

FIRE INSURANCE PROPOSAL FORM

1. PROPOSER

Name:

P. O. Box: Tel. No. Office: Fax

2. THE BUILDING

Address: House/Office No. Bldg. No. Road No.

Block No. Area No.

Owned By: Occupied as:

No. of Storey: Age of the Building Date of Last Renovation

3. INTEREST TO BE COVERED

Building including electrical installation and lifts (if any)-----	QR.	<input style="width: 100%;" type="text"/>
Fixtures, fittings and decorations-----	QR.	<input style="width: 100%;" type="text"/>
Furniture-----	QR.	<input style="width: 100%;" type="text"/>
Electrical items-----	QR.	<input style="width: 100%;" type="text"/>
Personal effects (Excluding Jewellery)-----	QR.	<input style="width: 100%;" type="text"/>
Other household items-----	QR.	<input style="width: 100%;" type="text"/>
Plant & Machinery-----	QR.	<input style="width: 100%;" type="text"/>
Stock in trade consisting of the proposer's own or held by him in trust or in commission for which he is responsible -----	QR.	<input style="width: 100%;" type="text"/>
Nature of stock-----	QR.	<input style="width: 100%;" type="text"/>
Debris removal-----	QR.	<input style="width: 100%;" type="text"/>
Architects & Consultant's fees-----	QR.	<input style="width: 100%;" type="text"/>

	Alternative Accommodation	Rent Payable (as tenant if legally liable)	Rent Receivable (as owner)
Loss of rent:	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
Rent per Month	<input style="width: 50%;" type="text"/>	No. Of Months <input style="width: 50%;" type="text"/>	QR. <input style="width: 100%;" type="text"/>
Others-----			QR. <input style="width: 100%;" type="text"/>
			TOTAL QR. <input style="width: 100%;" type="text"/>

Do you wish to insure any of the following additional covers?

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| • Storm, Tempest, Flood, Cyclone ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Earthquake ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Aircraft Impact or Articles dropped therefrom ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Riot, Strike, Civil Commotion ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Bursting and/or overflowing of Water Tanks, Pipes and Apparatus ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Impact Damage by third party motor vehicles or animals ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • Burglary / Theft following violent and forcible entry / exit at the premises ----- | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Specific to Burglary / Theft Cover. Please complete the following questions, if Burglary Cover is required

a) Are the windows, air conditioner openings, trap doors, skylights and such other openings secured?---- YES NO

(If yes, please give details :)

b) Are the premises secured by burglar alarms?----- YES NO

c) Will the premises remain unoccupied for a specific period on a regular basis and/or during weekends?----- YES NO

d) Have any other security precautions been taken?----- YES NO

(If yes, please give details :)

(In case of business premises, please complete the relevant Proposal Form)

Period of Cover: From: To:

4. GENERAL QUESTIONS

Do you have any other insurance on this property?----- YES NO

Any hazardous goods stored in the building proposed for insurance?----- YES NO

Will the premises remain unoccupied for more than 30 days in a year?----- YES NO

Have you ever had a fire/burglary or other loss at any of your properties?----- YES NO

(If yes, please give details :)

Has any insurer at any time:

a) declined your proposal----- YES NO

b) refused to renew your insurance----- YES NO

c) increased the rate or imposed Special Condition----- YES NO

If Yes to any of the above, please give details:



شركة بنك الدوحة للتأمين المحدودة
Doha Bank Assurance Company LLC
A 100% owned subsidiary of Doha Bank

Give details of the fire fighting equipments available at the premises.

5. DECLARATION

I/We declare that the above answers are true to my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the insurers.

Signature:

Date: