

FIRE & ALLIED PERILS PROPOSAL FORM

NOTE:

- The liability of IGI General Insurance Limited does not commence until this proposal has been accepted by the company and cover confirmed in writing. Pursuant to the Insurance Rules, 2017 notified by SECP vide S.R.O. 89(I)/2017, it is the proposer's duty to disclose all information which may influence the insurers in their assessment of risk.
- If you make a misrepresentation to us, or if you do not comply with your duty of disclosure and we issue your policy with the terms and conditions that are different to the terms and conditions that would have been issued had there not been any misrepresentation, or your duty of disclosure had been complied with, then it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- IGI undertakes to deal with this information in strict confidence.

1. Name of Proposer _____

2. Address _____

3. Nature of Business _____

4. Name of Bankers, if involved _____

5. Contact Person _____ Telephone No. _____ Fax No. _____

6. Cell No. _____ Email. _____

7. Details of property to be covered:

a) Building	Rs. _____
b) Plant / Machinery / Equipment	Rs. _____
c) Furniture, Fixture & Fittings	Rs. _____
d) Stock of Raw Material	Rs. _____
e) Stock of Finished Goods	Rs. _____
f) Stock in Open	Rs. _____
g) Total Sum covered	Rs. _____

8. Location of Property _____
(If possible, provide general layout plan of property to be covered)

9. Nature of stock _____

(Other Storage Detail as per Annexure “A”)

10. Type of Construction:

- a) No of Floors _____
- b) Walls _____
- c) Floor _____
- d) Roof _____
- e) Total Covered Area _____

11. Building occupied as ☐ Owner ☐ Tenant

12. How far is the risk located from the fire brigade station _____

(Fire Fighting Facility as per Annexure “B”)

13. Housekeeping ☐ Good ☐ Poor

14. Electrical Installation / Wiring ☐ Open ☐ Concealed

15. Is there any security guarding service? ☐ Yes ☐ No

If yes, a) Number of security guards _____

b) Number of shifts _____

c) Name of service provider _____

16. Does the building communicate with any other building? ☐ Yes ☐ No

17. Description of surrounding Buildings/Properties _____

18. Perils to be covered:

- | | |
|---|--|
| <input type="checkbox"/> Fire & Lightning | <input type="checkbox"/> Riot & Strike Damage |
| <input type="checkbox"/> Malicious Damage | <input type="checkbox"/> Atmospheric Disturbance |
| <input type="checkbox"/> Aircraft Damage | <input type="checkbox"/> Impact Damage |
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Earthquake (Fire & Shock) |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Electrical Clause "B" |
| <input type="checkbox"/> Others _____ | |

19. Period of Takaful From: _____ To: _____

20. Is the risk premises guarded by watchmen 24 Hours _____

21. Is smoking prohibited _____

1) Have you previously been covering your property? ☐ yes ☐ no

If yes, (a) State the name of operator _____

(b) Reasons for leaving the previous operators?

☐ Policy Cancelled ☐ Renewal Refused ☐ Claim Declined

2) Please provide details of losses, if suffered during the last 3 years:

Year of loss	No of accidents	Nature of accidents	Amount of loss (Rs.)

Declaration:

I / We hereby declare that the statements made & answers provided by me / us in this Proposal Form are, to the best of my / our knowledge and belief, complete and true, and I / we hereby agree that this Proposal Form forms the basis and is part of any policy issued in connection with the above risk(s). I / we understand that it is my / our duty to fully disclose all information material to the risks to be insured and to take reasonable care not to make any misrepresentation in answering the questions in this Proposal Form. I / we hereby confirm that the information provided by me / us in this Proposal Form includes every matter that I / we know, or could reasonably be expected to know, and is relevant to IGI's decision of whether to insure me / us and, if so, on what terms. It is agreed that IGI is liable in accordance with the terms of the Policy only and that I / we will not lodge any other claims of whatsoever nature.

Date

Signature of the Proposer

Annexure - A

STORAGE FACILITY

Type ☐ Hazardous ☐ Non Hazardous

Quantity of Goods (within storage capacity) ☐ yes ☐ no

Stacking of Goods ☐ Proper ☐ Improper

Space between stacks (adequate) ☐ yes ☐ no

Space between stacked Goods and Roof (adequate) ☐ yes ☐ no

Handling of Goods (careful) ☐ yes ☐ no

Are hazardous Goods stored separately? ☐ yes ☐ no

Details wastage disposal (if any) ☐ yes ☐ no

Note: Separate forms may be used for Stock in Godown and Stock in Open

Annexure - B

FIRE FIGHTING FACILITIES

A) Public Fire Brigade Distance _____ km Response time _____ hours

B) Fire Extinguisher installed

- Well located and marked
- Regular maintenance

<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no

C) Hydrant installed

- Hose boxes
- Hoses in good condition
- Well located and marked
- Regular maintenance

<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no

D) Water Supply

☐ Own pump

☐ Public supply

- Underground water tank
If yes, tank capacity _____ gallon
- Overhead water tank
If yes, tank capacity _____ gallon

<input type="checkbox"/> yes	<input type="checkbox"/> no
<input type="checkbox"/> yes	<input type="checkbox"/> no

E) Automatic Fire Alarm

<input type="checkbox"/> yes	<input type="checkbox"/> no
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