

Dwelling Fire Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(If assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Situation of buildings you wish to insure

Dwelling #1:

Name of the Building: _____

Address: _____ Postal Code: _____

Dwelling #2:

Name of the Building: _____

Address: _____ Postal Code: _____

Dwelling #3:

Name of the Building: _____

Address: _____ Postal Code: _____

Construction of buildings

	<u>Dwelling #1:</u>	<u>Dwelling #2:</u>	<u>Dwelling #3:</u>
Number of floors:	_____	_____	_____
External walls constructed of:	_____	_____	_____
Roof constructed of:	_____	_____	_____
Partitions constructed of:	_____	_____	_____
Ceilings constructed of:	_____	_____	_____
Floor finished of:	_____	_____	_____
Lit by:	_____	_____	_____
Building occupied as:	_____	_____	_____

Cover required:

Period of Insurance: From _____ To: _____

	<u>Dwelling #1:</u> MVR / USD	<u>Dwelling #2:</u> MVR / USD	<u>Dwelling #3:</u> MVR / USD
Value to be insured:			
1. On the Building only (including water installation and electric wiring for permanent lighting, fixtures and fittings)	_____	_____	_____
2. On Boundary compound walls	_____	_____	_____
3. On Household furniture	_____	_____	_____
4. On Machinery and Plant mounted and in use	_____	_____	_____
5. On Household Equipment	_____	_____	_____
6. On Household Electrical/Electronic appliance	_____	_____	_____
7. On Electrical Fixture and fittings and wiring	_____	_____	_____
8. On On Architects', Surveyors' and Consulting Engineers; Fees	_____	_____	_____
9. On Removal of Debris	_____	_____	_____
10. On Personal effects, (list attached)	_____	_____	_____
11. On Jewelers and Valuables	_____	_____	_____
12. On _____ Month's Rent	_____	_____	_____

TOTAL:

****For more Dwellings please fill a separate form.**

Peril

Fire and additional Perils Cover

Cover is provided for fire, riot, strikers, earthquake and volcanic eruption, bursting and overflowing of water pipes, Cyclone, storm and Tempest, flood damage, explosion, lightning, Electrical Fire Damage, malicious damage, impact damage and aircraft.

Is Fire and additional Perils Insurance required? Yes No

Special Perils Covers

Natural Perils excluding Tsunami and Tidal wave Yes No

Tsunami and Tidal wave Yes No

Terrorism Cover Yes No

General Information:

Are any business pursuits conducted on the premises? Yes No Dwelling (s) No

If YES, Describe

If vacant, how long has dwelling been vacant?

Will flammable liquids be stored on the dwelling? Yes No Dwelling (s) No

If YES, please state the nature of the liquid and how it is stored:

Do the premises adjoin any other premises? Yes No Dwelling (s) No

If YES, please state:

1. (a) The trade / occupation of the adjoining premises: _____

2. (b) Construction (material): • Walls: _____ • Roof: _____

Are there any premises within 25 feet of your premises which carries on a hazardous trade or occupation or any other circumstances which are likely to increase the risk of fire?

If YES, please give full details; particulars: Yes No Dwelling (s) No

What fire extinguishing facilities exist in the premises?

Is there a fire alarm installed on the premises to be insured? Yes No Dwelling (s) No

Is there,

- i. a Burglar alarm installed on the premises? Yes No Dwelling (s) No
- ii. Closed circuit TV (CCTV) installed on the premises? Yes No Dwelling (s) No
- iii. Smoke Detectors installed on the premises? Yes No Dwelling (s) No
- iv. Sprinkler System installed on the premises? Yes No Dwelling (s) No
- v. Are the external doors, windows and other openings secured by one of the following when your premises are closed for business or left unoccupied?
 - Steel rollers / concertina type shutters Yes No Dwelling (s) No
 - Solid wooden shutters or doors Yes No Dwelling (s) No
 - Fixed metal grilles or bars Yes No Dwelling (s) No
 - Laminated glass Yes No Dwelling (s) No
 - Swimming Pool Yes No Dwelling (s) No

Do you Maintain an up to date inventory of your machinery and equipment? Yes No Dwelling (s) No

Have you ever had a loss before? Yes No Dwelling (s) No

If YES, please give particulars

Are there any Insurances on the same property in force with this or other Insurance? Yes No Dwelling (s) No

If YES, state the amounts and the names of the Companies:

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? Yes No Dwelling (s) No

Please enclose with this Proposal an inventory of Machinery and Equipment, Valuation Report, Photographs, Architectural Drawing and Any Additional Information to the Vessel and Operation which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer

Company Stamp:

Office use only

Intermediary Premium / Rate:
Code:

Special Condition:

Broker / Agent / Sales