Commercial Fire 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 prosper 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 #1:	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:___________________________________

Value to be insured:	**Building #1: (MVR/USD)**	**Building #2: (MVR/USD)**	**Building #3 (MVR/USD)**
1. On the Building only (including water installation and electric wiring for permanent lighting, fixtures and fittings)	________________	________________	________________
2. On Boundary compound walls	________________	________________	________________
3. On Business and Office Furniture	________________	________________	________________
4. On Machinery and Plant mounted and in use	________________	________________	________________
5. On Office equipment	________________	________________	________________
6. On Electrical Fixtures and fittings and wiring	________________	________________	________________
7. On Stock-in-Trade consisting principally of……………….	________________	________________	________________
8. On Stocks held in trust consisting of ……………….	________________	________________	________________
9. Cash at Safe / Drawer	________________	________________	________________
10. On Leasehold Improvements	________________	________________	________________
11. On ………….. Month's Rent	________________	________________	________________
12. On ………………………….	________________	________________	________________
13. On Fittings and Movable Utensils	________________	________________	________________
14. On …………………………	________________	________________	________________
Total:	________________	________________	________________

Peril

Fire and additional Perils Cover

Cover is provided for Fire, Riot, Strike, Earthquake and Volcanic Eruption, Bursting and Overflowing of Tanks and Water Pipes, Cyclone, Storm and Tempest, Flood damage, Explosion, Lightning, Electrical Fire Damage, Malicious damage, Impact damage and Aircraft.

Is Fire and additional Perils Insurance required? ☐Yes☐No

Special Perils Covers

Natural Perils excluding Tsunami and Tidal wave ☐Yes☐No
Tsunami and Tidal wave ☐Yes☐No
Terrorism Cover ☐Yes☐No

Loss of Profits Cover

Provides cover for the loss of profits (including wages and salaries) incurred following loss or damage insured under Fire and Additional / Special Perils policy.

Is Loss of Profits Insurance required? ☐Yes☐No
If YES, please indicate sums insured required Item Sum Insured
Gross Profit:

Please indicate maximum indemnity period required.
12 months ☐
18 months ☐
24 months ☐
Other: (Specify) _______________ ☐

General Information:

How long has the proposer been in business?

How are the premises occupied?

Is the business being carried on? ☐Yes☐No

What manufacturing process or repair works (if any) are carried on within the premises?

Is any trade or business other than that of the Proposer carried on within the premises?
If YES, give particulars: ☐Yes☐No

Will flammable liquids be stored on the premises? ☐Yes☐No Building(s) No:
If YES, please state the nature of the liquid and how it is stored

____

____

Is there any work done on the premises which involves the application of heat or heat processes?
If YES, please give details ☐Yes☐No Building(s) No:

____

____

Will stock and/or raw materials be stored on pallets? ☐Yes☐No Building(s) No:
Give details of the type, manufacturers and location on the premises of all fire fighting equipment and appliances:

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____

____

Will the premises be unoccupied for more than 30 days in any one year? ☐Yes☐No Building(s) No:

Do the premises adjoin any other premises? ☐Yes☐No Building(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? ☐Yes☐No Building(s) No:
If YES, please give full details
Particulars:

____

____

____

What fire extinguishing facilities exist in the premises?

____

Is there a fire alarm installed on the premises to be insured? ☐Yes☐No Building(s) No:
Is there

i. a Burglar alarm installed on the premises? ☐Yes☐No Building(s) No:
ii. closed circuit TV (CCTV) installed on the premises? ☐Yes☐No Building(s) No:
iii. Smoke Detectors installed on the premises? ☐Yes☐No Building(s) No:
iv. Sprinkler System installed on the premises? ☐Yes☐No Building(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☐No Building(s) No:
   - Solid wooden shutters or doors ☐Yes☐No Building(s) No:
   - Fixed metal grilles or bars ☐Yes☐No Building(s) No:
   - Laminated glass ☐Yes☐No Building(s) No:

Details of Stocks of Chemicals, Acids, Spirits and other hazardous / inflammable goods stored in the building (if any)**:**

Do You:

Maintain and take Stock at least once a year ☐Yes☐No Building(s) No:

Keep the Stock / Account Books in a Fire Proof Safe ☐Yes☐No Building(s) No:

Remove the Books to another building when the insured premise is closed**:** ☐Yes☐No Building(s) No:

Maintain an up to date inventory of your machinery and equipment**:** ☐Yes☐No Building(s) No:

Have you ever had a loss before? ☐Yes☐No Building(s) No:
If YES, please give particulars

Is there any Insurance 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: