



Solarelle
INSURANCE

PROPOSAL FORM – ELECTRONIC EQUIPMENT

1. Name of Insured:
2. Address of Insured:
3. Period of insurance proposed: From: To:
4. Situation of Risk: (If more than One Please Attach Schedule of Locations)
5. Occupancy / Business at Situation:
6. Insured Items:

RISK TO BE INSURED (DESCRIPTION OF HARDWARE MAKE,MODEL,SERIAL NO)	INSURED AMOUNT

SOLARELLE Claims and 24/7 Customer Service

Hotline: 1413

Call maybe recorded for Insurance procedure quality purposes.

Solarelle Insurance Pvt Ltd

1st Floor, ADK Tower, H. Ran Ribudhooge

Ameeru Ahmed Magu, Male',

Postal Code: 20096

Tel: +960 3300099 Fax: +960 3300095

Email : info@solarelleinsurance.com

Web : www.solarelleinsurance.com



Solarelle
I N S U R A N C E

NOTE: IS ABOVE EQUIPMENT UNDER ANY MAINTENANCE AGREEMENT? YES/NO

6.2. If “YES” please advise Name and Address of Maintenance Company:

6.3. Total Sum Insured:

Full Value:

First Loss Limit: (limit any one loss, any one location):

7. Security:

7.1. Are all doors and windows, skylights, ventilation ducts, physically protected? (Yes/No)

7.2. If “yes”, with what form of protection?

7.3. Are the premises fitted with an alarm system? (Yes/No)

7.4. If “Yes”, State whether system is sonic, infrared, contact, other (specify) indicating frequency of testing and if the alarm system linked to a rapid response capability by a security company? (Yes/No)

7.5. Is security lighting provided throughout the hours of darkness?

7.6. Are there resident watchmen, resident security guards, or patrols?

7.7. Name of security Firm providing service under 7.4 and 7.5 above?

8. Is coverage required for:

8.1. Strikes, Riots and civil commotion (Yes/No): If “Yes”, limit per loss:

8.2. Terrorism (Yes/No): If “yes” Limit Per Loss:

SOLARELLE Claims and 24/7 Customer Service

Hotline: 1413

Call maybe recorded for Insurance procedure quality purposes.

Solarelle Insurance Pvt Ltd

1st Floor, ADK Tower, H. Ran Ribudhooge

Ameeru Ahmed Magu, Male’,

Postal Code: 20096

Tel: +960 3300099 Fax: +960 3300095

Email : info@solarelleinsurance.com

Web : www.solarelleinsurance.com



9. Loss History:

Year	Number of claims	Value of claims Paid	O/S	Singles Large Losses	Type of Loss
Current Year					
Previous Year					
2 year Previous					
3 year Previous					
4 Years Previous					

10. Has the Proposer Ever Had:?

- (a) A proposal for insurance declined or rejected, or special terms imposed by an intruder?
- (b) A claim under an insurance policy rejected?

(If the answer to either question 9 (a) or 9 (b) is “yes” please provide details on a separate sheet)

11. Is there any other information relevant to the acceptance of this proposal which the insured knows to be material to the company’s decision to accept the risk proposed?

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:

SOLARELLE Claims and 24/7 Customer Service

Hotline: 1413

Call maybe recorded for Insurance procedure quality purposes.

Solarelle Insurance Pvt Ltd

1st Floor, ADK Tower, H. Ran Ribudhooge

Ameeru Ahmed Magu, Male’,

Postal Code: 20096

Tel: +960 3300099 Fax: +960 3300095

Email : info@solarelleinsurance.com

Web : www.solarelleinsurance.com