



PROPERTY ALL RISKS –TM GROUP INSURANCE APPLICATION FORM

Full Name of Proposer: Full Address: Principal Address Wasel Address Email address Commercial registration no.	Period of Insurance: From: To: (Both days Inclusive)	
Full Business Description:	Fax No.	Tel No.
Kindly provide us with a copy of the survey reports that you have. GPS Coordinates (All locations): Location of Property: Description of Premises: Kindly provide us with a copy of the survey reports that you have.		
Sum(s) to be Insured : (Note: if there is more than one premises to be included, please complete separate forms)		
Buildings	SR	
Furniture, fixtures and fittings	SR	
Computers & electronic / electrical equipment	SR	
Other Contents	SR	
Plant, Machinery, (excluding stock)	SR	
Stock and Material in Trade	SR	
_____ Month(s) rent,	SR	
Other Property (as follows)		
Do you wish to include any individual high value items in excess of SR. 25,000 (such as Jewellery, Precious Stones, Metals, Work of Art or Painting etc.) SR.		
(If require, please use a separate sheet for more details)		

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السعودي المركزي البنك قبل من والرقابة للإشراف تخضع ، التأمين نشاط في تعمل مساهمة سعودية شركة

A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

تصريح مليون 300 المال رأس 7001727200 م.ج. 20129/33 / ن ت م رقم السعودي المركزي البنك SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة 643 ب.ص: الرياض / العامة Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

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

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TOTAL SUM INSURED (SR)

Additional Covers

Limit: SAR

Architects' surveyors' engineers' legal fees

Capital additions

Customers' goods

Fire extinguishing expenses

Leased and rented premises

Removal of debris

Replacement of locks and keys

Trace and access

Transit extension

Temporary removal

Does the Sum Insured Represent the Full

New Replacement Value ☐

Depreciated Value ☐

New Replacement Value is not Applicable to Stock

How long have you been in business?

1. At these premises

2. Elsewhere?

Describe the Nature of Your Stock:

a) Premises Excluding Basement

b) Basement (if any) and of what value

Do you have civil defense license for the premises you want to insure?
If the answer to the above question is no, give reasons:

Are the premises of standard construction (brick, stone or concrete and roofed with slate,

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tiles, concrete metal or asbestos)? Are premises occupied for the sole purposes of your business? If no to either, please give details

Give the number, type and capacity of the fire fighting appliances on your premises

What is the distance between the premises and the nearest Fire Department or Civil Defence Unit?

Give details of any security precautions at the premises (such as intruder alarm, CCTV etc)

Will your premises be unoccupied for more than 30 consecutive days in any one year?

Are the premises in a good state of repair. If no, please provide details

If the premises are not in your sole occupation how otherwise occupied?

Have you ever sustained any loss by Fire or any of the covered perils? If so, give details.

Give particulars of any policies currently in force with any other company covering any of the Property to be insured.

Please give details of previous insurers in the last five years

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.

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Have you ever had any special terms or conditions imposed or were you denied insurance by any company? If yes, please provide details

Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details

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 and what terms to apply.

Any additional information?

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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