

PROPOSAL FORM INDUSTRIAL ALL RISK INSURANCE			
Proposer's Details			
1. Name of the Company			
2. Location of the Risk <ul style="list-style-type: none"> • Building • Road/Street/Sector • Area • City Pin Code • State Country • Phone Mobile • Email 			
3. Sum Insured – Section Wise*	Location	Business	Sum Insured
Section I: Material Damage			
Section II: Business Interruption* - FLOP	Gross Profit	Standing Charges	Indemnity Period (Months)
If you wish to cover MLOP, please provide details.			
4. Voluntary Deductible proposed	(a) Material Damage Claims - Section I , 5% of the claim amount subject to minimum of TZS-		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1,000,000	5,000,000	10,000,000
			25,000,000
	(b) Business Interruption Claims - Section II-		
	7 days Gross Profit subject to minimum of TZS.10 Million <input type="text"/>		
	14 days Gross Profit subject to minimum of TZS.15 Million <input type="text"/>		
	21 days Gross Profit subject to minimum of TZS.20 Million <input type="text"/>		
	28 days Gross Profit subject to minimum of TZS.25 Million <input type="text"/>		
	35 days Gross Profit subject to minimum of TZS.30 Million <input type="text"/>		
5. Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage's	Sum Insured	
Architects, Surveyors and Consulting engineer's fees.	YES/NO		

(In excess of 3 % of claim amount).		
Designation of Property Clause	YES/NO	
Removal of Debris (in excess of 1 % of the claim amount).	YES/NO	
Temporary removal of Stocks	YES/NO	
Omission to insure additions/alterations	YES/NO	
Escalation Clause	YES/NO	
5. Premium Data	Please furnish details of Sum Insured and Premium paid location wise for the past 5 years (if available for 10 years) in Annexure B.	
6. Claims Data	Claims Data for each claim be furnished in the format given in Annexure C	

*N.B.: Detailed Schedule of the Property proposed for Insurance for each location/premises be submitted in the format as given in Annexure A

Authorised Signatory

Name of the Insured

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/We declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the company.

Place:

Date:

Signature of Proposer

INDUSTRIAL ALL RISKS POLICY

Name of the Company

Location of the Risk

Pin Code -----

S.no	Block No.		Description of the risk	Class of the const.	Sum Insured in TZS.								
	Main				Bldg.	Machinery	Furniture/ Fixture & Fittings etc.	Piping	Cabling	Stock & Stock in process	Stock in Godown	Material in open/ Gas holders Tank Farm	Total Sum Insured

Also state the Block Nos. communicating with the Block described.

Also state storey/ basement/ attic/loft.

Annexure B

Premium Data

Year	Location/ Premises-	Premium Paid	No. of claims	Total amount paid	Total outstanding

Annexure C

Claims Data Sheet

	Material Damage	Business Interruption
Date of Loss		
Policy Period		
Policy/ Peril		
Cause of Loss		
Sum Insured		
Amount Assessed by Surveyor		
Amount Paid		
Deductible		

(Please submit separate Claim Data sheet for each claim)

For Business Interruption Losses please give following additional information:

Indemnity Period	months
Interruption Period	days
Time Excess	days