

# Commercial 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

##### 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>
	<b>(MVR/USD)</b>	<b>(MVR/USD)</b>	<b>(MVR/USD)</b>

**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 .....	_____	_____	_____
13. On Fittings and Movable Utensils	_____	_____	_____
14. On .....	_____	_____	_____
<b>Total:</b>	_____	_____	_____

**Peril**

**Fire and additional Perils Cover**

Cover is provided for Fire, Riot, Strike, Earthquake and Volcanic Eruption, Bursting and Overflowing of Tanks and 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 has the proposer been in business?

\_\_\_\_\_

How are the premises occupied?

\_\_\_\_\_

Is the business being carried on?

☐ Yes ☐ No

What manufacturing process or repair works (if any) 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

Building(s) No:

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

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Is there any work done on the premises which involves the application of heat or heat processes?

If YES, please give details

☐ Yes ☐ No

Building(s) No:

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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:

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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?

☐ Yes ☐ No

Building(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? ☐ Yes ☐ No

Building(s) No:

If YES, please give full details

Particulars:

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What fire extinguishing facilities exist in the premises?

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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):

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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?  
If YES, please give particulars

☐ Yes ☐ No

Building(s) No:

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Is there any Insurance 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?

☐ Yes ☐ No

Building(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**

### Politically Exposed Person (PEP) Declaration

☐ I confirm that I, or any member of my family or any of my associates, do not hold any position at a public office of prominence, nor have held any such position in the past.

☐ I confirm that I, or any member of my family or an associate, hold or have held a position at public office of prominence:

### 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: