



THE NEW INDIA ASSURANCE COMPANY LIMITED

REGD. & HEAD OFFICE: NEW INDIA BUILDING, 87, M.G. ROAD, FORT. MUMBAI - 400001

AGENT: MOHAMED SALEH BEHBEHANI & CO. W.L.L. C.R. NO. 248

P. O. BOX NO. 370, SAFAT 13004, KUWAIT. Tel : 241 2085 to 88 - Fax : 00965 241 2089 - E-mail : niakwt@qualitynet.net

FIRE INSURANCE PROPOSAL FORM

All columns to be filled in completely.

If space is not sufficient, use additional sheet.

Retain a copy of completed proposal for your records.

The property is not insured, until the proposal is accepted by the company & premium paid

1) Proposer :

a) Name :

b) Civil ID No :

c) Office address (Post Box) :

d) Telephone No. : Off.: Mob.: Res. : Fax:

e) Bank/Financer & Address :

f) Business :

2) Property :

a) Location address : Flat/House No. Building. No.
Street Name / No. Area

b) Owned by :

c) Level of occupation : Basement Ground Mezzanine Floor No. Sandara

d) How long you occupy the premises ? :

e) Description of the Building:-

i) Floor : iii) Walls:

ii) Roof : iv) No. of storeys :

v) Construction of sheds / others from the main building, if any:

vi) Age in years :

3) Activity carried on in the premises

Office Showroom Warehouse Others please specify
 Shop Garage Factory

If Factory, state the nature of process and end product

If storage, name the nature of commodity

If shop, nature of commodity

4) Fire fighting: (please ✓ if you have)

Fire alarm

Sprinkler system

Hose reel

Electrical installation

Hand F E A's

Is the fuse board outside premises

Fire fighting system

Smoke detector

5) In case of adjoining occupancy within fifteen meters, describe the occupation and process carried out in it :

	Occupied as	Process carried out
a) On the left		
b) On the right		
c) On the front		
d) On the rear		

6) Has the property been insured in the past or at the present time. If so, provide details for the last 3 years.

Year	Insurance Company	Policy Number

7) Has the proposer ever sustained loss by fire &/or other perils at the proposed or at any other location. If so provide the details for the last 5 years:

Year	Amount lost (K.D.)	Perils involved

8) Has the proposal been declined by any other insurer :

9) On whose recommendation the proposer has applied to The New India Assurance Co. Ltd.

10) Property covered with sum insured (please ✓)

Sum Insured in KD

a) Building Excluding or Including Central A/c

.....

b) Legal Liability to Landlord

.....

c) Legal Liability to Neighbours

.....

d) Loss of rent @ KD. _____

For _____ months

e) Furniture, fixtures, fittings, Decoration

f) Equipment / Machinery

g) Stock: (Describe it)

i) Finished goods ()

ii) Raw materials ()

iii) Semi finished goods ()

iv) Other than specified above ()

h) Name Board / Sign Board

I) Removal of Debris

Total Sum Insured

KD.

13) Perils required to be insured :- (please ✓ if you want)

