



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

Proposal Form Consequential Loss Insurance

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Proposer's correspondence address (in Block Letters):		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business/ Profession/ Occupation:		
Name of bank, financial institution or any other interested party:		

B. PARTICULARS OF PROPOSAL

Situation of premises to be insured:	
Period of Insurance(dd/mm/yy). From:	To:
Annual Gross Profit:	<input type="text"/>
Indemnity Period: <small>*If the indemnity period is exceeding 12 months, increase the sum insured proportionately</small>	
Sum to be insured on Gross Profit:	<input type="text"/>
Is there any other Insurance on the same property in force with us or any other company? If so, provide details	

Have you ever suffered damage by fire or any other peril included in this proposal at this or any other premises owned or occupied by you?

Has any insurer declined/cancelled your insurance/ refused renewal or required special terms?

The policy may be extended to cover the following perils. Please tick against the extension(s) required:

N.B. It is essential that your Fire policy should also be extended to include the same additional perils

- | | |
|--|--|
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Malicious Damage |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Riot and Strike | <input type="checkbox"/> Burglary Cover |
| <input type="checkbox"/> Impact including own vehicle | <input type="checkbox"/> Damage/Loss due to bursting or overflowing of water tanks, apparatus or pipes |
| <input type="checkbox"/> Earthquake, Volcanic Eruption, Hurricane, Cyclone, Typhoon, Windstorm, Tsunami and Flood arising there from | |

C. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date:

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.