

Hotel Comprehensive Insurance

Proposal form

ADNIC is a Public Joint Stock Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this form

In order to apply for this insurance, please complete all parts of this proposal Form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

1. Proposer details

- a. Insured name: _____
- b. Hotel name: _____
- c. P.O. Box: _____
- d. Contact person's name: _____
- e. Mobile no.: _____
- f. Landline no.: _____
- g. Email address: _____
- h. Website: _____
- i. Bank, Finance Co. or Mortgagee (if applicable): _____
- j. Number of years in operation: _____
- k. Has the hotel ever operated under any other name?: Yes No
- If Yes, please provide details: _____

2. Building/Interest details

- a. Proposed Sum Insured
- | | |
|----------------------------------|----------------------|
| i) Building | <input type="text"/> |
| ii) Stocks/Merchandise | <input type="text"/> |
| iii) Plant & Machinery | <input type="text"/> |
| iv) Operating Equipment | <input type="text"/> |
| v) Furniture & Fixtures | <input type="text"/> |
| vi) Other items (please specify) | <input type="text"/> |
| vii) Loss of Rent | <input type="text"/> |
| Total | <input type="text"/> |
-
- | | |
|--|----------------------|
| • Gross Revenue/Gross Profits | <input type="text"/> |
| • Indemnity Period (Property Damage) | <input type="text"/> |
| • Indemnity Period (Machinery Breakdown) | <input type="text"/> |

2. Building/Interest details (continued)
b. Liability and Miscellaneous Covers

Please specify required limits, any one occurrence and in annual aggregate

i) Public Liability

ii) Cash on Counter

iii) Cash in Safe

iv) Cash in Transit

v) Goods in Transit

vi) Deterioration of Stock

vii) Fidelity Guarantee

viii) Manager's Personal Effects

xi) Guest Effects

x) Forgery Cover

xii) Safe Deposit Box

c. Proposed insurance period:

From

To

d. Location details of the hotel

i) Street/Road: _____

ii) Plot No.: _____

iii) Building Name: _____

iv) Nearest Landmark: _____

v) City: _____

vi) Country: _____

vii) Geo-coordinates: _____

e. How old is the hotel building? _____ years

f. What is the material/cladding of the external walls of the hotel building?
 Brick/Concrete
 Wood/Timber
 Metal Sheets
 Other (Specify) _____

2. Building/Interest details (continued)

g. What is the material of the roof of the hotel building?

Brick/Concrete Wood/Timber Metal Sheets Other (Specify) _____

h. How many storys does the hotel building have (including basement, attic, podium, and loft if any)?:

3. Activity/Hazard details

a. Entertainment Facilities

i) Public Bar Yes No

ii) Karaoke Yes No

iii) Public Disco Yes No

iv) Private Functions Yes No

v) Swimming Pool Yes No

vi) Sauna Yes No

vii) Beauticians/Salon Yes No

viii) Jacuzzi Yes No

xi) Sun Beds Yes No

Other _____

b. Sports Facilities

i) Boating Yes No

ii) Fishing Yes No

iii) Shooting Yes No

iv) Horse Riding Yes No

v) Golf Course Yes No

3. Activity/Hazard details (continued)

c. Restaurants

Nos.	Name	Seating Capacity
1		
2		
3		
4		

d. Is the hotel building used for any other activity other than a hotel, restaurant, bar or public house?

 Yes No

 If Yes, please provide details of these activities: _____

e. Is there a valid fire safety and civil defence certificate?

 Yes No

f. What is the distance from the hotel to the nearest seashore? _____

g. What is the distance from the hotel to the nearest fire station? _____

4. Protection details

a. Are the following facilities available:

 i) Fire extinguishers Yes No

 ii) Fire hose reels Yes No

 iii) Fire alarms Yes No

 iv) Fire hydrants Yes No

 v) Sprinklers Yes No

 vi) Smoke detectors Yes No

 vii) Burglar alarms Yes No

 viii) CCTV monitoring Yes No

 xi) 24-hour watchman/security Yes No

 x) Gaseous extinguishing systems Yes No

 xi) Explosion protection/detection systems Yes No

xii) Any other (please specify): _____

4. Protection details (continued)

c. Do you practice the following:

- | | | |
|--|------------------------------|-----------------------------|
| i) Take stock at least once a year? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Maintain proper set of accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Protect the accounting record in a fireproof safe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Backup facility for above iii) in an outside location. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. Money details

[This section to be completed if total cash limit exceeds AED 500,000/- Question 2a. ii), 2a. iii) and 2a. iii)]

a. Please provide the following details for the Safe

- i) Location within building _____
- ii) Lock Type: Key Lock Double Key Lock Combination Other _____
- iii) Safe Type: Free standing Fixed
- iv) Maximum amount in safe at any one time _____
- v) Name(s) and designation(s) of persons having access to the Safe _____
- _____
- vi) Are there any other safes on premises? Yes No

If Yes, provide above details for each safe on separate sheet.

b. Please provide details for Cash Transits

- i) How frequently is cash deposited in the bank?
 Daily Every other day Twice a week Weekly Other _____
- ii) What is the maximum amount deposited at any one time? _____
- iii) How is the cash carried: By Employee Armored Service Other _____
- iv) If carried by an employee please provide name and designation

- v) What precautions are taken during cash counting/tallying? _____

6. Valet parking details

(This section to be completed if valet parking service is provided)

- a. Is the valet parking carried out by: Hotel Employees Outsourced
- b. Is the valet parking at owner's risk with clearly advised waiver of liability? Yes No
- c. In case the service is outsourced, does the contract with the valet parking agency include:
- Hold Harmless Clause for the hotel
- Insurance Clause requiring a Liability Policy to be obtained by the agency

7. Insurance history

- a. Is the hotel proposed for insurance, currently insured by another insurer? Yes No

If Yes, please provide:

i) Insurer's name: _____

ii) Sum insured: _____

- b. Has the hotel sustained losses (including Third Party Liability) during the last 5 years?

Yes No

If Yes, provide details of the loss(es): _____

- c. Has insurance been declined, cancelled, or not renewed in respect of the proposed hotel?

Yes No

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer: _____

Title: _____

Signature: _____

Stamp: _____

Date: _____

Note: Please note that each page of the Proposal form should be signed by the Proposer or its legal representative