Allied Insurance Company

CONSEQUENTIAL LOSS INSURANCE PROPOSAL FORM

Proposal no.

Policy no.

☐ Individual

☐ Company

Occupation:

Nature of Business:

Company/Office/Applicant's Name:

Date of Birth: D D / M M / Y Y Y Y   ☐ Male   ☐ Female

Permanent Address (as in ID card):

Postal Address (fill below):

House/Building name:

Road:

District:

Postal Code:

Atoll,Island:

☐ National ID Card   ☐ Registration Certificate

☐ Work Permit   ☐ Passport

ID No.

Reg No.

Nationality:

Contact Name:

Contact No:

Email:

Fax:

Situation of premises:	
Nature of business:	
Projected Annual Gross Profit:	
Indemnity Period:	
Period of Insurance:	

QUESTIONS CONCERNING THE BUSINESS TO BE INSURED:

1. How long have you conducted business at the premises?

	Tick appropriate	If YES, Give full details
2. Is there any insurance on the same property in force with this or any other Company?	☐ Yes ☐ No	
3. Have you ever suffered damage by fire or any other perils included in this proposal at this or any other premises owned or occupied by you?	☐ Yes ☐ No	
4. Have any Company of Insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance?	☐ Yes ☐ No	

Note: This Insurance covers Perils from the effective Property insurance policy.

Declaration: I/We confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We agree that this proposal shall be basis of the contract and part of the insurance between myself / ourselves and the company.

Signature: Date:

Documents required with the Proposal: ☐ Recent Audited Financial Report   ☐ ID. Card/Company's registration copy

Office use only		
Rate:	Premium:	Agent's/Broker's Name:

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

(Acceptance of Proposal means Insurance policy issued and premium collected.)

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), Orchid, Ameeru Ahmed Magu, Male', 20095, Maldives

1600   +960 332 5035   info@allied.mv   youtube.com/alliedmv   facebook.com/alliedmv   twitter.com/alliedmv

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