees ☐

If (a), how many Employees are there?

If (b), state the Names and Job Titles:

NAME	JOB TITLE

Please indicate the capital amount to be insured in respect of Death, Loss of Limbs and Permanent Disablement AED _____

NOTE 1: The Temporary Total Disablement weekly benefit will be 1% of the above sum per week.
NOTE 2: Age Limit 16-65

SECTION 4 – LEGAL LIABILITY

How many employees are there, including Directors?

What is the total annual salary bill? AED _____

NOTE: Employee Liability protection is unlimited under this Section, but a standard limit applies in respect of Third Party Liability. Please enquire of our issuing office the current standard limit and indicate here if higher limit is required: AED _____

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SECTION 5 – FIDELITY GUARANTEE

1. State the names and job titles of those to be insured under this Section:

NAME	JOB TITLE	LENGTH OF SERVICE

2. Who is responsible for Internal Audit and Financial Control within the Company?

NAME	POSITION

3. Are your Accounts audited by external auditors? YES/NO

4. Has your Company ever experienced any losses through dishonesty or employees? YES/NO
If yes, give details.

5. Has any claim been made by your Company, or to your knowledge by any employee with any former employer, under a Fidelity Guarantee or similar insurance? YES/NO
If yes, give details.

NOTE: A fixed monetary limit of liability applies under this Section to all insured persons in accordance with current acceptance limits. Please check with our issuing branch for this limit.

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SECTION 6 – TRAVEL BAGGAGE

State the names of those to be insured under this Section:

NAME	JOB TITLE	SELECTED SUM INSURED

NOTE: The Selected Sum Insured must represent the maximum value of all business and personal effects, valuables, baggage and clothing (after reasonable allowance for wear and tear) carried on any journey. Underinsurance will result in proportionately reduced claim payments.

DECLARATION (Complete in all cases)

Please read the following declaration carefully and read again the questions and answers, especially if not completed in your own hand, before signing the form.

I/We declare to the best of my/our knowledge and belief that

- The answers given are true
- All material particulars affecting the assessment of risk have been disclosed.

I/We agree that this Proposal and Declaration shall be the basis of the contract between me and the Insurer and shall be deemed to be incorporated in such contract, subject to the terms and conditions of the Policy issued by the Insurer. If any answer has been written by any other person, such person shall for that purpose be deemed to be my/our agent and not the agent of the Insurer.

DATE:

SIGNATURE:

NAME and Contact Number:

DESIGNATION: Company Stamp

NOTE: Liability of the Insurer does not commence until the Proposal has been accepted by the Insurer.

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