

BUSINESS INTERRUPTION INSURANCE APPLICATION FORM

Full Name of Proposer: Full Address: Principal Address Wasel Address Landline/Mobile Email address	Period of Insurance: From: To: (Both days Inclusive) When established Commercial Registration no.
Full Business Description:	Fax No.

IMPORTANT: PLEASE NOTE, CONTINGENCIES COVERED UNDER YOUR BUSINESS INTERRUPTION INSURANCE WILL FOLLOW THOSE COVERED UNDER YOUR PROPERTY DAMAGE COVER PLUS:

- EXPLOSION OF ANY BOILER OR ECONOMISER ON THE PREMISES, AND
- ANY DAMAGE OCCASIONED IN THE COURSE OF THEFT BUT EXCLUDING LOSS DUE TO THE THEFT OF PROPERTY

ANY ADDITIONAL RESTRICTIONS ON THESE CONTINGENCIES OR ADDITIONAL COVERS APPLICABLE WILL BE DETAILED IN YOUR BUSINESS INTERRUPTION POLICY WORDING.

INTEREST TO BE INSURED (A) GROSS PROFIT* (B) INCREASED COST OF WORKING (ICOW)**	SUM INSURED/ESTIMATED SUM INSURED SAR _____
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++ please indicate, by deleting the basis not required, whether this is to be either (i) a Sum Insured, or (ii) an Estimated Sum Insured for declaration linked basis.

Note that if sum insured is on an estimated basis, the Policyholder must send to the Company within thirty days of the expiry of each Period of Insurance a declaration confirmed by the Policyholder's auditors/accountants of the actual Gross Profit earned or expenses paid during the financial year most nearly concurrent with the Period of Insurance.

*** GROSS PROFIT** = The amount by which the sum of the amounts of Turnover and the amounts of the closing stock and work in progress shall exceed the sum of the amounts of the opening stock and work in progress and the amount of the uninsured working expenses.

The amounts of the opening and closing stocks and work in progress should be arrived at in accordance with the Policyholder's normal accountancy methods with due provision being made for depreciation.

**** INCREASED COST OF WORKING** = Sum Insured should take account of the anticipated additional expenditure necessarily and reasonably incurred for the sole purpose of avoiding or diminishing the reduction in Turnover during the Indemnity Period, for example, renting of temporary premises, special advertising, hire or cost of temporary plant, special travelling expenses, cables & etc.

1. Indemnity Period *** _____ months	Total Sum Insured (A) + (B) _____
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A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

تميزت بـ 300 مليون المال رأس 7001727200 :م.ر- 20129/33 / ن ت م رقم السعودي المركزي البنك تصريح

SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة / الرياض 643 ب.ص: الرياض 11421 هاتف 920008424 فاكس 966.11.2129444

Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

21 الدور ، الثاني العلود برج العليا فهد الملك طريق 9033 :العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض

National Address: Head Office: 9033, Al Anoud Building, Tower 2 , 21st floor, King Fahd Rd, Al Olaya, Riyadh 12214 , Saudi Arabia

***** INDEMNITY PERIOD** = This is the period during which compensation is recoverable after the occurrence of any of the insured contingencies during the currency of the policy.

The term is selected by the Proposer and it should be sufficient to extend over the full period of interruption. The retailer whose stock is readily replaceable may consider six months a sufficient period, whereas a manufacturer whose machinery and plant may have to be imported would probably require twelve months or even two years to get back to normal production.

The method of assessing the amount of loss is simple and equitable. The certificate of a professional accountant mutually nominated by the Policyholder and the Company is accepted in adjusting the amount of claim. The accountant's fee for adjusting the loss is paid by the Company.

2. Are you insured against material damage?
If YES please provide details

3. If not insured, are the machineries (In case existing) inspected regularly? (by whom and how often?)

4. How long has your business been in existence?

5. Are your books audited at regular periods?

(i) Date of last audit

(ii) Name and address of auditors

6. Do you own your business premises? If not, when does lease expire?
Does the lease provide that premises must be reinstated in event of fire?

7. Is there any bill of sale on your stock? If so, state amount.....

8. Special Extensions

Do you require extensions for any of the following:

(i) Specified Suppliers

YES	NO	Suppliers Name and Address:
		How much (%) of your gross profit would be affected

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			%
(ii) Specified Customers	YES	NO	Customers Name and Address:
			How much (%) of your gross profit would be affected
			%
(iii) Auditors' Fees	SR		
9. Have you ever sustained any loss by Fire or any of the other contingencies covered by this insurance? If so, give details.			
10. Give particulars of any policies currently in force with any other company covering Material Damage &/or Business Interruption			
11. Please give details of previous insurers in the last five years			
12. Have you, your Directors, Partners or family members involved with the business ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.			
13. Have you ever had any special terms or conditions imposed? If yes, please provide details			
14. Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details			
15. Are there any material facts you want to declare?			
Material Facts Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk			

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and what terms to apply.

16. Kindly provide losses for the last five years

17. Do you have a plan for business continuation in case of business interruption after losses?

Were you denied insurance by any insurance company?

Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.

DECLARATION:

I/We hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor Alinma Tokio Marine to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer
& Company stamp:

Date :

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