

OMAN UNITED INSURANCE CO. S.A.O.G.



الشركة العامة للتأمين والتأمينات العامة بعمان

SECURITY SERVICES

P.O. Box 1522, P.C. 112, Ruwi, Sultanate of Oman C.R. 1/23725/0 Tel: 24477300

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Business Interruption (Loss of Profits)
Proposal Form

Full name of Proposer	_____
Address	_____
Address to which Proposal relates	_____
Nature of Business	_____
Date from which insurance Cover is Desired	_____

COVER REQUIRED (As calculated on 'business interruption work sheet enclosed)

Item 1 On Gross Profit	Sum to be Insured
i) Purchases (less discounts received)	_____
ii) Wages	_____
iii)	_____
iv)	_____
Item 2 On all Wages	
i) 100% for _____ weeks and _____ for the remainder of the indemnity period	_____
Item 3 On Professional Accounts charges	_____
Total Sum Insured	_____

Maximum Indemnity Period _____ months



1.	Do you require cover in respect of additional perils?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<i>If 'yes', please state your requirements</i> _____ _____		
	NB: It is essential that your Fire Policy should also be extended to include the same additional perils.		
2.	Are you now or have you previously been insured against Loss of Profit Consequential Loss?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<i>If 'yes', please give details</i> _____		
3.	Have you whilst trading in the above or any other name over had a Fire or suffered damage by any of the additional perils to be covered?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<i>If 'yes', please give details</i> _____		
4.	Has any Insurance Company or Underwriter ever refused, cancelled, declined to renew or imposed special terms on any insurance of this or any other class proposed or effected by you, whilst trading in the above or any other name?	<input type="checkbox"/> yes	<input type="checkbox"/> no
	<i>If 'yes', please give details</i> _____		
5.	Please state :		
	a) the Company or Underwriter with whom you are insured against fire _____ _____		
	b) the name and address of your Professional Accountants _____ _____		
	c) When does your financial year end? _____		

We hereby declare that the statements made by us in this Questionnaire and Proposal are to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any Policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the Insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Date _____ 200 _____ Proposer's Signature _____

**Business Interruption Insurance – Work Sheet****Basis : Annual**

S.No	Description	Estimated Value (R.O.) (Upcoming Fiscal Year End)
1.	Net Profits (Without deduction for Income Tax)	_____
2.	Fixed charges and other expenses :	
a)	Total salaries and wages of employees whose services would be retained during suspension of business operation	_____
b)	Depreciation	_____
c)	Insurance charges	_____
d)	Interest expense	_____
e)	Municipal taxes	_____
d)	Rental expenses	_____
e)	Heat, Light and Power	_____
f)	Postage, Telephone, Telegraph, Telex etc	_____
g)	Maintenance cost	_____
h)	Miscellaneous operating expenses	_____
i)	Work and Services performed by others	_____
j)	Advertising and Publicity	_____
k)	Royalties (minimum contract payments) Franchise and Licence fees	_____
l)	Professional fees	_____
m)	Donations, membership fees etc.	_____
n)	Travel expenses	_____
o)	Others	_____