



SHARJAH INSURANCE COMPANY

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FIRE INSURANCE PROPOSAL FORM

PROPOSER		
Name (in full)		
Postal Address		
Business or Profession		
Telephone No.	Fax No.	E-mail Address
Period of Insurance	From	To (Local Noon Time)
Name of Mortgagee (if any)		
PROPERTY TO BE COVERED		SUM INSURED
a) Building including electrical installation and lifts (if any)		a.
b) Furniture, Fixtures, Fittings and Decorations		b.
c) Office and other Equipment		c.
d) Loss of Rent		d.
e) Signboard		e.
f) Stock in Trade		f.
g) Liability towards Landlord/Neighbours		g.
COVERAGE REQUIRED		
<input type="checkbox"/> Fire and/or Lightning	<input type="checkbox"/> Burglary (forcible entry/exit)	
<input type="checkbox"/> Standard Allied Perils	<input type="checkbox"/> Loss of Profit	
DESCRIBE THE LOCATION OF THE RISK PROPOSED FOR INSURANCE		
Proprietor of Building:		
Location:	Plot/House No.	Bldg. Name/No.
	Road No.	Area Name:
	Area	
	Part of a multi-storey building?	which floor
OF WHAT MATERIAL IS THE BUILDING CONSTRUCTED		
Outer Walls	Interior Partitions	
Roof	Floor	
Ceiling	No. of storeys	
Fence	Gate	
Inside communication between Ground and Upper Floor		
Year of Construction	Year of renovation (if any)	
OCCUPATION		
1.		
a. What is the nature of process?		
b. What power is used?		
c. Is there any artificial heating or lighting used? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please give details		
2. How long have you occupied these premises?		
3. Is part of these premises used as residence of employees also? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please give details		

NEIGHBOURING BUILDINGS			
Occupied as			
Distance from your building	<input type="checkbox"/>	Adjacent	<input type="checkbox"/>
	<input type="checkbox"/>	Separated	<input type="checkbox"/>
		Far Separated	
If adjacent, or are within distance of fifteen meters, describe the external walls and roofing:			
a) of the building to the right			
b) of the building to the left			
c) of the building in front and the rear			
SAFETY PRECAUTION			
Do you have any of the following fire extinguishing appliances installed in the property?			
	Yes	No	
Portable Extinguishers	<input type="checkbox"/>	<input type="checkbox"/> Nos.	Fire Alarms Systems
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/> Nos.	Hydrant System
Water Storage	<input type="checkbox"/>	<input type="checkbox"/> Gallons	Sprinkler System
Are the premises secured by burglar alarms?	<input type="checkbox"/>		<input type="checkbox"/>
Will the premises remain unoccupied for more than 30 days in a year?	<input type="checkbox"/>		<input type="checkbox"/>
How Far is the nearest Fire Brigade?			
GENERAL QUESTIONS			
		Yes	No
I	Any hazardous goods stored: (a) In the neighbouring buildings (as far as you know)? Please give details	<input type="checkbox"/>	<input type="checkbox"/>
II	Do you: (a) Take stock at least once a year? (b) Keep a proper set of account books? (c) Keep said account books in a fireproof safe?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
III	(1) Is the property proposed for insurance already insured in any other office? If so, give particulars	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Has any Insurer at any time: (a) Declined to accept any insurance proposal from you? (b) Refuse to renew your insurance cover? (c) Increased premium or imposed special condition?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
IV	Have you ever had any losses by fire/burglary or any other perils for which you require cover? If so, give details	<input type="checkbox"/>	<input type="checkbox"/>
V	Is there any watchman/security guard available?	<input type="checkbox"/>	<input type="checkbox"/>

DECLARATION

I/We declare that the above answers are to my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Insurers.

Proposer's Signature:

Date:

Proposer's Stamp:

Note: No insurance is force until the proposal has been accepted by the company.

GROUND SKETCH

N.B. A ground sketch of the premises proposed for Insurance, as well as of any of the building which adjoin, or which are in proximity, is desirable, naming thereon the uses, dimensions and relative distance of each building, and showing where perfect party walls occur, and where there are any communications and any windows or openings in the walls towards or at right angles to each other.