

Authorized Policy Insurance Brokers Co.



وثيقة المعتمدة لوساطة التأمين
Authorized Policy Insurance Broker

PAR Material Damage & Consequential Loss Proposal Form

1. PROPOSER

Full Name:

Complete Address:

2. PERIOD OF INSURANCE: From: To:

3. INTEREST TO BE COVERED:

Description and Location of the Premises to be insured:

	Value in Saudi Riyals
- Building including electro-mechanical installations if any:	_____
- Furniture, fixtures and decoration.	_____
- Office Furniture and Equipment including Computers	_____
- Plant, Machinery and Tools	_____
- Stock in Trade. (Held under trust, care, custody and control of the Proposer)	_____
- Debris removal.	_____
- Loss of Rent. (For Months at per month)	_____
- Architect & Legal Consultants Expenses.	_____
- Tenant's Liability Limit.	_____
- Neighbour's Liability Limit.	_____
- Burglary following violent and forcible exit/entry	_____
- Finished Goods whether held in trust/ commission or otherwise	_____
- Loss of Profit	_____
- Others.	_____
Total Sum Insured	_____

(Please attach separate sheet if necessary)

4. INSURANCE COVERAGE:

Property All Risks – Fire & Lightning - Fire & Allied Perils – Consequential Loss

Additional Perils (Please Mentioned)

To Cover Burglary, please furnish the following:

- Are windows, Air-conditioner opening, trap doors, skylight and such other openings are secured?
- Are the premises secured by Burglar Alarm System
- Is the premise guarded round the clock?
- Any other security precautions taken by the insured.
- Will the premises remain unoccupied for a specific period on regular basis and or during weekends or Eid Holidays?

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5. GENERAL QUESTIONS:

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|-----|--|-----|-----|
| 1. | Do you have any other insurance on this property? | Yes | No |
| 2. | Nature of stock to be stored at the above premises. | Yes | No |
| 3. | Any hazardous goods stored in this premises. | Yes | No |
| 4. | Will the premises remain unoccupied for more than 30 days? | Yes | No |
| 5. | Are Ceilings. Roof and Walls constructed of Bricks and Concrete | Yes | No |
| 6. | Is there Guards around the clock | Yes | No |
| 7. | Has the Security System certified by Civil Defense. | Yes | No |
| 8. | Has any insurer declined your proposal or Refused to renewal
(if yes give details.) | Yes | No. |
| 9. | Firefighting Facilities available at the premises (Please provide completed details)
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..... | | |
| 10. | How far is the nearest fire brigade from your premises? | | |
| 11. | Loss History for the past Five years. (If positive what preventive measures were taken
to avoid such occurrences) | | |
| | | | |

CONSEQUENTIAL LOSSES INSURANCE

1- DESCRIPTION OF BUSINESS (FOR WHICH CONSEQUENTIAL LOSS IS REQUIRED):

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- **DETAILS OF RAW MATERIALS:**
- Nature of raw materials used. _____
- Main Purchasing Source _____
- Alternative Purchasing Source _____
- Value and Quantum of Stock. _____

1) DETAILS OF MACHINERY:

- Number of Machines and their description. _____
- Replacement Arrangements. _____

3) UTILITIES:

- Electricity Network (Public / Private) _____
- In case of failure alternative arrangements. _____

5) OTHER INFORMATION:

- Number of Employees and their Salaries _____
- Total Turnover (Annual Gross Sales) _____
- Estimated Gross Profits. _____

6) MAXIMUM INDEMNITY PERIOD REQUIRED.

7) GENERAL INFORMATION:

- Loss History for the past Five years. _____

10) DECLARATION:

// we declare that the above information are true to the best of my / our knowledge and belief and that I / we have disclosed all particulars effecting the assessment of the risk. I / we agree that this proposal and declaration shall be the basis of the contract between myself / ourselves and the insurers.

Signature and Date (Company Stamp)