



PROPERTY ALL RISKS 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 : Office / Warehouse / Workshop / Other (please specify)
(please choose)
Period From: _____ To: _____

Interests and Sum Insured	: <u>ITEM</u>	<u>SUM INSURED</u>
	Building: (please declare NIL if leased premises)	AED _____
	Decoration/ Furniture, Fixtures, Fittings/ Tenant's Improvements	AED _____
	Plant Machinery and other Electro Mechanical Equipment	AED _____
	Computers and Accessories	AED _____
	Office Equipment	AED _____
	Loss of Rent	AED _____
	Third Party Liability limit (separate proposal to be submitted, if required)	AED _____
	Stock	AED _____
	Other (please specify) _____	AED _____
	TOTAL SUM INSURED	AED _____

Please provide contact person details for Risk Survey: _____

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

DATE:

SIGNATURE:

NAME and Contact Number:

DESIGNATION: