

## 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. Details of the proposer

- a. Full name of the proposer: \_\_\_\_\_
- b. Type of business: \_\_\_\_\_
- c. Physical address of the plant and/or machinery to be insured: \_\_\_\_\_  
\_\_\_\_\_
- d. Postal address: \_\_\_\_\_  
\_\_\_\_\_
- e. Contact person: \_\_\_\_\_
- f. Contact details: Telephone No.: \_\_\_\_\_ Landline: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_
- g. VAT Tax Registration Number (if applicable): \_\_\_\_\_

### 2. Details of the insurance cover

- a.  On annual basis
- b.  For month/years (specify period): \_\_\_\_\_
- c. Geographical scope of cover: \_\_\_\_\_

### 3. CPM history

Has there been any previous CPM insurance?  Yes  No

If Yes, for which item(s) of the specification and by which companies?

\_\_\_\_\_  
\_\_\_\_\_

### 4. Hire Purchase/Leasing agreement

Have the plant and/or machinery to be insured (partly or in total) been under Hire Purchase/Leasing agreement or hired?  Yes  No

If Yes, please specify the owner's and/or the finance company's name and address: \_\_\_\_\_

\_\_\_\_\_

### 5. Hazards

Are the plant and machinery highly exposed to special hazards?

- Fire explosion       Earthquake, volcanic activity, tsunami  
 Storm, cyclone       Flood, inundation       Landslide       Blasting  
 Employment in mountainous terrain       Employment underground  
 Other

### 6. Cover extension

a. Do you wish the cover to include extra charges for:

- i) Overtime, night work, work on public holidays?  Yes  No

If Yes, please specify: \_\_\_\_\_

b. Limit of indemnity for such extra charges: \_\_\_\_\_

c. Do you wish the cover to include inland transport?  Yes  No

If Yes, please specify: \_\_\_\_\_

d. Maximum value transported by one means of transport: \_\_\_\_\_

\_\_\_\_\_

### 7. Claims history

a. Claims history for the past (3) three years

Year premium	Paid claims	Incurred number of claims



## 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