



## FIRE & PROPERTY ALL RISK PROPOSAL FORM

### 1. INFORMATION

a. Broker Name (if any)

b. Name and address of Insured

c. The Insured Type of Business

d. Interest

Sum Insured (AED)

Building

Furniture

Office Business Equipment

Stocks & Materials consist of:

Plant & Machinery

Loss of Rent

Others, please specify:

Total Sum Insured AED

e. Locations and property to be insured

f. Deductible

g. Period of Cover

h. Covered Required

Fire and Allied Perils

Property All Risk

Business Interruption / Loss of Profit



## 2. PREMISES DETAILS

### a. Use of Premises

- Warehouse  Shop  Manufacturing  
 Engineering  Others, please specify:

### b. Construction of Premises

- Walls  Brick  Concrete  Open - Sides  
 Others, please specify
- Roof  Tiles  Concrete  Zinc  
 Others, please specify
- Building Frame  Metal  Concrete  Wooden  
 Others, please specify
- Partitions  Glass  Concrete  Wooden  
 Others, please specify

### c. Fire Fighting Appliances

- Sprinkler  Yes  No
- Fire Extinguisher  Yes & Number:  No
- Fire Alarm  Yes  No
- If yes, where is it connected?
- Smoke Detector  Yes  No
- Heat Detector  Yes  No
- In-house Fire Brigade  Yes  No

### d. Security System

- Surveillance Camera  Yes  No
- Burglar Alarm System  Yes  No
- Grilled Doors  Yes  No
- 24 Hours Watchman Services  Yes  No
- Security Check Point  Yes  No
- Others, please specify:



### 3. CLAIMS EXPERIENCE

#### a. Losses for Last Three years

Date of Loss	Nature of Loss	Amount Claimed (AED)

#### b. Details of Expiring Insurance

Insurer:	Sum Insured (AED):
Annual Premium:	Excess:
Expiry Date:	Other Details:

### 4. OTHER INFORMATION

- a. Are there any hazardous goods stored in the premises? if  Yes  No  
yes, please state details:
- b. Is the Premises shared with others? if  Yes  No  
yes, please state details:
- c. Does the building adjoin any other premises? if  Yes  No  
yes, please state details:
- d. Is there any insurance on the same property in force for the same period of insurance being proposed?  Yes  No  
if yes, please state details:
- e. Has any Insurer ever refused your proposal or renewal of your policy?  Yes  No  
if yes, please state details:

**PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE APPROPRIATE QUESTION NUMBER.**



## 5. EXTENSION COVERAGE/ CLAUSES TO INCLUDE (Please state SI required if any)

<input type="checkbox"/> Public Authority		<input type="checkbox"/> 72 Hours	
<input type="checkbox"/> Adjoining Building		<input type="checkbox"/> All Other Contents	
<input type="checkbox"/> Professional Fees		<input type="checkbox"/> Automatic Reinstatement	
<input type="checkbox"/> Capital Additions		<input type="checkbox"/> Debris Removal	
<input type="checkbox"/> Designation of Property		<input type="checkbox"/> Errors & Omission	
<input type="checkbox"/> Fire Extinguishing Expenses		<input type="checkbox"/> Reinstatement Conditions	
<input type="checkbox"/> Claims Preparation Costs		<input type="checkbox"/> Loss minimization	
<input type="checkbox"/> Expediting Expenses		<input type="checkbox"/> Temporary Removal	
<input type="checkbox"/> Workmen's		<input type="checkbox"/> Accidental Damage to Glass	
<input type="checkbox"/> Accidental Damage to Signboard		<input type="checkbox"/> Impact own vehicle	
<input type="checkbox"/> Payment On Account		<input type="checkbox"/> Tenants Clause	
<input type="checkbox"/> Alternation and Use		<input type="checkbox"/> Escalation Clause	
<input type="checkbox"/> Additional Interest		<input type="checkbox"/> Sale of Interest	
<input type="checkbox"/> Stock Declaration		<input type="checkbox"/> Improvement and Betterment	
<input type="checkbox"/> Other Insurance Allowed		<input type="checkbox"/> Automatic addition deletion	
<input type="checkbox"/> Property valuation		<input type="checkbox"/> Demolition	
<input type="checkbox"/> No control		<input type="checkbox"/> Non - invalidation	
<input type="checkbox"/> Sprinkler Leakage Extension		<input type="checkbox"/> Cancellation	
<input type="checkbox"/> Others		<input type="checkbox"/>	

## 6. DOCUMENT REQUIRED

- **A VALID CERTIFICATE ON THE SAFETY REQUIREMENTS OF THE DANGERS/PERILS OF FIRE ISSUED BY THE CIVIL DEFENSE ADMINISTRATION SHOULD BE SUBMITTED [IN ACCORDANCE WITH MINISTERIAL LAW NO. (24) 2012 AND (505) 2012]**  
Any terms received from Dubai Insurance Company will be Subject to Receipt, Review and Acceptance of the required document.

Date (DD/MM/YY)

Signature and Stamp of Proposer