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FOR OFFICE USE ONLY

Proposal Form Fire Insurance

Policy No.:

Proposal No.:

Intermediary:

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Date of Birth(dd/mm/yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Proposer's correspondence address (in Block Letters):		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business/ Profession/ Occupation:		
Period of Insurance(dd/mm/yy). From:		To:
Situation of the premises to be insured:		
Name of bank, financial institution or any other interested party:		
Description of premises to which this proposal relate		
1. Occupation of the premises:		
2. Is there any other occupants of the premises?		
3. Please describe the construction of the premises (materials used)		
(a) Walls		

(b) Roof

(c) Internal partitions

(d) Floors

(e) Number of storeys (including the ground floor)

4. Building: Detached Semi-detached Adjoining premises of similar construction

(a) If not detached, please specify the construction of adjoining premises

(b) Age of the building

(c) How long have you conducted business at the premises?

5. (a) Please give a brief description of the processes used at the premises

(b) Are any Hazardous goods, including petrol, kerosene, rubber, copra, matches or joss sticks used or stored?

6. (a) Is there any other Insurance on the same property in force with us or any other company? If so, provide details.

(b) Have you ever suffered damage by fire or any other peril included in this proposal at this or any other premises owned or occupied by you?

(c) Has any insurer declined/cancelled your insurance/ refused renewal or required special terms?

7. Will the proposed premises be unoccupied for more than 30 days continuously in a year?

8. Description of the property to be insured:

Currency: MVR USD

Details:

Amount

(a) Building including landlord's fixtures and fittings

(b) Rent (_____ months)

(c) Furniture

(d) Plant, machinery and equipment

(e) Stock-in-trade

(f) Household goods and personal effects

(g) Removal of debris

(h) Architects/Surveyors fees etc.,	_____
(i) Others	_____
TOTAL SUM TO BE INSURED	_____

NB. 1 : Buildings standing apart from one another or not communicating internally must have separate sums insured upon each, and if Stock or Effects are contained in two or more distinct buildings, the sum to be insured thereon in each building must be specified.

The policy may be extended to cover the following perils. Please tick against the extension(s) required:

<input type="checkbox"/> Explosion	<input type="checkbox"/> Malicious Damage
<input type="checkbox"/> Flood	<input type="checkbox"/> Aircraft
<input type="checkbox"/> Riot and Strike	<input type="checkbox"/> Burglary Cover
<input type="checkbox"/> Impact by road vehicles	<input type="checkbox"/> Bursting or overflowing of water tanks, apparatus or pipes
<input type="checkbox"/> Earthquake (including Tsunami), Volcanic Eruption, Hurricane, Tidal Waves, Cyclone, Typhoon and Windstorm and Flood arising therefrom	

B. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer: _____ Date: _____

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.