FIRE & ALLIED PERILS PROPOSAL FORM

1. Name of Proposer _____
2. Address_____
3. Nature of Business_____
4. Name of Bankers, if involved_____
5. Contact Person _____Telephone No. _____Fax No. _____
6. Cell No. _____ Email. _____
7. NTN _____ STN _____ CNIC(if individual)_____
8. Details of property to be insured:

a) Building	Rs._____
b) Plant / Machinery / Equipment	Rs._____
c) Furniture, Fixture & Fittings	Rs._____
d) Stock of Raw Material	Rs._____
e) Stock of Finished Goods	Rs._____
f) Stock in Open	Rs._____
g) Total Sum Insured	Rs._____

9. Location of Property _____
   (If possible, provide general layout plan of property to e insured)
10. Nature of stock _____

    (Other Storage Detail as per Annexure "A")

11. Type of Construction:

    a) No of Floors _____
    b) Walls _____
    c) Floor _____
    d) Roof _____
    e) Total Covered Area_____

12. Building occupied as ☐ Owner ☐ Tenant

13. How far is the risk located from the fire brigade station _____

(Fire Fighting Facility as per Annexure "B")

14. Housekeeping ☐ Good ☐ Poor

15. Electrical Installation / Wiring ☐ Open ☐ Concealed

16. Is there any security guarding service? ☐ Yes ☐ No
If yes, a) Number of security guards _____

b) Number of shifts_____

c) Name of service provider _____

17. Does the building communicate with any other building? ☐ Yes ☐ No

18. Description of surrounding Buildings/Properties _____

19. Perils to be covered:

☐ Fire & Lightning
☐ Riot & Strike Damage
☐ Malicious Damage
☐ Atmospheric Disturbance
☐ Aircraft Damage
☐ Impact Damage
☐ Explosion
☐ Earthquake (Fire & Shock)
☐ Burglary
☐ Electrical Clause "B"
☐ Others _____

20. Period of Insurance From: _____ To: _____

21. Is the risk premises guarded by watchmen 24 Hours _____

22. Is smoking prohibited _____

23. Have you previously been insuring your property? ☐ yes ☐ no

If yes, (a) State the name of insurer _____

(b) Reasons for leaving the previous insurers?
☐Policy Cancelled ☐Renewal Refused ☐Claim Declined

24. Please provide details of losses, if suffered during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration

I / We hereby declare that the statements, answers provided by me/us in this proposal form are true to the best of my/our knowledge. I also declare that I have withheld no information material to the insurance.

_____ _____

Date Signature of the Proposer

Annexure - A

STORAGE FACILITY

Type	☐ Hazardous	☐ Non Hazardous
Quantity of Goods (within storage capacity)	☐ yes	☐ no
Stacking of Goods	☐ proper	☐ improper
Space between stacks (adequate)	☐ yes	☐ no
Space between stacked Goods and Roof (adequate)	☐ yes	☐ no
Handling of Goods (careful)	☐ yes	☐ no
Are hazardous Goods stored separately?	☐ yes	☐ no
Details wastage disposal (if any)	☐ yes	☐ no

Note: Separate forms may be used for Stock in Godown and Stock in Open

Annexure - B

FIRE FIGHTING FACILITIES

A) Public Fire Brigade Distance _____km Response time_____hours

B) Fire Extinguisher installed ☐yes ☐no

- Well located and marked ☐yes ☐no
- Regular maintenance ☐yes ☐no

C) Hydrant installed ☐yes ☐no

- Hose boxes ☐yes ☐no
- Hoses in good condition ☐yes ☐no
- Well located and marked ☐yes ☐no
- Regular maintenance ☐yes ☐no

D) Water Supply ☐Own pump ☐ Public supply

- Underground water tank ☐yes ☐ no
  If yes, tank capacity _____gallon
- Overhead water tank ☐yes ☐ no
  If yes, tank capacity _____gallon

E) Automatic Fire Alarm ☐yes ☐ no