



P.O. Box 1882 PC 114, Jibroo, Sultanate of Oman
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FIRE INSURANCE - PROPOSAL FORM

1.	Name of the Proposer in full (IN BLOCK LETTERS)	
2.	Address for communication P.B. No. P.C. No. Location	
3.	Tel. No GSM Fax No. Email Id	
4.	Occupation / Trade / Profession / Business of the proposer	
5.	Owner of the Building	
6.	Location of the risk to be covered House/Flat/ shop No. Building No. Way No. Location Wilayat Region / Governorate	
7.	Hypothecation if any:	
8.	Period of Insurance required	From Date Time To Date Time
9.	Sum to be insured on	
	<ul style="list-style-type: none"> • <u>Building</u> Main Building Boundary Walls Subsidiary Building 	OMR
	<ul style="list-style-type: none"> • Stock & Stock in process 	OMR
	<ul style="list-style-type: none"> • Plant & Machinery 	OMR
	<ul style="list-style-type: none"> • Furniture, Fixture & Fittings 	OMR
	<ul style="list-style-type: none"> • Household furniture and personal effects 	OMR
	<ul style="list-style-type: none"> • Utensils and other domestic appliances 	OMR
	TOTAL	OMR
10.	Details of building to be insured or in which property to be insured is situated <ul style="list-style-type: none"> • Construction of Wall • Construction of Roof • No. of Floors • Age of the Building 	

	<ul style="list-style-type: none"> Basement (if any) used as Ground Floor used as Which floor are the goods insured situated 							
11.	Coverage required	<input type="checkbox"/> Fire and lightning <input type="checkbox"/> Fire and allied perils excluding Theft <input type="checkbox"/> Fire and allied perils including (Theft) violent forcible entry						
12.	The basis proposed for insurance (Building/Machinery/Furniture/ Fixtures/ Fittings) <ul style="list-style-type: none"> Market Value basis Reinstatement Value basis 							
13.	Are there any hazardous goods stored in the premises? If yes, State the type & Quantity?							
14.	Have you ever sustained loss by fire or burglary? If yes, give details?							
15.	Details about any adjoining risks/ Buildings.							
16.	Is the proposed property insured with any other Insurance Company with same type of coverage? If so, give details.							
17.	Has this insurance been <ul style="list-style-type: none"> Declined Cancelled by other insurance company Any Special Conditions imposed 	Yes / No Yes / No Yes / No						
18.	Claim / premium details for the preceding 3 years excluding the expiry policy period.	<table border="1"> <thead> <tr> <th><u>Year</u></th> <th><u>Claims</u></th> <th><u>Premium</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	<u>Year</u>	<u>Claims</u>	<u>Premium</u>			
<u>Year</u>	<u>Claims</u>	<u>Premium</u>						
19.	Type of Fire protection devices installed	<input type="checkbox"/> Fire Alarm Systems <input type="checkbox"/> Portable Extinguishers <input type="checkbox"/> Hydrant System <input type="checkbox"/> Sprinkler System <input type="checkbox"/> Foam System <input type="checkbox"/> Others (Please specify if any)						
20.	Security systems provided in the premises <ul style="list-style-type: none"> Surveillance Camera Burglar Alarm System Grilled Doors 24 Hours watchman services Security Check point Other, Please specify 							

21.	Special coverage for stocks:	
	<u>On Floater basis</u> Stocks at various locations (Warehouses/ Godowns/ Process Block and/ or open) can be covered on floater basis for a single sum insured.	Amount to be Insured
	<u>On Declaration basis</u> Stocks which fluctuate in value can be covered on (monthly) declaration basis	Amount to be Insured
	<u>On Floater Declaration basis</u> Stocks which fluctuate in value as well as stored in various locations can be covered on (monthly) floater declaration basis.	Amount to be Insured
	<u>Stock stored in open</u>	Location Amount to be Insured

DECLARATION

I/ We understand and agree that the information disclosed in this proposal will form the basis of the insurance 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 insurance contract will become null and void without any notice.

Place:
Date:

Signature of the Proposer

NOTE:

The contract will not be in force until the proposal has been accepted by the Company. This contract is governed by the insurance regulations of The Sultanate of Oman.