

Business Interruption

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.

Proposer's 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/premises to which the insurance is to apply

Building/Premises #1:

Name of the Building: _____

Address: _____ Postal Code: _____

Nature of Business: _____

Building/Premises #2:

Name of the Building: _____

Address: _____ Postal Code: _____

Nature of Business: _____

Building/Premises #3:

Name of the Building: _____

Address: _____ Postal Code: _____

Nature of Business: _____

Building #1:

Building #2:

Building #3:

Annual Gross Profit (USD/MVR): _____

Indemnity Period: _____

No of years in Business: _____

Cover required:

Period of Insurance: _____

General Information:

Is there any insurance on the same property in force with this or any other Company?

If YES, give particulars: ☐ Yes ☐ No

Have you ever suffered damage by fire of any other perils included in this proposal at this or any premises owned or occupied by you? ☐ Yes ☐ No

If YES, give particulars:

Have any Company of Insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance? ☐ Yes ☐ No

If YES, give particulars:

Please enclose with this Proposal Photographs, Architectural drawing and any additional information to the premises 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: