

DATA SHEETS FOR VARIOUS CLASSES OF INSURANCE

A. CONTACT DETAILS (Mandatory)

Company Name			
Business			
Telephone No		Fax No.	
P. O. Box		Email ID	
Contact Person with Designation		Mobile No.	
Locations (provide breakup of the values if there are more than one location)			

1. FIRE, ALLIED PERILS & BURGLARY/PROPERTY ALL RISKS INSURANCE

Risk Occupied As	<input type="checkbox"/> Office <input type="checkbox"/> Residential <input type="checkbox"/> Shop	<input type="checkbox"/> Warehouse <input type="checkbox"/> Factory <input type="checkbox"/> Others (please specify)
Cover Required	Option 1: <input type="checkbox"/> Fire & Allied Perils with Burglary	Option 2: <input type="checkbox"/> Property All Risks

Sum Insured to be provided in the attached schedule

<u>BANK DETAILS</u>	NAME OF BANK/ ADDRESS	LIMIT TO BE ASSIGNED

<u>TERRORISM INSURANCE</u> Required ?	Yes No If yes, a separate proposal form will be provided for your completion
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<u>CONSTRUCTION (for each location)</u>	<ul style="list-style-type: none"> • Walls • Roof
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<u>CLAIMS EXPERIENCE FOR LAST 3 YEARS</u>	
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2. BUSINESS INTERRUPTION INSURANCE

Period of Indemnity:	
Sum Insured (Break Up):	(Dhs.)
• Annual Gross Profit	
• Wages	
• Rent	
• Auditors fees & Accountant's fees	
• Increased cost of working	
• Customers/ Supplier's Extension	

3. PUBLIC LIABILITY INSURANCE (Premise Liability)

Extension	:	<input type="checkbox"/> Work away Risks (Out of premises cover)	<input type="checkbox"/> Food & Drinks
		<input type="checkbox"/> Liability Arising Out Of Use Of Forklifts/ Plant	<input type="checkbox"/> Car Park Liability
		<input type="checkbox"/> Liability Arising Out Of Use Of Lifts & Elevators	<input type="checkbox"/> Swimming Pool Liability
		<input type="checkbox"/> Liability arising out of dish antennas	<input type="checkbox"/> Any Others (Please Specify)
Limit of Indemnity	:	Dhs /US \$	
Estimated Annual Turnover	:		
Geographical Area	:		
Jurisdiction	:		
<u>CLAIMS EXPERIENCE</u>	:		

4. WORKMEN'S COMPENSATION INSURANCE

Category	No.	Annual Basic Wages (Dhs.)
Administration & Managerial		
Technical		
Marketing / Sales /Drivers		
Manual		
Others (Please Specify)		
Are all employees being insured on the residence visa and under the sponsorship of your company?		<input type="checkbox"/> Yes <input type="checkbox"/> No
• If No Please attach names with salary details and terms of employment.		
Extension	:	<input type="checkbox"/> Employer's Liability <input type="checkbox"/> 24 hours extension
Geographical Area	:	
<u>CLAIMS EXPERIENCE</u>	:	

5. MONEY INSURANCE

DETAILS OF COVER

Estimated Annual Carryings	:	
Limit Per Transit	:	
Geographical Area	:	

Location (Please attach separate list if more than 2 locations)	Cash in Safe	Cash in Drawer /Register /Counter (outside business hours)	Others (Telephone Cards, Parking Cards) Please Specify
1.			
2.			

<u>SAFE DETAILS</u>	Make, Model, Serial No., Dimensions, weight of each safe to be provided (location wise)
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<u>CLAIMS EXPERIENCE</u>	
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6. FIDELITY GUARANTEE INSURANCE

DETAILS OF COVER

Aggregate Limit	:			
No. of Employees (Details with Designation)	:	Category	Nos.	Amount
		1.		
		2.		
		3.		
Amount of Guarantee	:			
Discovery Period	:			
<u>CLAIMS EXPERIENCE</u>	:			

7. GOODS IN TRANSIT INSURANCE

<u>DETAILS OF COVER</u>	1. LTC All Risks <input type="checkbox"/> Extension: Loading & Unloading <input type="checkbox"/> 2. LTC Basic (Fire/ Collision/Overturning) <input type="checkbox"/>
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Interest (Description of Goods)	
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Geographical Area	
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Limit per Transit	
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Estimated Annual Turnover	
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Conveyance by	<input type="checkbox"/> Own Vehicles <input type="checkbox"/> Hired Vehicles <input type="checkbox"/> Others (Please Specify)
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Packing details	<input type="checkbox"/> Closed containers <input type="checkbox"/> Open trucks <input type="checkbox"/> Others (Please Specify)
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<u>CLAIMS EXPERIENCE</u>	
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8. MARINE CARGO OPEN COVER**DETAILS OF COVER**

Cover	Option 1 Option 2 Option 3	<input type="checkbox"/> Institute Cargo Clause (A)/Air <input type="checkbox"/> Institute Cargo Clause (C) + Non Delivery <input type="checkbox"/> Total Loss Only
Interest (Description of Goods)	Item 1 Item 2 Item 3	<ul style="list-style-type: none"> Fragile items Hazardous cargo
Voyage	From	To
<input type="checkbox"/> Imports <input type="checkbox"/> Exports <input type="checkbox"/> Cross Voyages		
Packing details		
Limit Per Shipment		
Mode of Shipment	<input type="checkbox"/> Air <input type="checkbox"/> Sea	<input type="checkbox"/> Road <input type="checkbox"/> LCL
	<input type="checkbox"/> Rail <input type="checkbox"/> C+F +10%	<input type="checkbox"/> FCL <input type="checkbox"/> Break Bulk
Basis of Valuation	<input type="checkbox"/> FOB + 20%	<input type="checkbox"/> CIF +10%
Bank/s	1. 2.	
Estimated Annual Turnover	Imports	Exports
		Cross Voyages
CLAIMS EXPERIENCE		

9. ELECTRONIC EQUIPMENT INSURANCE

Interest (Description of Property)	
Section A (Material Damage) Note: Cost to represent New Reinstatement Value (including custom details, freight, taxation, etc.) as on date of claim	Sum Insured
A1 Material Damage (Premises cover only)	
A2 Items In Transit * (Mobile Units)	
Sum Insured	
Section B (Business Interruption)	
B1 (Increased Cost of Working)	
Indemnity Period (No. of months)	
B2 (Reinstatement Of Data)	
Total Sum Insured	
Geographical Area	
* Please attach list of items with specification	

10. PLANT & MACHINERY INSURANCE

Sl. #	Make	Model	Movable	Immovable	New Replacement Value
			Pls. Tick app. column		
1.					
2.					
3.					
4.					
5.					
6.					
7.					

If there are more machinery kindly attach list with details as requested above.

If the machinery is movable please specify geographical Area :

PROPERTY INSURED

Location	Building	Interiors	Stock	Plant & Machinery	Sign Board	Plate Glass	
1.							
2.							
3.							
4.							

Description

Building

On Building including (but not limited to) civil works, sub stations, cabling, water connections, electromechanical installations etc., Fire Fighting, Extinguishing appliances, water tanks compound walls, parking area, boundary walls, fences, gates, out houses, Insured's improvements plate glass, signboards etc. any other (Please specify)

Interiors

On Furniture, fixtures, fittings, Insured's improvements, interior decoration, air conditioners, office equipment, fax machines computers, non-trade inventory and other Assets (Please specify)

Stock

On stock of goods (Please specify type of stock) and other merchandise belonging to the insured

Plant & Machinery

On plant and machinery (Please specify details of machinery)

Signboard

On external and internal sign boards

Plate Glass

On internal and external plate glass including frames, fittings thereon.

Rent

On Loss of rent for 12 months

Others

Please specify