

Property 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

Please use capital letters to complete this form.

a. Name: _____

b. Address (complete location): _____

c. P.O. Box: _____ d. Mobile No.: _____

e. Landline No.: _____ f. Email address: _____

g. Profession or nature of business: _____

h. Bank, finance co. or mortgagee (if applicable): _____

2. Building/Interest details

a. Proposed sum insured

i) Building: _____

ii) Stocks/Merchandise: _____

iii) Machinery & Plant: _____

iv) Office equipment: _____

v) Furniture & Fixtures: _____

vi) Other items (please specify): _____

vii) Loss of Rent: _____

viii) Total: _____

b. Annual turnover/gross profits: _____

c. Indemnity period: _____

d. Proposed insurance period: From: _____ To: _____

2. Building/Interest details (continued)

e. Provide exact location of the premises to be insured:

Street/Road: _____ Plot No.: _____

Building name: _____ Floor No (s).: _____

Nearest landmark: _____ City: _____

Country: _____

Geo-coordinates: _____

f. Name of buildings, industries or roads neighboring the premises

i) Front: _____ ii) Back: _____

iii) Left: _____ iv) Right: _____

g. Give full name of the proprietor/owner of the building of the premises: _____

h. How old is the building? _____ years

i. How many rooms do you occupy? _____

j. Are the rooms connected, side by side or separated? _____

k. How long have you occupied the premises? _____ years

l. Have you carried out business in any other premises? _____

m. What is the material/cladding of the external walls of the building?

Brick/Concrete Wood/Timber Metal Sheets Other (specify)

n. What is the material of the roof of the building?

Brick/Concrete Wood/Timber Metal Sheets Other (specify)

2. Building/Interest details (continued)

o. How many storeys does the building have (including basement, attic, podium, and loft if any)?

p. What is the covered area for the ground floor? _____ sq meters

q. What is the height of the floor or the building to the ridge and the eaves of the roof? _____ m

r. Is there any balcony, gallery, or verandah to the building? Yes No

If Yes, what is the material/cladding for the balcony/gallery/verandah?

Brick/Concrete Wood/Timber Metal Sheets Other (specify)

s. What is the type of insulation material in the roof and wall areas interior to the building?

Wood/Timber PU Foam Rock Wool Mineral Wool Other (specify)

3. Activity/Hazard details

a. What activity (manufacturing or services) are carried on at the premises?: _____

b. Describe the process(es) carried out step by step (If required attach a separate sheet, signed and dated)

i) _____

ii) _____

iii) _____

iv) _____

c. Is any generator or alternate power supply used? Yes No

If Yes, provide details of the generator/power supply: _____

d. Is there any boiler, furnace, stove, or any other similar device used for production of heat in the premises?

Yes No

3. Activity/Hazard details (continued)

e. If yes, provide details of the device and the process it is used for: _____

f. Is stock/merchandise of a hazardous description stored in the location proposed to be insured, such as poisonous and/or inflammable and/or combustible and/or corrosive and/or irritant and/or explosive substances including petroleum and non-petroleum oils and products, candles, charcoal (powdered), cotton, fireworks, grasses of all kinds, gunny bags, jute, lamp black, matches, straw, vegetable fibres, and waste of all kinds? (In case you are not sure if the stocks are hazardous, please contact us for clarification) Yes No

If Yes, provide the physical safety data sheets/details and quantities of such stocks

g. Are there any other buildings adjoining or within 15 meters? Yes No

If Yes, provide details of the construction of such buildings

Brick/Concrete Wood/Timber Metal Sheets Other (specify)

h. What is the activity carried on in these adjoining/adjacent buildings?: _____

i. What is the distance from the premises to the nearest seashore?: _____

4. Protection details

a. Are the following facilities available:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| i) Fire extinguishers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Fire hose reels? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) Fire alarms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) Fire hydrants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Sprinklers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vi) Smoke detectors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| vii) Burglar alarms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| viii) 24 hr watchman/security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. Protection Details (continued)

- ix) Gaseous extinguishing systems? Yes No
- x) Explosion protection/detection systems? Yes No
- xi) Any other (pls. specify): _____
- b. Do you practice the following:
- i) Take stock at least once a year? Yes No
- ii) Maintain proper set of accounts? Yes No
- iii) Protect the accounting record in a fireproof safe? Yes No
- iv) Backup facility for above (iii) in an outside location? Yes No

5. Insurance history

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

If Yes, please provide:

- i) Insurer's name: _____
- ii) Policy No.: _____
- iii) Sum insured: _____

- b. Was the premises proposed for insurance insured earlier by another insurer? Yes No

If Yes, please provide:

- i) Insurer's name: _____
- ii) Policy No.: _____
- iii) Sum insured: _____

- c. Have you ever sustained a loss by any of the following perils during the last 5 years? Yes No

Fire; Lightning; Riots; Strikes, Malicious Acts; Storm, Tempest; Flood; Earthquake; Impact Damage; Aircraft Damage; Bursting/Overflowing of Tanks/Pipes; Burglary; Accidental Damage etc. (Pls. provide details of Wind and Earthquake Resistance of the building(s) considered for the construction).

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

- d. Has insurance been declined, canceled or not renewed in respect of the proposed premises?

Yes No

- e. On whose recommendation have you approached ADNIC? _____
- _____

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: _____

Signed at _____ on this day of 20
(place)

Signature of proposer: _____

(Signature must be preceded by the handwritten words: Read & Approved)

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