**FIRE & ALLIED PERILS PROPOSAL FORM**
**(TEXTILE)**

1. Name of Proposer _____
2. Address_____
3. Name of Bankers, if involved_____
4. Contact Person _____Telephone No. _____Fax No. _____
5. Cell No. _____ Email. _____
7. NTN _____ STN _____ CNIC(if individual)_____
6. Surveyed by _____Date of Survey _____
7. Period of Insurance From _____ To: _____
8. Total Sum Insured (details to be provided as under) Rs. _____

| Details | Building | Plant/ Machinery | Stock in Godown | Stock in Process | Stock in open compound |
|---|---|---|---|---|---|
| Coverage | Y/ N | Y/ N | Y/ N | Y/ N | Y/ N |
| Sum Insured Rs. | | | | | |

9. Perils covered: ☐RSD ☐MD ☐AD ☐Earthquake
☐Aircraft ☐Impact ☐Explosion ☐Burglary
Any others: _____

**GENERAL INFORMATION:**

10. Operation: Day & Night Day only No. of shift(s)

11. No. of employees: a) Manufacturing_____
b) Office_____
c) Others_____
d) Night Work Involved_____

12. Exposure from surroundings:

| Details | Occupation | Construction | Separation |
|---|---|---|---|
| Front | | | |
| Back | | | |
| Left | | | |
| Right | | | |

13. Building construction:

| Details | Production Area | Godown |
|---|---|---|
| Year Built/ Condition | | |
| No. of Stories | | |
| Ground Floor Area | | |
| Wall (External) | | |

| | | |
|---|---|---|
| Roof | | |
| Floor | | |
| Electrical wiring age & condition | | |
| Any Temporary wiring | | |
| Separation (Clear distance) | | |

14. Main Power supply available from ☐ Public Mains ☐ Self Generation

**PROCESSES**

15. Category _____

16. Raw material being used _____

17. Type of finished Products _____

18. Type of spinning (if any) _____

| Detail of machinery | Quantity | Make | Model |
|---|---|---|---|
| Spindles | | | |
| Looms | | | |
| Knitting machines | | | |

19. Total Annual turnover (in rupees) Rs. _____

20. Max. stock of bales during current year _____

21. Nos. of bales consumed per day _____

22. Production Capacity per day _____

23. Location of Bale Press and itsgeneral housekeeping standards _____

| STORAGE | Raw Material in Godown | Open (if any) | Stock in process | Finished Goods in Godown |
|---|---|---|---|---|
| Available Area (sq.ft) / height (ft) | | | | |
| Wall Thickness of the dividing wall (inches) | | | | |
| Palletized (y/ n) | | | | |
| Approximate weight | | | | |
| Stacking height | | | | |
| Max no. of bales in one stack (vertically) | | | | |
| Nos. of bales per lot | | | | |
| Any hazardous good stored in close proximity? If yes, state appx. distance | | | | |
| Congestion (y/ n) | | | | |
| Gangway available between stocks (y/ n) | | | | |
| Space provided between stock and wall (y/ n) | | | | |

| | | | | |
|---|---|---|---|---|
| Cleanliness (y/ n) | | | | |

**COMMON & SPECIAL HAZARDS**

24. Is waste generated: ☐Yes ☐No
25. Quantity of waste noted on site: ☐Low ☐Medium ☐High
26. If yes, how is it disposed off & disposal frequency: ☐Daily ☐Weekly ☐Monthly
27. How is smoking controlled: ☐absolute ban ☐designated areas ☐no restriction
28. Efficiency of Dust Extraction System (if installed): ☐ poor ☐ fair ☐ good
29. Special perils exposure (State low, medium or high):

| | | | |
|---|---|---|---|
| Impact | | Aircraft | |
| Explosion | | Windstorm | |
| Flood | | Water Damage | |
| Earth Quake | | Any other | |

**FIRE PROTECTION**

30. Fire Brigade:

Estimated response time_____min/ hr from_____ distance_____ KM

Accessibility for fire fighting ☐poor ☐reasonable ☐good

Private fire fighting team (No. of Employees) trained_____untrained_____

Frequency of training & drill: _____records available ☐Yes ☐No

31. Hydrant:

☐ Yes ☐No No. of hydrant pts. _____ No. of hose reels _____

32. Source of water supply:

☐ Public Mains ☐ Private

Tank/ Reservoir Capacity:_____gallons/ Ltrs

Capacity of Overhead Tank, its Height_____

Hydrant pump specifications: GPM_____ Pressure_____

Is Electricity to Hydrant Motor independent of Mill? ☐ Yes ☐ No

Is there Standby diesel pump? ☐ Yes ☐ No

Condition of hose reels: Good/ fair/ poor Main line size & pressure: _____

No. of hydrants tested: _____Test results: Satisfactory / Unsatisfactory

33. Fire Alarms

Break glass Fire Alarms: ☐ Yes ☐ No Smoke Detectors: ☐ Yes ☐ No

Heat Detectors: ☐ Yes ☐ No Fire Control Panel: ☐ Yes ☐ No

Spark Arrestors: ☐ Yes ☐ No

State whether: ☐ Operational ☐ Non-operational

Are all sections provided with PPW: ☐ Yes ☐ No

Are all the wall openings provided with DFDs: ☐ Yes ☐ No

34. Portable Extinguishers:

| TYPE | No. | Capacity |
|---|---|---|
| Dry Powder | | |
| Water | | |
| $CO_2$ | | |
| Foam | | |
| Soda Acid | | |
| Others (specify): Halon (BCF) | | |
| Total | | |

No. of extinguishers: Adequate ☐ Inadequate ☐
Annual service: ☐ Yes ☐ No
Distribution/ Accessibility : ☐ Good ☐ Fair ☐ Poor

No. of extinguishers tested: _____

Test Result: Satisfactory ☐
Unsatisfactory ☐

**SECURITY**

35. Any security guarding service? ☐ Yes ☐ No
If yes, name of service provider _____

36. No. of Security guards: own _____ from security agency _____

37. No. of shifts (for guards): _____ No. of guards in each shift: _____

38. Does this arrangement apply during period of vacancy (nights, weekends, public holidays): yes/ No
If no, state no. of guards available during vacancy: _____

39. Are guards being trained for fire fighting: ☐ Yes ☐ No

**UTILITIES**

40. Provide details of Boiler:

Make/ Model:_____ Manufacturing year:_____

Type: ☐ Water Tube ☐ Fire Tube

Heated by: ☐ Gas ☐ Electricity ☐ Oil

Heating surface: _____ Max. Pressure: _____

Maintenance conducted by: ☐ Factory persons ☐ Outside vendors

Last inspection date: _____ Distance of boiler building from main plant: _____
(by government inspector)

41. Provide details of Generator:

No. of Generators:_____ Make/ Model:_____

Type: ☐ Diesel ☐ Petrol ☐ Gas ☐ Kerosene

Manufacturing Year:_____ Total capacity:_____ KVA/ KW

Maintenance conducted by: ☐ Factory persons ☐ Outside vendors

Capacity of fuel tank and location: _____

**GENERAL MAINTENANCE:**

42. Is proper logbook maintained for maintenance/ repairs: ☐ Yes ☐ No

43. Type of maintenance method: Preventive ☐ Breakdown ☐ Both

44. Written schedule and computerized system: ☐ Yes ☐ No

45. Is Hot Work Permit issued for specific jobs: ☐ Yes ☐ No

46. Are standby machines available for critical processes: ☐ Yes ☐ No

47. Approximate distance between:

48. Production building & storage areas:_____ Godown & open storage area :_____

49. 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

50. 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