

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. Name of the proposer (in full): _____
- b. Type of business: _____
- c. Physical address of the equipment to be insured: _____

- d. Postal address: _____
- e. Contact person: _____
- f. Contact details:
 Telephone No.: _____ Landline: _____
 Mobile: _____ Fax No: _____
 Email: _____
- g. Is the structure of the building Steel skeleton? Brickwork? Concrete? Wood?
- h. VAT Tax Registration Number (if applicable): _____

2. Insurance details

- a. Has any of the equipment to be insured previously been covered by other insurance companies?
 Yes No
 If Yes, which items of the specification and by which companies? _____

- b. State when the insurance is to commence: Date: _____ Time: _____
- c. Period of insurance to expire at the same date and time next year: _____
- d. Is all equipment to be insured new? Yes No
 If No, which items of the specification are second-hand? _____

- e. What equipment can still be obtained ex works? _____

- f. Condition of equipment
 i) Is the equipment maintained in accordance with the manufacturers' instructions? Yes No

2. Insurance details (continued)

g. Maintenance

i) Is there any maintenance contract in force for the equipment? Yes No

h. Quality of staff

i) Have operators trained with the manufacturer? Yes No

i. Is there any risk of flood or inundation? Yes No

If Yes, by:

Bodies of water Torrential rainfall Sewer backflow
 Other, please specify: _____

j. Are dangerous materials used in the vicinity? Yes No

If Yes, specify:

Acids Prepared on sensitized papers Lyes Test solutions Developers
 Explosives Isotopes
 Other, please specify _____

k. Do you wish the cover to include extra charges (in case of a loss) for

i) Express freight, overtime, night work, work on public holidays? Yes No

ii) Air freight? Yes No

iii) Limit of indemnity for air freight: _____

l. Give details of any special extension of cover required: _____

3. Claims history

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

Paid claims	Outstanding claims	Incurred number of claims

b. Has any insurer ever

- i) Declined to insure you? Yes No
- ii) Required special terms to insure you? Yes No
- iii) Canceled or refused to renew your insurance? Yes No

c. Specification of items to be insured:

Item no.	Description of items (Please give full details and exact description of all machinery, including name of manufacturer, type, output, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.)	Year of manufacture	Remarks	Replacement value
				Total:

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: _____

Signed at _____ on this day of 20
(place)

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