

 **FIRE INSURANCE PROPOSAL FORM**

Agency Code……………………………..……Introducer Name ………..………………………………………………………………………………..…….

IMPORTANT.--The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your Proposal. When filling the form you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material, you should include it. Failure to disclose all facts may invalidate the cover under your Policy.

(**Please use Block letters**)

Name of proposer……………………………………………………………………………………………………………………….………………………….…….

CID No.……………………………….....…………………………Business Registration No.( if any) ………………………………………………………

Present Address of the Proposer ………………………………………………………………….…………………………………………………..………..

Permanent Address: - Village ………………………………..………………………..Gewog…………………………………………..……………..………

 District ………………………..……………………………….Dungkhag ……………………………….……..................……

E-mail Address (If any) …………………………..……………..Telephone Number ………………………. Mobile No……………………………..

Profession/Occupation………………..……..……………………………………………………………………………………………………………..…...…

Period of Insurance from……………...............................….to…………………………………………..……………………………....

**MORTAGED /HYPOTHECTED TO**

1. Type of Insurance Please Tick the Box. Building Stock Others
2. Location of Risk to be covered ………………………………………………….……………………….
3. Have you ever suffered loss due to fire? If so,

give details of insurers and Date of Loss…………………………………………………….……..

1. Fire –protection devices installed (if any) in the property, please Tick in the Box.
2. Portable Extinguisher
3. Fire Engine sprinkler system
4. Tailor Pumps
5. Hydrant System
6. Fixed water spry system
7. Automatic Fire Alarm and Detection System
8. rained Private Fire Brigadier
9. NA
10. Would you like to include the following these perils from the basis cover?
11. War & cyclone group of peril. Yes/No
12. Terrorism cover extension (It can be opted if RSMD is opted)
13. PERILS to be covered : (Please tick (√) hereunder if cover is required)

**Act of god perils**

1. Earth quake Yes/No
2. Flood & inundation Yes/No
3. Landslide/ Rockslide Yes/No
4. Storm/Tempest Yes/No

**Additional cover**

1. Debris Removal (in excess of 1% of claim amount) Yes/No
2. Bush Fire Yes/No
3. Impact damage due to insured's own vehicles, forklifts

and like & articles dropped there from . Yes/No

1. Do you want to cover the retaining wall ( if any) along

with the building Yes/No

1. Do you want to cover the Plinth & foundation along with the building Yes/No
2. Whether you have insured the same property with any other insurance company with the same type of coverage. (yes/No) if yes

Has any Insurer ever

1. declined your insurance proposal? Yes/no
2. refused to renew your policy? Yes/no
3. cancelled your policy? Yes/no
4. required an increased rate or imposed special terms on renewal of your policy ?

If so, please give full particulars …………………………………………………………………………………………………………………………..

1. Have you ever suffered loss damage by fire or any other peril included in this proposal at this or any other Premises owned or occupied by you? If so, please give full particulars…………………………………..…………………………
2. The basis proposed for insurance (Building / stock in trade / Plant & Machinery/ Furniture, Fixtures & Fittings & others contents.
3. Market Value basis Yes/No
4. Reinstatement Value Basis Yes/No
5. Declared value Yes/No

**IMPORTANT NOTICE: - The sums insured will be subject to Average clause. So long as the property is insured for its full value. The average clause shall not apply.**

1. Construction Detail & Material used, Please Tick the Box
2. Walls -Brick RMM ( stone Masonry) HCB/ Concrete Block

CRM Wooden/Timber Mud/ Rammed Ekra wall

other, please specify ………………………………………………………………………………………………..

1. Roofing – CGI sheet PPGI Slate wooden shinglap

Others, please specify ……………………………………………………………………..

1. Flooring – Timber/planks Mosaic PCC Tiles Parquet Marble

other please specify ………………………………………………………………..

1. Height, Please specify the storied of the building ………………………………………………………………………………………….

Note: Buildings having walls and/ or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt cloth/canvas/tarpaulin and like are treated as “Kutcha” construction.

**I/we hereby request you to insure the following:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **Properties** | **Sum Insured in Nu.** | **Rate** | **Premium in Nu** |
| On building above plinth level  |  |  |  |
| On building including with Plinth & Foundation  |  |  |  |
| On personal furniture & effects |  |  |  |
| On furniture, fixture, fitting /utensils other contents. |  |  |  |
| On merchandise & stock-in –trade consisting of ( attach the list ) |  |  |  |
| Whilst contained in the ( *State whether factory,shop or godown*)On machinery (attach list of machinery with value) |  |  |  |
|  TOTAL |  |  |  |
|   |

**The above property is situated at:**

Thram No.…………………..Plot No………………….………….House No………………….…Flat No …………..……..

