



Fire Insurance Proposal

(To be used for Business/Industrial Risks)

(The information furnished by the replies to the questions hereunder will form the basis of the insurance and regulate the rate of premium, terms and conditions of the Policy).

Proposer's Name _____

Address _____

Contact _____

01

Details of Properties to be Insured

(Please use separate sheet if space is not enough)
A separate sum must be given for each item to be insured.

	Proposed amount of insurance
Building	
Machinery	
Office equipment and furniture	
Other items (to be specifically mentioned)	
Total Amount to be Insured	

02. Describe the exact location of the risk proposed for insurance _____

Way No. _____ Street No. _____ Building No. _____

03. Nature of occupancy/Activities & process carried out at the premises: _____

04. Details of neighbouring premises (distance and activities carried out there)

Towards the right-hand side _____

Towards the left-hand side _____

Behind _____

Front _____



05. Give full name of the owner of the building _____
06. The age of the building _____
07. How long have you occupied these premises : _____
08. Have you carried on business in any former premises and where ? _____

09. Construction of the building
Roof _____
Walls _____
No. of Storeys _____
Elevation of the building from the ground _____
10. Please give details of hazardous goods stored within the premises _____

11. Details of Fire Fighting training imparted to the proposer's employees _____

12. Details of Fire Fighting training imparted to the proposer's employees _____

13. Books of accounts / inventory
a. Details of books of accounts maintained _____

- b. Details of stock inventory check _____

- c. Place where the said account books are stored _____
14. Is the property proposed for insurance already insured in any other offices or company?
If so, give particulars: _____

15. Has the proposer ever sustained any loss? _____
If yes, please provide the following details
Date of Loss (es) : _____
Nature / cause of loss(es) : _____
Amount(s) paid by the insurance company(ies): _____
Name of the insurance company(ies) _____

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



الشركة العامة للتأمين والتأمينات عمان ج.م.ع

SECURITY SERVICES

P.O. Box 1522, Postal Code: 112 Ruwi, Sultanate of Oman C.R. No. : 1/23725/0
Tel.: 24477466 / 432 / 444 Fax: 24477401 E-mail: enquiry@ouic.com.om Website: www.ouic-oman.com

16. Has the risk proposed for insurance here at any time declined by this or any other office or company or accepted at special terms? _____

If yes, please provide full details : _____

17. Please disclose any other material information pertaining to the risk referred herein that may affect/influence our decision in determining terms and conditions for the risk.

18. Insurance to commence on _____

For _____ months, terminating on the _____

I/We, the person(s) signing here below whose property is proposed for insurance (or signing on behalf of the owner of the property) do hereby declare that the statements given in this proposal are true and complete and I/we agree that this proposal and the statements given in this proposal shall be the basis of the proposed contract of insurance between the company and myself/ourselves and that if anything contrary to the truth be stated or if any information which ought to be made known to me/us with reference to the proposed insurance be withheld or concealed, any policy which may be granted in pursuance of this proposal shall be null and void.

Date of signature of this proposal form : _____

Signature / stamp : _____

Name/capacity of the person signing this proposal form : _____