

Dear Clients,
we kindly ask you to fill this form and revert
to allow us to prepare a quotation for you.

Fire and allied Perlis Insurance

Proposal Form

Howden Insurance Brokers LLC, GermanDesk
P O Box: 49195, Office # 305 / 502, Al Nasr Plaza Bldg., Oud Metha, Dubai, UAE
T: +971 (4) 304 5150 / 304 5151 F: +971 (4) 357 38 92 M: +971 (50) 7752 941

Proposal for Fire and allied Perlis Insurance



Name of Insured

First Name	Surname				
Business / Occupation:					
Area	Street				
Villa / Building	No.	Emirat			
Address of the property to be insured:					
Area	Street				
Villa / Building	No.	Emirat			
Provisional commencement date of insurance:					
Day Month Year					
1. Building / Structure Value (If self owned)					
Type of Construction (Walls: Brick Concrete Walls) - (Roof: Concrete Slab):					
Descrition of Stocks to be insured:					
2. Other Property					
Value of Furniture/ Fixtures/Fittings/Decors etc.:					
Value of Electrical Equipments:					
Value Office equipments (computers/ printers):					
Annual Rent value:					
Description of Goods to be insured:					
Value of Stocks to be insured (If any)					
3 Third Party liability Limit					
Total Sum Assured					

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If Business Interuption Cover if required, please fill in the details below:

Annual Gross Prof	it:			
Annual Wages:				
Aimaai Wages.				
Indemnity Period				
Whether occupation includes any manufacturing process? If yes, please give details:				
Is the premises fitted with: (please state Yes/No)				
Fire Extinguishe	ers	□ yes	□ no	
Fire Hose		□ yes	П по	
Smoke Detecto	ors	□ yes	□ no	
Fire Alarm Syst	tems	□ yes	□ по	
Sprinklers		□ yes	□ no	
	ny previous losses due to fire or other per mpensation insurance is required:	,, р д		
List of employees along with their Names, Date of Birth, Designation and Monthly Salaries (extra Sheet)				
Existing Insurer, Claims Experience for the last 3 years.				
<u>Declaration</u>				
We hereby declare that the statement made by us in this questionnaire and proposal to the best of our				
knowledge and belief are complete and true.				
Date:	Signature:			

P.S.: The property proposed for insurance is not covered until the proposal is accepted & premium paid.