

Proposal Request Form

Applicant's Name and Address: P.O.Box No. City & zip code C.R. No. Telephone No. Fax No.		
Exact location of property to insure:		
Description of property (shop, factory, office..)		
Sums to be Insured : SR <ul style="list-style-type: none"> • Buildings (including landlord fixtures and fittings) • Plant, machinery, other contents • Stock & Material in trade • ___ months' rent (payable/receivable) • Other property being: _____ _____ 		
Total Sum to be insured: SR		
Does the above sums represent the full new replacement value or the depreciated value ?		
Building construction details: <ul style="list-style-type: none"> • External walls • Internal walls • Number of storeys • Roof made of • No of basements 		

<p>Fire fighting appliances: number, type and capacity.</p>	
<p>Distance between premises and nearest Fire Department</p>	
<p>Will premises be unoccupied for 30 consecutive days or more?</p>	
<p>What other occupants in same premises?</p>	
<p>History of any previous loss by fire or other insurable peril</p>	
<p>Any other policies in force for this same property or part of it?</p>	
<p>Were you ever declined by an insurance company or your policy cancelled?</p>	
<p>DECLARATION:</p>	
<p>Applicant's signature:</p> <p>Date:</p>	