



SHARJAH INSURANCE COMPANY

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PROPOSAL FORM HOUSEHOLDERS COMPREHENSIVE INSURANCE

1. Proposer's Full Name _____
Address: _____
Tel./Fax No.: Business _____
 Residence _____

2. Full Address of Premises to be insured: _____

3. Full Name of the Owner/Proprietor
of the Premises _____

4. a) Type of Construction of the
Building/Premises _____
b) What is the age of the
Building/Premises? _____
c) How long have you occupied
the Building/Premises? _____

5. Are the Premises a Flat/Villa?
If it is a flat, does it occupy the whole
Floor and on which floor is situated? _____

6. For how long period during a year
will the Premises be left unoccupied
without inhabitant? _____

7. Has the Proposer or any other person
whose property is to be insured here-
under sustained any loss or damage?
If so, please state:
a) approximate date of loss. _____
b) circumstances and amount of each loss. _____
c) with whom was the property insured? _____

8. From what date do you wish this insurance to commence? _____

PROPERTY LIST
Sum Insured

A. BUILDINGS DHS. _____

B. GENERAL CONDITIONS.

a) Bed Rooms Furniture

1. Bed Rooms 1 _____

2. Bed Rooms 2 _____

3. Dining Room 3 _____

b) 1. LivingRoom _____

2. Sitting Room _____

3. Dining Room _____

c) Kitchen Utensils _____

d) Air-conditioning _____

e) Ornamental items

1. _____

2. _____

3. _____

f) Electronic/Electrical Appliances & Equipment

1. T.V. _____

2. Video _____

3. Washing Machine/Dryer _____

4. Refrigerator _____

5. Cooking Gas/Electric _____

6. Stereo, etc. _____

g) Wearing Apparels _____

h) Fixed Decorations, i.e. Carpeting wall paper, etc. _____

i) Any items of value like fixtures, gold and silver articles, jewelry, etc. (Limit is 20% of total sum insured, or Dhs. 4,000/- whichever is lesser, separate list must be submitted if higher amount is required.) _____

j) Miscellaneous Items. _____

TOTAL _____

9. Total Value to be insured as specified in attached list _____

I hereby declare that to the best of my knowledge and belief:

- 1. The Premises are in a good state of repair. YES _____ NO _____**
- 2. The Premises are used solely as private dwelling in one tenancy. YES _____ NO _____**
- 3. No business trade or profession is carried on in the premises. YES _____ NO _____**
- 4. No Insurer had declined to accept, cancelled, refused to continue or agreed to continue only on special terms, any insurance for me or any other person to whom this insurance would apply. YES _____ NO _____**
- 5. There are no other facts which might materially affect this insurance. YES _____ NO _____**

If any of these declaration cannot be signed in the “affirmative”, an explanation should be given.

I hereby also declare that, to the best of my knowledge and belief, the answers to the questions given are true and complete.

Signature of Proposer: _____

Date: _____

(Signing this form does not bind the Proposer to complete the Insurance but it is agreed that the form shall be the basis of the insurance contract should a policy or certificate be issued.)