

# Dwelling 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 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

##### Dwelling #1:

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

##### Dwelling #2:

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

##### Dwelling #3:

Name of the Building: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Construction of buildings

|                                | <u>Dwelling #1:</u> | <u>Dwelling #2:</u> | <u>Dwelling #3:</u> |
|--------------------------------|---------------------|---------------------|---------------------|
| 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:

|                                                                                                                                         | <u>Dwelling #1:</u> | <u>Dwelling #2:</u> | <u>Dwelling #3:</u> |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|---------------------|
| <b>Value to be insured:</b>                                                                                                             | MVR / USD           | MVR / USD           | MVR / USD           |
| 1. On the Building only<br>(including water<br>installation and electric<br>wiring for permanent<br>lighting, fixtures and<br>fittings) |                     |                     |                     |
| 2. On Boundary<br>compound walls                                                                                                        |                     |                     |                     |
| 3. On Household<br>furniture                                                                                                            |                     |                     |                     |
| 4. On Machinery and<br>Plant mounted and in<br>use                                                                                      |                     |                     |                     |
| 5. On Household<br>Equipment                                                                                                            |                     |                     |                     |
| 6. On Household<br>Electrical/Electronic<br>appliance                                                                                   |                     |                     |                     |
| 7. On Electrical Fixture<br>and fittings and wiring                                                                                     |                     |                     |                     |
| 8. On On Architects',<br>Surveyors' and<br>Consulting Engineers;<br>Fees                                                                |                     |                     |                     |
| 9. On Removal of Debris                                                                                                                 |                     |                     |                     |
| 10. On Personal effects,<br>(list attached)                                                                                             |                     |                     |                     |
| 11. On Jewelers and<br>Valuables                                                                                                        |                     |                     |                     |
| 12. On Month's Rent                                                                                                                     |                     |                     |                     |

**TOTAL:**

**\*\*For more Dwellings please fill a separate form.**

**Peril**

**Fire and additional Perils Cover**

Cover is provided for fire, riot, strikers, earthquake and volcanic eruption, bursting and overflowing of 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

**General Information:**

Are any business pursuits conducted on the premises?

☐ Yes ☐ No

Dwelling (s) No ☐

If YES, Describe

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If vacant, how long has dwelling been vacant?

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Will flammable liquids be stored on the dwelling?

☐ Yes ☐ No

Dwelling (s) No ☐

If YES, please state the nature of the liquid and how it is stored:

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Do the premises adjoin any other premises?

☐ Yes ☐ No

Dwelling (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; particulars:

☐ Yes ☐ No

Dwelling (s) No ☐

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What fire extinguishing facilities exist in the premises?

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

☐ Yes ☐ No

Dwelling (s) No ☐

Is there,

- |                                                                                                                                                      |                                                          |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------|
| i. a Burglar alarm installed on the premises?                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| ii. Closed circuit TV (CCTV) installed on the premises?                                                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| iii. Smoke Detectors installed on the premises?                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| iv. Sprinkler System installed on the premises?                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| 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                                                                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| Solid wooden shutters or doors                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| Fixed metal grilles or bars                                                                                                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| Laminated glass                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |
| Swimming Pool                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dwelling (s) No <input type="checkbox"/> |

Do you Maintain an up to date inventory of your machinery and equipment?

☐ Yes ☐ No Dwelling (s) No ☐

Have you ever had a loss before?

☐ Yes ☐ No Dwelling (s) No ☐

If YES, please give particulars

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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 Dwelling (s) No ☐

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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 Dwelling (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: