

**FIRE AND SPECIAL PERILS INSURANCE PROPOSAL FORM- Commercial**

Proposer: \_\_\_\_\_

CR No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel. No. Residence: \_\_\_\_\_ Mobile: \_\_\_\_\_

Tel No. Office: \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

Trade or Business: \_\_\_\_\_

**THE BUILDING:**

Situation: Flat/House No: \_\_\_\_\_ Bldg No: \_\_\_\_\_ Way No: \_\_\_\_\_

Block No: \_\_\_\_\_ Area: \_\_\_\_\_

Construction: Walls: \_\_\_\_\_ Roof: \_\_\_\_\_

Floors: \_\_\_\_\_ Ceilings: \_\_\_\_\_

Number of Storeys: \_\_\_\_\_ Year of Construction: \_\_\_\_\_

Year(s) of Renovation if any: \_\_\_\_\_

Owned by: \_\_\_\_\_

Occupied: \_\_\_\_\_

**NEIGHBOURING BUILDINGS:**

(Please provide details of neighboring/adjacent Premises, their occupation and distance from your premises) \_\_\_\_\_

**INTRESTS TO BE COVERED:**

**SUM TO BE INSURED**

- |  |          |
|--|----------|
| 1. Building  | RO _____ |
| 2. Electrical installation and lifts if any  | RO _____ |
| 3. Furniture, Fixture, Fittings and Decorations  | RO _____ |
| 4. Machinery and Plant   | RO _____ |
| 5. Stock in trade consisting of the Proposer's own or held by him in trust or in commission for which he is responsible<br>Nature of above stock _____ | RO _____ |
| 6. Other items, if any, as per details mentioned below:  |          |
| A) Debris Removal  | RO _____ |
| B) Architects and consultants fees   | RO _____ |
| C) Loss of rent @ _____ No. of Months: _____   | RO _____ |

TOTAL RO \_\_\_\_\_

**COVER REQUIRED**

- |   |          |
|---|----------|
| 1. Fire + Lightning   | YES / NO |
| 2. Special Perils   | YES / NO |
| 3. Theft following violent & forcible entry   | YES / NO |
| 4. Third Party Premises Liability{ <input type="checkbox"/> 25,000 / <input type="checkbox"/> 50,000 / <input type="checkbox"/> 100,000 } | YES / NO |

**GENERAL QUESTIONS:**

1. For how long have occupied the building? \_\_\_\_\_
2. What power is used for lighting and machinery in the building? \_\_\_\_\_
3. Mention details of Fire Fighting Equipment available at the premises \_\_\_\_\_
4. How far away is the nearest Fire Brigade \_\_\_\_\_

Please Tick Appropriate Box

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 5. Any hazardous goods stored? (If yes, please attach details)  | <input type="checkbox"/> | <input type="checkbox"/> |
| a) In the building occupied by you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) In the neighboring buildings? (as far as you know)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have any other insurance in respect of the property proposed for insurance?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the property been previously insured against fire, etc? if so, please state details and name of company? | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   |                          |                          |
| _____   |                          |                          |
| 8. Have you ever had a fire or other loss at any of your properties? (if so give brief details)                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any insurer at any time  |                          |                          |
| a) declined to accept any insurance proposal?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) refused to renew any insurance?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c) required an increased premium or imposed special conditions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will the premises remain unoccupied for more than 30 days in a year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the property mortgaged?  |                          |                          |
| If so, name of mortgage _____   |                          |                          |
| 12. Has the Property been damaged during the Cyclone GONU or other Flood/Inundation Losses                      | Yes/No                   |                          |

If yes – please provide details:

## **DECLARATION**

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Al Madina Insurance Co. S.A.O.G., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully

Date: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

### **Company Seal:**

The Takaful contract will not be in force until the proposal has been accepted by the company. This Takaful Contract is governed by the insurance regulations of Sultanate of Oman as an insurance contract and operates under the Takaful regulations of this Company.