

Fire Insurance

Proposal Form



If you are signing for someone else, include a copy of the durable power of attorney or executorship if not previously provided.

General Information

Full name: _____
Address _____
Telephone number: _____
Fax number: _____
Occupation/Trade: _____
Address of the premises to be covered under the proposal (separate sheet for each location)
Street no.: _____
Plot no.: _____
Building no.: _____
Other details: _____

Property to be insured	Amounts to be insured (in OMR)
Building or communicating buildings, including Landlord's fixture and fittings	
Subsidiary buildings	
Boundary Walls	
Stock of Materials in Premises and Goods held in trust or on commission i. in the basement ii. Elsewhere in the building iii. In the Open Maximum value of any single article held under this section:	
Furniture, Fixture & Fittings, Office Equipment's (Excluding Landlords Fixtures, fittings and Plate glass front)	
Plate Glass Front	
Loss of rent	
Any Other items to be covered: i. ii. iii.	

Details of construction of the building (Each location to be provided separately)

Roof & frame: _____
Walls & frame: _____
Number of stories: _____
Height and area: _____
Age of the building: _____

Situation of the premises

- Near Wadi Near water course
 High/low ground Near Slope of mountain
 Ground level Other (please specify)
 Yes No

Nature of adjoining risks

Do you occupy entire building (if not state how the remainder if occupied) _____

Name the hazardous goods stored if any _____

Is this Proposal meant for an additional insurance? _____

If "Yes", what is the extent of previous policies
Has any other Insurance Company in respect of Fire
Insurance:

Declined to insure you?

Yes No

Required special terms to cover?

Yes No

Cancelled or refused to renew?

Yes No

Increased premium on renewal?

Yes No

Type of Fire protection devices install:

Fire alarm systems Portable extinguishers

Hydrant system Sprinkler system

Foam system Others (please specify)

Security systems provided:

Surveillance Camera Burglar alarm system

Grilled doors 24 hours watchman service

Security check point Others (please specify)

Details of past loss history (Date/Cause/Amount):

Period of insurance required:

To: _____

From: _____

Note: A sketch plan of the premises or additional particulars provided along with proposal would assist the Company in their consideration of your proposal and would be highly appreciated.

Declaration

I/We warrant that the above statements and the particulars are correct and complete. I/We agree that this proposal shall be the basis of the Contract between me/us and M/s. Arabia Falcon Insurance. SAOG, and shall, therefore be considered to be an integral part of the policy.

Signature(s)

In order for us to process this request, please sign below and return.

Sign Here	Signature _____	Date (MM/DD/YYYY) _____
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SECTION 4: How to submit this form

Mail:

Arabia Falcon Insurance
P.O. Box 2279
Ruwi 112,
Muscat, Oman

Fax:

+968 24566476

Email:

info@afic.om

