



### FIRE INSURANCE PROPOSAL FORM

Referral / 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 proposer.....

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

Present Address of the Proposer .....

Permanent Address - Village .....Gewog.....

District .....Dunghag .....

E-mail Address (If any) .....

Telephone Number ..... Mobile Number.....

Profession/Occupation.....TPN Number .....

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

#### MORTGAGED /HYPOTHECATED 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.....
4. Fire –protection devices installed (if any) in the property, please Tick in the Box.
  - a. Portable Extinguisher
  - b. Fire Engine sprinkler system
  - c. Tailor Pumps
  - d. Hydrant System
  - e. Fixed water spray system
  - f. Automatic Fire Alarm and Detection System
  - g. Trained Private Fire Brigade
  - h. NA
5. Would you like to include the following perils on your basic cover?
  - a. War & cyclone group of peril. Yes/No
  - b. Terrorism cover extension(It can be opted if RSMD is opted)
6. PERILS to be covered : (Please tick (√) hereunder if cover is required)

**Act of god perils ( AOG)**

- a. Earth quake Yes/No
- b. Flood & inundation Yes/No
- c. Landslide/ Rockslide Yes/No
- d. Storm/Tempest Yes/No

**Additional covers**

- a. Debris Removal (in excess of 1% of claim amount) Yes/No
- b. Bush Fire Yes/No
- c. Impact damage due to insured's own vehicles, forklift and like & articles dropped there from . Yes/No
- d. Do you want to cover the retaining wall ( if any) along with the building Yes/no

**1. Construction detail & Material used, please Tick the Box.**

- I. Year of construction.....
- II. Walls-Brick  RMM  ( stone Masonry)  HCB/ Concrete Block   
 CRM  Wooden/Timber  Mud/ Rammed  Ekra wall   
 Other, please specify .....
- Roofing – CGI sheet  PPGI  Slate  wooden shinglap
- III. Flooring – Timber/planks  Mosaic  PCC  Tiles  Parquet  Marble   
 Other, please specify .....
- IV. Height, Please specify the number of 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 “temporary shed “construction.

**2. The above property is situated at:**

- i. Thram No.....Plot No.....House No.....Flat No .....
- ii. Name of street.....Town .....
- District.....

**3. USE OF THE BUILDING**

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

- I. By whom and how are the premises occupied .....
- II. if any trade or process of manufacturing carried out in the premises give full details.....
- .....
- III. Are the buildings occupied solely for residential purpose? Yes/No

If no, give full particulars of whom each portion of the premises are occupied

- i. Ground floor /basement .....
- ii. 1<sup>st</sup>floor .....
- iii. 2<sup>nd</sup> floor.....
- iv. 3<sup>rd</sup> floor.....
- v. 4<sup>th</sup>floor .....
- vi. 5<sup>th</sup> floor.....
- vii. 6<sup>th</sup> floor.....
- viii. Attic.....

Is the building detached, or does it adjoin other buildings?

Yes/No

If other building is adjoined or situated within 50 feet of the premises, state type of construction and how occupied.

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			

- i. Whether there is boundary wall around the premises Yes/No
- ii. Whether there is round the clock security Yes/No
- iii. If used as warehouse/godown. Give list of dominant goods stored .....

1. The basis proposed for insurance (Building / stock in trade / Plant & Machinery/ Furniture, Fixtures & Fittings & others Contents.

- i. Market Value basis Yes/No
- ii. Reinstatement Value basis Yes/No
- iii. Declared Value basis Yes/No

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

2. For stock Insurance (to be filled if availed)

- i. Address of the premises to be insured.....
- ii. Whether ware house, Godown, shop or office.....
- iii. How long have you been an occupant of premises.....
- iv. Are you the sole owner of the stock? Yes/ No  
if not , who are the other owner.....
- v. How frequently stock is taken?.....
- vi. Do you maintain a stock register? Yes/No
- vii. Do you keep a set of books showing a complete record of business transacted, including all purchases and sales. Yes/No
- viii. Are such books & record kept in locked fireproof safe Yes/ No
- ix. Are such books/records removed to another building at night or when the Premise is not open for business? Yes/No
- x. Mention any special precautions you have adopted for safeguarding your property .....

3. Whether you have insured the same/other properties owned by you with any other insurance company

Same  Other

if yes, Provide the name of the company .....

Has any Insurer ever

- a. declined your insurance proposal? Yes/no
- b. refused to renew your policy? Yes/no
- c. cancelled your policy? Yes/no
- d. required an increased rate or imposed special terms on renewal of your policy ?  
if so , please give full particulars .....
- e. 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.....

**OFFICIAL USE**

<b>PROPERTIES</b>	<b>SUM INSURED ( NU</b>
On building 1	
On building 2	
On building 3	
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)	
<b>TOTAL SUM INSURED</b>	

<b>RATE</b>	<b>PREMIUM ( NU)</b>
<b>TOTAL PREMIUM</b>	

Deductible Excess if any:-.....

**Consent & Declaration**

I/We hereby declare that to the best of my/our knowledge & relief, the above statement in the proposal is 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 take reasonable care of my/our property.

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

**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.

Signature of proposer (with legal Stamp )

Signature of Representative (with Legal Stamp )

Name.....  
Mobile Number .....  
Date .....

Name.....  
Mobile No.....  
Date.....

Witness

Name & Address  
CID Number  
Mobile Number