Name of street…........................................................….Town……………………………………………….District………..……………………………..

CONSTRUCTION OF THE BUILDINGS DETAILS

The said building is ………..….…storied with………………..…….in height above plinth level, constructed during the year ………….....

The walls of the building are built of……………….………………………….Set in………………..……….. with roof of ………………...………..…..

supported on …………………………having floors made of……………………………. is lighted by .…………..………heated by ……………………

The said building belongs to ………………………………………………………………..………………of……………………………………..……………..

USE OF THE BUILDING.

The following questions are to be answered fully by the proposer:-

By whom and how are the premises occupied …………………………………………………

if any trade or process of manufacturing carried out in the premises give full details………………………………………………….………

Are the buildings occupied solely for residential purpose? Yes/No

 If not, describe full particulars of whom each portion of the premises are occupied

* + 1. Ground floor /basement …………………………………………………….…….
		2. 1stfloor …………………………………………………………………………………..
		3. 2nd floor………………………………………………………………….………………..
		4. 3rd floor………………………………………………………………..…………………..
		5. 4thfloor ……………………………………………………………………………….……
		6. 5th floor……………………………………………………………………………..……..
		7. 6th floor…………………………………………………………………………………….
		8. Attic……………………………………………………………………………………………
1. Is the building detached, or does it adjoin other buildings? If adjoining state and give details of construction and occupation of such adjoining buildings situated within 50 feet, state type of construction and how occupied…………………………………………………………………………………….……..
	* + 1. Whether there is boundary wall all around the premises Yes/No
			2. Whether there is round the clock security Yes/No
			3. If used as warehouse/godown. Give list of dominant goods stored…………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
|  Direction | Type of construction  | Roofing | How occupied (this must be fully answered) |
| Building to the North |  |  |  |
| Building to the South  |  |  |  |
| Building to the East |  |  |  |
| Building to the West |  |  |  |

1. For stock Insurance (to be filled if availed )
2. Address of the premises to be insured……………………………………………………………….……
3. Whether ware house, Godown, shop or office…………………………………………………….…
4. How long have you been an occupant of premises.………..…………………………….…….….
5. Are you the sole owner? Yes/NO

 if not , who are the other owner……………………………………………………..………………….…

1. How frequently stock is taken?.....................................................................................
2. Do you maintain a stock register? Yes/No
3. Do you keep a set of books showing a complete record of business transacted, including

all purchases and sales. Yes /No

1. Are such books & record kept in locked fireproof safe Yes/ No
2. Are such books/records removed to another building at night or when the

Premise is not open for business? Yes/No

1. Mention any special precautions you have adopted for safeguarding your property …………………………………………

 …………………………………………………………………………………………………………………………………………………………………….

1. Whether you have insured the same property with any other insurance company with the same type of coverage. (yes/No) if yes

Has any Insurer ever

1. declined your insurance proposal? Yes/no
2. refused to renew your policy? Yes/no
3. cancelled your policy? Yes/no
4. required an increased rate or imposed special terms on renewal of your policy ? if so ,

please give full particulars ………………………………………………………………………………………………………………….…………

1. Have you ever suffered loss damage by fire or any other peril included in this proposal at this or any other at this or any other premises owned or occupied by you? if so, Please give full particulars…………………………………….

***Consent & Declaration***

I/We hereby declare that the best of my/our knowledge & relief the above statement in the proposal are true & complete and I have not withheld any information. I/we agree that this proposal shall be the basis of contract between me/us and the company and understand that it is my/our duty to be reasonable care of my/our property.

I/We further agree to accept indemnity subject to the terms, conditions & exceptions of the company.

Signature of proposer ( with legal Stamp ) Signature of Representative ( with Legal Stamp )

Name……………………………………… Name……………………………………………

Mobile Number …………………………… Mobile No…………………………

Date ………………………………… Date……………………………………

Witness

Name & Address

CID Number

Mobile Number

|  |
| --- |
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**NOTE:-** Liability does not begin until this proposal has been accepted by the Company and the premium paid ,except as provided by any official cover note issued by the Company.

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