



**PROPOSAL FOR STANDARD FIRE & SPECIAL PERILS POLICY**

(The property proposed for insurance is not covered until the proposal is accepted and premium paid)

1) Agent/Broker Name	
2) Agent/Broker Code	
3) Name of the Proposer	
4) Address of the proposer	
5) Phone Number	
6) Email id	
7) Paid up capital of the firm	
8) Name of the Insured (Policy to be issued in favor of)	
9) Do you wish to cover the interest of any financial institution-if yes, give the names of all financial institutions.	

10) Location details (Complete Address) of the risk to be insured. <b>Note:</b> Fire Insurance is a Location Specific policy-In case of any change in location, the same does not get covered unless informed to the insurer and agreed by the insurer by means of an endorsement to the policy)	Location 1	Location 2	Location 3
11) District in which the risk is located			
12) State in which the risk is located			
13) <del>Postal Box No of the in code of the</del> Postal Box No of the in code of the location of risk			

14) Risk Occupancy  <b>Note:</b> Please describe the activities carried out in the premises. In case the risk is silent, Please clearly state as to from when it is silent and when is			
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--



<p>expected to re-start its operations. In case of a silent factory, please also state whether the power supply has been cut off or not and whether the risk is free from all storages. In case the risk is a shop, please state the names of major class of goods stored in the shop. In case of Warehouse (Godown), please state the names of major goods stored in the premises. In case of a manufacturing premises, please state the name of raw materials, the process involved and the name of finished goods</p>			
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

<p>15) Period of Insurance: Start Date (dd/mm/yyyy).  <b>Note:</b> Please ensure that the policy date and time is on or after the date of payment of premium to us.</p>	
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<p>16) Period of Insurance: End date (dd/mm/yyyy)  <b>Note:</b> Policy period should be for a maximum of one year. If you choose a shorter period than one year, then our short period scales of premium computation shall be adopted.</p>	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<p>17) Do you wish to delete any of the following perils from coverage and avail discounts in premium</p>	Please strike off the wrong option
Flood, Storm, Cyclone, Inundation	Yes / No
Riot, Strike & Malicious Damage	Yes / No

18) Sum Insured	Building (Other than plinth & foundation)- please include furniture &	Building(Plinth & Foundation )	Stocks	Others	Please state whether the SI (Other than stocks) represents	Remarks
-----------------	-----------------------------------------------------------------------	--------------------------------	--------	--------	------------------------------------------------------------	---------



	fixtures values.				RIV or MV*	
Location 1						
Location 1- Materials in open						
Location 1- Materials in Basement						
Location 2						
Location 2- Materials in open						
Location 2- Materials in Basement						
<del>Location 3</del>						
<del>Location 3- Materials in open.</del>						
<del>Location 3- Materials in Basement.</del>						

**Note :** Please note that you have an option to insure the Building (Plinth and Foundation) values only against the risk of "Earthquake". If you want to do so, please state it in the remarks column. If no request is made by you, we shall assume that you intend to cover the Building (Plinth and Foundation) against all the perils covered under the fire and special perils policy.

Values given above should include the values of all assets (belonging to you) lying within the premises. This should include such assets as Compound walls/fence/entrance gates/etc.

If any machinery/equipment/Stocks are lying in open or in basement, please mention the same as a separate item. Otherwise, these machinery/equipment/stocks are not stand covered under the policy.

\* The sum insured of all items above (other than those of stock) can be either "RIV



(Reinstatement Value)" -that is new replacement value or "MV (market value) – that is new replacement value less depreciation. For stocks, the sum insured should represent the market value.

19)Construction Details	Walls(Brick/RCC/Concrete Blocks/Stone/AC Sheet/Open Sided)	Roof(RCC/AC Sheet/Tiles/Thatched/Open)	Age of the buildings	Height of the building	Number of storeys
Location 1					
Location 2					
<del>Location 3</del>					
<p><b>Note:</b> If there are many blocks with mixed construction, please mention the construction details of the blocks with majority of the Sum Insured. In the remarks column, please state construction details of other blocks.</p>					

20) Additional Perils to be covered	Do you wish to cover the same	Sum Insured	Remarks
Earthquake	YES/NO	-----	The sum insured as already described above will be considered. Separate values need not be given here.
Terrorism	YES/NO	-----	
Impact Damage due to Insured's own Rail/Road Vehicles, Fork lifts, Cranes, Stackers and the like and articles dropped there from	YES/NO	-----	
Spontaneous Combustion	YES/NO		<p>If answer is yes, please name the commodity (ies) to be covered and give the sum insured of the commodity to be covered under the "Sum Insured" column.</p> <p>Name of commodity to be covered for spontaneous combustion:</p>

Spoilage Material Damage cover	YES/NO		<p>Please name the block(s) which you want to be covered for Spoilage material damage cover. Under the column of sum insured, please mention the sum insured of all stocks, machinery, equipment and containers in these block(s).</p> <p>Name of the block(s)</p>
Deterioration of Stocks in Cold Storage premises due to accidental power failure consequent to damage at the premises of Power Station due to an insured peril	YES/NO		<p>If your answer is yes, please mention the Sum Insured of the stock lying in the cold storage premises under the "Sum Insured" column.</p>
Deterioration of stocks in cold storage premises due to change in temperature arising out of loss or damage to the cold storage machinery(ies) in the Insured's premises due to operation of insured peril	YES/NO		
Molten material damage	YES/NO		

Formatted: Tab stops: 0.5", List tab



Forest Fire	YES/NO		
Leakage and Contamination cover	YES/NO		

21) Additional Coverage's/ Clauses Opted	Do you wish to opt for these coverage's	Sum Insured	Remarks
Architects, Surveyors and Consulting engineer's fees. (In excess of 3 % of claim amount).	YES/NO		It needs to be ensured that the sum insured selected shall be less than or equal to 7.5 % of the total sum insured under the policy.
Removal of Debris (in excess of 1 % of the claim amount).	YES/NO		It needs to be ensured that the sum insured selected shall be less than or equal to 10 % of the total sum insured under the policy.
Start Up Expenses	YES/NO		
Loss of rent	YES/NO		
Rent for alternative accommodation	YES/NO		
Temporary removal of Stocks	YES/NO	-----	The sum insured as already described above will be considered. Separate values need not be given here.
Omission to insure additions/alterations	YES/NO		5 % of the sum insured(other than stocks) as already described above will be considered. Separate values need not be given here.
Additional expenses under local authorities clause	YES/NO	-----	-----
Escalation Clause	YES/NO	-----	If yes, please state the percentage of escalation opted for(maximum

Formatted Table



			percentage that can be opted for being 25 %). This clause is not applicable for stocks. Percentage Escalation opted for:
Declaration Clause	YES/NO		This is applicable only for coverage of stocks(other than stocks in process or for retail stocks).
If your above answer is yes, please mention the block(s) –clearly stating at which location and give separate sum insured for each of the blocks. Please ensure that this sum insured is not appearing in the Stocks sum insured mentioned earlier.			
Block Description	Location	Sum Insured	Remarks
Floater Clause	YES/NO		If you choose yes, please mention the block description and location details in the above rows, do not fill the individual sum insured, but fill in the combined sum insured in the “Sum Insured” cell in this row.

Formatted Table

22) Premium/losses details for last 3669 months.	Premium Paid	Losses incurred	
Year		Number of Claims	Amount of Claim



23) Do you wish to opt for Voluntary Deductible?	Yes/No
--------------------------------------------------	--------

24) Fire Protection Equipment/ Systems available at the risk	Location 1	Location 2	Location 3
Portable Extinguishers	Yes/No	Yes/No	Yes/No
Small bore hose reels	Yes/No	Yes/No	Yes/No
Trailer Pumps/Fire engines	Yes/No	Yes/No	Yes/No
Hydrant System	Yes/No	Yes/No	Yes/No
Sprinkler System	Yes/No	Yes/No	Yes/No
Fixed Water Spray System	Yes/No	Yes/No	Yes/No
Foam systems	Yes/No	Yes/No	Yes/No
Fire alarm systems	Yes/No	Yes/No	Yes/No
Gas flooding systems	Yes/No	Yes/No	Yes/No

25) How far is the public fire brigade from the insured location	Distance in KM	Is there a railway crossing in between the public fire station and the insured location.
Location 1		YES/NO
Location 2		YES/NO
Location 3		YES/NO

26) Please state the plinth height of the building compared to the ground level	Plinth level in feet	Remarks
Location 1		If there are more than one blocks, please mention the details of the building with the least plinth level.
Location 2		
Location 3		
27) Please state whether the location ground level is lower or higher than the surrounding road level.	Lower/Higher	





Declaration by Insured

I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the " GA INSURANCE TANZANIA LIMITED."

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Place

Date

Signature of Proposer

**Important:**

1. The specimen copy of the Policy terms and conditions are available on request and should be read in conjunction with terms specifically mentioned in Quote issued by us.
2. You may keep a copy of proposal form completed by you as well as any mails / letters vide which you have submitted information which form basis of the Policy contract finalized with you.
3. A copy of completed proposal form submitted by you shall be provided on request.
4. As per provisions of Section 137 of the Insurance Act the Insurance cover shall become invalid abinitio if full premium is not remitted to insurers within 7 days of inception of the Policy.

Formatted: Font: 12 pt

Formatted: Font: (Default) Arial, 11 pt

Formatted: Default Text, Left