

# Business Interruption

## 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.

### Proposer's 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/premises to which the insurance is to apply

##### Building/Premises #1:

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

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

Nature of Business: \_\_\_\_\_

##### Building/Premises #2:

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

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

Nature of Business: \_\_\_\_\_

##### Building/Premises #3:

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

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

Nature of Business: \_\_\_\_\_

	<b>Building #1:</b>	<b>Building #2:</b>	<b>Building #3:</b>
Annual Gross Profit (USD/MVR):	_____	_____	_____
Indemnity Period:	_____	_____	_____
No of years in Business:	_____	_____	_____
<b>Cover required:</b>			
Period of Insurance:	_____	_____	_____
<b>General Information:</b>			
Is there any insurance on the same property in force with this or any other Company? If YES, give particulars: <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____			
_____			
Have you ever suffered damage by fire of any other perils included in this proposal at this or any premises owned or occupied by you? If YES, give particulars: <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____			
_____			
Have any Company of Insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance? If YES, give particulars: <input type="checkbox"/> Yes <input type="checkbox"/> No			
_____			
_____			
<b>Please enclose with this Proposal Photographs, Architectural drawing and any additional information to the premises and operation which you feel may be useful to the Company in assessing the risk</b>			

**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: