

# Terrorism 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

##### Building #1:

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

##### Building #2:

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

##### Building #3:

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Construction of buildings**

	<b>Building #1:</b>	<b>Building #2:</b>	<b>Building #3:</b>
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: \_\_\_\_\_

	<b>Building #1:</b>	<b>Building #2:</b>	<b>Building #3:</b>
	MVR / USD	MVR / USD	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 Business and Office Furniture	_____	_____	_____
4. On Machinery and Plant mounted and in use	_____	_____	_____
5. On Office equipment	_____	_____	_____
6. On Electrical Fixtures and fittings and wiring	_____	_____	_____
7. On Stock-in-Trade consisting principally of .....	_____	_____	_____
8. On Stocks held in trust consisting of .....	_____	_____	_____
9. Cash at Safe / Drawer .....	_____	_____	_____
10. On Leasehold Improvements	_____	_____	_____
11. On _____ Month's Rent	_____	_____	_____
12. On Stock-in-Trade consisting of unused Stationery, Fixtures,	_____	_____	_____
13. On Fittings and Movable Utensils	_____	_____	_____
14. On _____	_____	_____	_____

**TOTAL:**

**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

Loss of Profits Cover

Provides cover for the loss of profits (including wages and salaries) incurred following loss or damage insured under Fire and Additional / Special Perils policy.

Is Loss of Profits Insurance required?  Yes  No

(If YES, please indicate sums insured required Item Sum Insured)

Gross Profit: \_\_\_\_\_

Please indicate maximum indemnity period required.

12 months:

18 months:

24 months:

Other: (Specify) \_\_\_\_\_

**General Information:**

How long have the contractor been in business? \_\_\_\_\_

How are the premises occupied? \_\_\_\_\_

Is the business being carried on?  Yes  No

Is manufacturing process or repair work carried on within the premises?  Yes  No

If ANY, please state them that are carried on within the premises?

Is any trade or business other than that of the Proposer carried on within the premises?

If YES, give particulars:  Yes  No

Will flammable liquids be stored on the premises?  Yes  No

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

Is there any work done on the premises which involves the application of heat or heat processes?  Yes  No

If YES, please give details

Will stock and/or raw materials be stored on pallets? Yes No Building(s) No

Give details of the type, manufacturers and location on the premises of all fire-fighting equipment and appliances:

\_\_\_\_\_

Will the premises be unoccupied for more than 30 days in any one year? Yes No Building(s) No

Do the premises adjoin any other premises?

If YES, please state: Yes No Building(s) No

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; Yes No Building(s) No

Particulars: \_\_\_\_\_

\_\_\_\_\_

Do fire extinguishing facilities exist in the premises?

If YES, please provide details Yes No Building(s) No

\_\_\_\_\_

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

Is there

i. a Burglar alarm installed on the premises? Yes No Building(s) No

ii. Closed circuit TV (CCTV) installed on the premises? Yes No Building(s) No

iii. Smoke Detectors installed on the premises? Yes No Building(s) No

iv. Sprinkler System installed on the premises? Yes No Building(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 Building(s) No

Solid wooden shutters or doors Yes No Building(s) No

Fixed metal grilles or bars Yes No Building(s) No

Laminated glass Yes No Building(s) No

Details of Stocks of Chemicals, Acids, Spirits and other hazardous / inflammable goods stored in the building (if any):

\_\_\_\_\_

\_\_\_\_\_

Do You:

Maintain and take Stock at least once a year? Yes No Building(s) No

Keep the Stock / Account Books in a Fire Proof Safe? Yes No Building(s) No

Remove the Books to another building when the insured premise is closed? Yes No Building(s) No

Maintain an up to date inventory of your machinery and equipment?

Yes  No Building(s) No

Have you ever had a loss before?

Yes  No Building(s) No

If YES, please provide particulars:

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Are there any Insurances on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies:  Yes  No Building(s) No

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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?

If YES, please provide details:  Yes  No Building(s) No

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**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:

Special Condition:

Broker / Agent / Sales Code: