

HOMEOWNER'S & TENANTS PROPOSAL FORM

1. INFORMATION	
Broker Name (if any)	
Name and address of Insured	
Locations and property to be insured	
Deductible	
Period of Cover	
2. CONTENTS DETAILS TO BE INSURED	
I. Household contents <u>other than Jewellery</u>	Sum Insured
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Total Sum Insured	
No one article is deemed to be more than 10% of the Sum Insured under this Section unless separately specified with the value)	
II. Jewellery (Not Exceeding AED 2500/Item)	Sum Insured
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Total Sum Insured	

The Sum Insured under this section shall not exceed 33% of the Sum Insured under section I above unless otherwise agreed to by us.

Total Sum Insured for I & II	

3. PREMISES DETAILS

i. Type of Premises

<input type="checkbox"/> Private House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Other (Please specify)
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ii. Construction of Premises

Walls	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete /Stone	<input type="checkbox"/> Open – Sides
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<input type="checkbox"/> Others, please specify	
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Roof	<input type="checkbox"/> Tiles	<input type="checkbox"/> Concrete /Stone	<input type="checkbox"/> Zinc
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<input type="checkbox"/> Others, please specify	
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Building Frame	<input type="checkbox"/> Metal	<input type="checkbox"/> Concrete/Stone	<input type="checkbox"/> Wooden
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<input type="checkbox"/> Others, please specify	
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Partitions	<input type="checkbox"/> Glass	<input type="checkbox"/> Concrete/Stone	<input type="checkbox"/> Wooden
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<input type="checkbox"/> Others, please specify	
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iii. Fire Fighting Appliances

Fire Extinguisher	<input type="checkbox"/> Yes & Number:	<input type="checkbox"/> No
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Fire Alarm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, where is it connected?	
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Smoke Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Heat Detector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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iv. Security System

Surveillance Camera	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Burglar Alarm System	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE APPROPRIATE QUESTION NUMBER.

4. CLAIMS EXPERIENCE

Losses for Last Three years

Date of Loss	Nature of Loss	Amount Claimed (AED)

Details of Expiring Insurance

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

5. OTHER INFORMATION

Are there any hazardous goods stored in the premises?

Yes

No

if yes, please state details:

Is the Premises shared with others?

Yes

No

if yes, please state details:

Does the building adjoin any other premises?

Yes

No

if yes, please state details:

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:

Has any Insurer ever refused your proposal or renewal of your policy?

Yes

No

if yes, please state details:

6. DOCUMENTS ENCLOSED

Date (DD/MM/YY)

Signature and Stamp of Proposer