ALL RISK INSURANCE PROPOSAL FORM

1. Name of Proposer _____
2. Address _____
3. Nature of Business _____
4. Contact Person _____Telephone No. _____Fax No. _____
5. Cell No. _____ Email _____
6. NTN _____ STN _____ CNIC(if individual)_____
7. Period of Insurance From _____ To: _____
8. Details of items to be insured:

ITEMS	SUM INSURED (Rs.)
a) _____	_____
b) _____	_____
c) _____	_____
d) _____	_____
e) _____	_____
f) _____	_____
g) _____	_____

9. Have you previously been insuring similar risk? ☐ yes ☐ no

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

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

10. 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