a. Fire & Lightning

b. Storm, Tempest, Flood and/or Water Damage Extension

c. Impact, Earthquake & Falling of Aerial objects Extension

d. Riot, Strike & Malicious Damage Extension

e. Sprinkler Leakage Extension

f. Explosion Extension

g. Removal of Debris

h. Burglary & House Breaking

i. _____

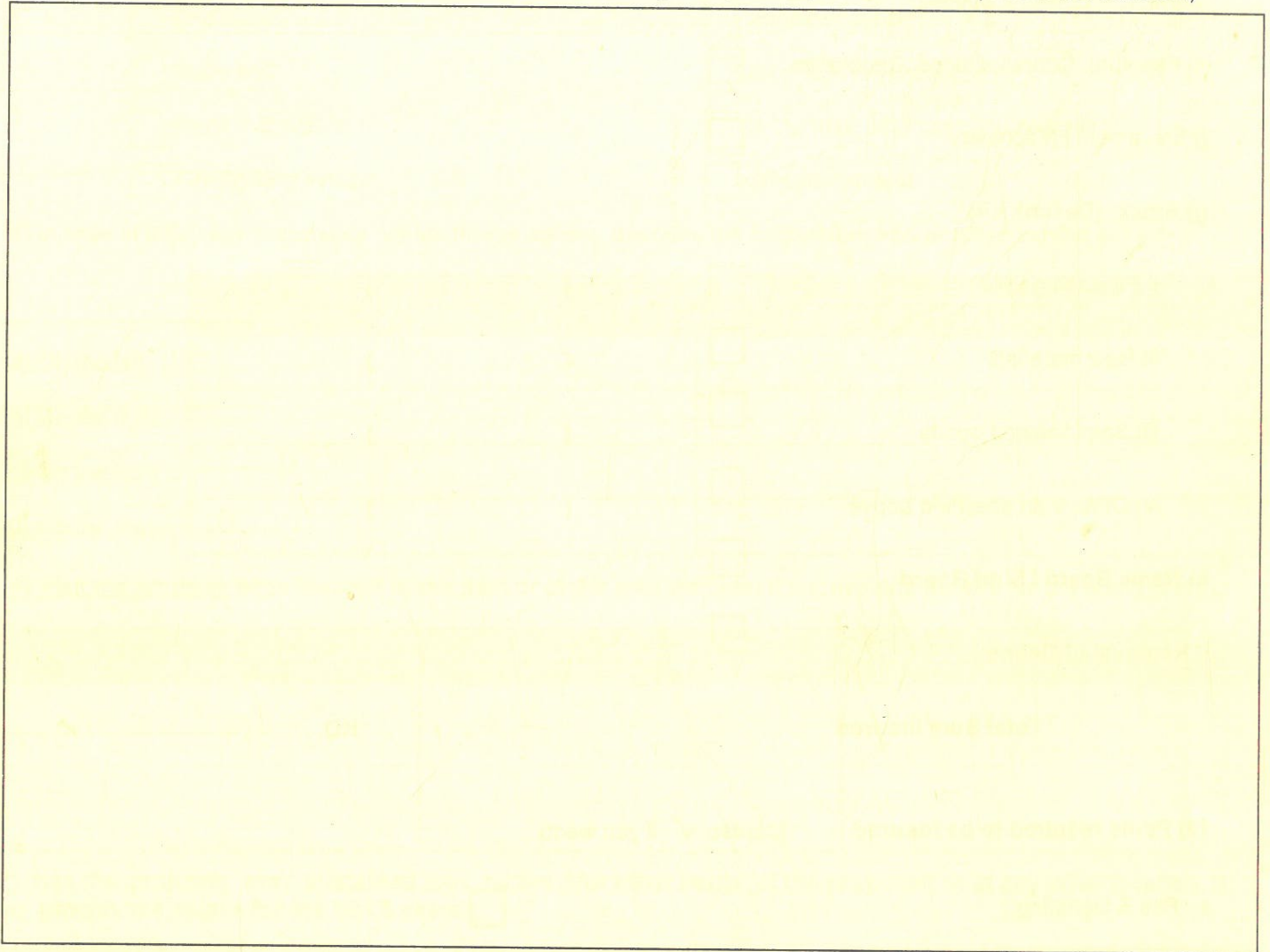
14) Period of cover 12 months with effect from / /

15) Basis of indemnity in case of loss.

Market value

Reinstatement value

A sketch of the premises, proposed for insurance with buildings which are in the premises, with their uses, dimensions and distances from each building with individual values, to be given. (Use separate sheet if space is not sufficient)



16) Declaration

I/We hereby declare that to the best of my/our knowledge and belief that the above facts are true and complete. I/We agree that this proposal form shall be the basis of the contract should the policy be issued. If any of the fact is found not true, the benefits under the policy will be null and void.

X **Signature & Stamp of the Insured**
(Do not write anything below this line)

X **Date:** **END**

For office use only

1. Pre-acceptance survey done on (Report enclosed)
2. Premium rate charged in percentage
3. Acceptance limit in KD. for the proposal
4. Reinsurance on Facultative basis in percentage with
- with

Recommended for acceptance :

Date

Department

Agency

HOR