

Burglary and Housebreaking Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Subject Matter:

Situation of buildings you wish to insure

Building #1:

Name of the Building: _____

Address: _____ Postal Code: _____

Building #2:

Name of the Building: _____

Address: _____ Postal Code: _____

Building #3:

Name of the Building: _____

Address: _____ Postal Code: _____

Construction of buildings

	Building #3:	Building #2:	Building #3:
Number of floors:	_____	_____	_____
External walls constructed of:	_____	_____	_____
Roof constructed of:	_____	_____	_____
Partitions constructed of:	_____	_____	_____
Ceilings constructed of:	_____	_____	_____
Floor finished of:	_____	_____	_____
Lit by:	_____	_____	_____
Building occupied as:	_____	_____	_____

Cover required:

Period of Insurance:	From	To:			
	Building #3:	Building #2:	Building #3:		
Value to be insured:	MVR ☐ USD ☐	MVR ☐ USD ☐	MVR ☐ USD ☐		
1. On Business and Office Furniture	_____	_____	_____		
2. On Machinery and Plant mounted and in use	_____	_____	_____		
3. On Office equipment	_____	_____	_____		
4. On Stock-in-Trade consisting principally of	_____	_____	_____		
5. On Stocks held in trust consisting of	_____	_____	_____		
6. Cash at Safe Notes secured in locked safe	_____	_____	_____		
7. On Stock-in-Trade consisting of	_____	_____	_____		
8. unused Stationery, Fixtures,	_____	_____	_____		
9. On Fittings and Movable Utensils	_____	_____	_____		

TOTAL:**General Information:**

How long have the proposer been in business?

How are the premises occupied?

Is the business being carried on?

☐ Yes ☐ No Building(s) No ☐

Is any trade or business other than that of the Proposer carried on within the premises?

If YES, give particulars:

☐ Yes ☐ No Building(s) No ☐

Do the premises adjoin any other premises?

☐ Yes ☐ NoBuilding(s) No ☐

If YES, please state:

1. (a) The trade / occupation of the adjoining premises:

2. (b) Construction (material): • Walls: _____ • Roof: _____

Are there any premises within 25 feet of your premises which carries on a hazardous trade or occupation or any other circumstances which are likely to increase the risk of fire?

If YES, please give full details:

☐ Yes ☐ NoBuilding(s) No ☐

Do fire extinguishing facilities exist in the premises?

If YES, please provide details:

☐ Yes ☐ NoBuilding(s) No ☐

Is there a fire alarm installed on the premises to be insured?

☐ Yes ☐ NoBuilding(s) No ☐

Is there

i. a Burglar alarm installed on the premises?

☐ Yes ☐ NoBuilding(s) No ☐

ii. closed circuit TV (CCTV) installed on the premises?

☐ Yes ☐ NoBuilding(s) No ☐

iii. Smoke Detectors installed on the premises?

☐ Yes ☐ NoBuilding(s) No ☐

iv. Sprinkler System installed on the premises?

☐ Yes ☐ NoBuilding(s) No ☐

v. Are the external doors, windows and other openings secured by one of the following when your premises are closed for business or left unoccupied?

Steel rollers / concertina type shutters

☐ Yes ☐ NoBuilding(s) No ☐

Solid wooden shutters or doors

☐ Yes ☐ NoBuilding(s) No ☐

Fixed metal grilles or bars

☐ Yes ☐ NoBuilding(s) No ☐

Laminated glass

☐ Yes ☐ NoBuilding(s) No ☐

Do You:

Maintain and take Stock at least once a year?

☐ Yes ☐ NoBuilding(s) No ☐

Keep the Stock / Account Books in a Fire Proof Safe?

☐ Yes ☐ NoBuilding(s) No ☐

Remove the Books to another building when the insured premise is closed?

☐ Yes ☐ NoBuilding(s) No ☐

Maintain an up to date inventory of your machinery and equipment:

☐ Yes ☐ NoBuilding(s) No ☐

Are all valuables secured in safe (s) outside business hours?

☐ Yes ☐ NoBuilding(s) No ☐

Give;

Maker's Name: _____

Height: _____ Width: _____

Depth: _____ Weight: _____

How many keys are there to the safe(s) and with whom are they kept?

Can the safe(s) be opened by a single key or by a combination of two or more keys?

If YES, Provide particulars:

☐ Yes ☐ NoBuilding(s) No ☐_____

Have you ever had a loss before?
If YES, please give particulars

☐ Yes ☐ No Building(s) No ☐

Are there any Insurances on the same property in force with this or other Insurance?

If YES, state the amounts and the names of the Companies: ☐ Yes ☐ No Building(s) No ☐

Has the insurance now proposed or any other insurance proposed by you been Declined,
Cancelled or Increased your premiums on renewal by any Insurance Company:

☐ Yes ☐ No Building(s) No ☐

Please enclose with this Proposal an inventory of machinery and Equipment, Valuation Report, Photographs, Architectural drawing and any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____

Signature of proposer

Company Stamp:

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: