



PROPOSAL / QUESTIONNAIRE FOR FIRE & ALLIED PERILS INSURANCE

I Full Name of Proposer : Address & Location : Tel. Number : Fax Number : Email Address :															
II Date of Establishment :															
III Corporate Profile :															
IV Business Activities :															
V OCCUPATION OF THE PREMISES															
a. BUILDINGS: i. Building No. 1 : ii. Building No. 2 : iii. Building No. 3 :	OCCUPATIONAL DETAILS (Please Attach Separate Sheet If Required)														
b. VALUES AT RISK :	<table border="0"> <tr> <td>ITEMS :</td> <td>AMOUNT (SR.)</td> </tr> <tr> <td>Buildings:</td> <td>_____</td> </tr> <tr> <td>Plant & Machinery</td> <td>_____</td> </tr> <tr> <td>F.F.F</td> <td></td> </tr> <tr> <td>Office Equipment Stocks</td> <td></td> </tr> <tr> <td>(a) Rawmaterials</td> <td>_____</td> </tr> <tr> <td>(b) Finished Goods</td> <td></td> </tr> </table>	ITEMS :	AMOUNT (SR.)	Buildings:	_____	Plant & Machinery	_____	F.F.F		Office Equipment Stocks		(a) Rawmaterials	_____	(b) Finished Goods	
ITEMS :	AMOUNT (SR.)														
Buildings:	_____														
Plant & Machinery	_____														
F.F.F															
Office Equipment Stocks															
(a) Rawmaterials	_____														
(b) Finished Goods															

	(c) In-Process _____ (d) Spares _____ (e) Tools _____ Other Assets : _____ TOTAL : _____
c. Estimated Annual Turnover :	Current Year:
d. Gross Profit for the past 3 Years :	a. Year Ending 31st Dec. b. Year Ending 31st Dec. c. Year Ending 31st Dec.
VI UTILITIES :	
a. Types of Energy Consumed :	
b. Source of Energy: :	
c. Energy Consumption :	
d. Optimum Requirement :	
e. Details of appliances / Equipments	Energy Transformers 1 2 3 Energy Generating Sets: 1 2 3
f. Compressed Air	
1 Requirement :	
2 Generation :	
3 Details of Appliances :	1
4 (Compressors)	2
	3



<p>g. Steam Raisers / Boilers :</p> <p> 1 Requirement :</p> <p> 2 Generation :</p> <p> 3 Details of Boilers :</p>	
<p>h. Fire Fighting Facilities :</p>	<p>Fir Extinguishing Appliances</p> <p> 1 Hydrants</p> <p> 2 Fire Alarm</p> <p>Others (Please Specify)</p>
<p>VII WATCHMEN & SECURITY STAFF :</p>	
<p>VIII PREVIOUS LOSS HISTORY :</p> <p> 1 Property & Casualty Claims</p> <p> 2 Accident Claims</p> <p> 3 W.C. and / OR Employer Liability Claims</p> <p> 4 Third Party Liability Claims</p> <p> 5 Money Insurance Claims</p> <p> 6 Others</p>	

Completed by : _____

On this _____ Day of _____ (Year)