



Allied Insurance Company

of the Maldives Pvt Ltd

#04-06 S.T.O. Trade Centre, Orchid Magu, Male', Republic of Maldives. Tel: (960) 32 46 12, Fax: (960) 32 50 35
 email: info@alliedmaldives.com website: http://www.alliedmaldives.com

FIRE AND ADDITIONAL PERILS INSURANCE PROPOSAL

You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

AGENCY

Please type or use block letters. It is important that a complete answer be given to every question. If insufficient space is provided for your answers please continue on a separate sheet.

FOR OFFICE USE ONLY	DEBIT No.	DATE	ACCOUNT	POLICY NUMBER										
PROPOSER'S NAME														
MORTGAGEE CHARGEE														
PROPOSER'S POSTAL ADDRESS														
TELEPHONE No.														
FOR OFFICE USE ONLY	PREMIUM	L.T.A. DISC	STAMP	CHCK	D.T.I	TOTAL	C. PCT.	A.C.	NET	PRE	PL	RI	REC	BCH
	F													
R				C T										
SITUATION OF PREMISES														
OCCUPATION OF PREMISES														
PROPERTY TO BE INSURED	PLEASE DESCRIBE, IN THE SPECIFICATION OVERLEAF, THE PROPERTY TO BE INSURED													
TOTAL SUM TO BE INSURED	Rf.													
FOR OFFICE USE ONLY	W													
	E/C													
	AP													
PERIOD OF INSURANCE	FROM: _____ TO: _____													

SPECIFICATION OF PROPERTY AND SUMS TO BE INSURED

ITEM	PROPERTY	AMOUNT TO BE INSURED			
		BUILDING No.1	BUILDING No.2	BUILDING No.3	TOTAL
1.	BUILDING INCLUDING LANDLORD'S FIXTURES AND FITTINGS	Rf.	Rf.	Rf.	Rf.
2.	<input style="width: 50px;" type="text"/> MONTHS RENT THEREOF	Rf.	Rf.	Rf.	Rf.
3.	BUSINESS FURNITURE, FIXTURES AND FITTINGS	Rf.	Rf.	Rf.	Rf.
4.	STOCK AND MATERIALS IN TRADE	Rf.	Rf.	Rf.	Rf.
5.	PLANT AND MACHINERY	Rf.	Rf.	Rf.	Rf.
6.	HOUSEHOLD GOODS AND PERSONAL EFFECTS	Rf.	Rf.	Rf.	Rf.
7.	ARCHITECTS AND SURVEYORS FEE	Rf.	Rf.	Rf.	Rf.
8.	REMOVAL OF DEBRIS COST	Rf.	Rf.	Rf.	Rf.
<p>NOTE: WHERE TWO OR MORE SEPARATE BUILDINGS OR INTERNALLY COMMUNICATING RANGES OF BUILDINGS AND / OR THEIR CONTENTS ARE TO BE INSURED SEPARATE AMOUNTS MUST BE GIVEN FOR EACH. IF THE INFORMATIONS CONCERNING THE PREMISES OR PROPERTY TO BE INSURED DIFFERS BETWEEN BUILDINGS FULL DETAILS SHOULD BE GIVEN ON A SEPARATE SHEET</p>					
TOTAL SUMS TO BE INSURED					

ADDITIONAL PERILS

Please tick (✓) if insurance is required for damage caused by the undermentioned Additional Perils

- | | |
|---|---|
| <input type="checkbox"/> 1. EXPLOSION

<input type="checkbox"/> 2. RIOT AND STRIKE

<input type="checkbox"/> 3. RIOT, STRIKE AND MALICIOUS DAMAGE

<input type="checkbox"/> 4. AIRCRAFT | <input type="checkbox"/> 5. WATER DAMAGE DUE TO BURSTING OR OVERFLOWING OF WATER TANKS

<input type="checkbox"/> 6. IMPACT

<input type="checkbox"/> 7. EARTHQUAKE WINDSTORM AND FLOOD ARISING THEREFROM

<input type="checkbox"/> 8. OTHERS (PLEASE SPECIFY) |
|---|---|

Insurance for these Additional Perils is subject to the Company's discretion. Additional premiums will be quoted on request

QUESTIONS CONCERNING THE PREMISES AND PROPERTY TO BE INSURED

1. Of what material are the following constructed:
 (a) External walls
 (b) Roof
 (c) Floors?

2. How many stories high, including the ground floor, are the premises?

3. How are the premises lighted?

4. Please give a brief description of processes used

5. How long have you conducted business at the premises?

6. Is artificial heat used?

7. Are any hazardous goods, including petrol, kerosene, rubber, copra, matches or joss sticks, used or stored?

8. Are there any other occupants of the premises?

9. Is there any insurance on the same property in force with this or any other Company?

10. Have you ever suffered damage by fire or any other peril included in this proposal at this or any other premises owned or occupied by you?

11. Has any Company or Insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance?

12. Are the premises attached to or near any other premises?

If YES, please state:

- (a) The distance to the other premises
 (b) How the other premises are occupied
 (c) Of what materials are the
 (i) external walls
 (ii) roofs
 of the other premises constructed?

TICK(✓) APPROPRIATE BOXES		If YES give full details		
YES	NO			
YES	NO			
YES	NO			
YES	NO			
YES	NO			
YES	NO			
YES	NO			
		To the Right	To the Left	At the Back

DECLARATION: I / We warrant that the foregoing statements and particulars are true and I / we hereby agree that this Declaration shall be held to be promissory and shall form the basis of the Contract between me / us and the **Allied Insurance Company of the Maldives Pvt. Ltd.**, and I / we are willing to accept a policy subject to the terms, clauses and conditions prescribed by the Company therein.

Signature:	Date:
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NOTE: No insurance is in force until this proposal has been accepted by the Company.