



Allied Insurance Company

## GUEST HOUSE INSURANCE PROPOSAL FORM

Proposal no. \_\_\_\_\_

Policy no. \_\_\_\_\_

<input type="checkbox"/> Individual ފަރާތްކަން Occupation: _____ ބަނޑުފަތުރު Company/Office/Applicant's Name: _____ ފަރާތް/ކަނޑު/ފަރާތްގެ ނަންމު	<input type="checkbox"/> Company ފަރާތް Nature of Business: _____ ބަނޑުފަތުރުގެ ބަނޑު	<input type="checkbox"/> National ID Card ރާއްޖޭގެ ރައްދިއްސާ <input type="checkbox"/> Registration Certificate ފަރާތްކަން ރަޖިސްޓްރޭޝަން ސެރްޓިފިކޭޓް <input type="checkbox"/> Work Permit ބަނޑުފަތުރުގެ ފަރާތްކަން <input type="checkbox"/> Passport ފަރާތްކަން
Date of Birth: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/>	<input type="checkbox"/> Male ފަރާތްކަން	<input type="checkbox"/> Female ފަރާތްކަން
Permanent Address (as in ID card): _____ (ރައްދިއްސާގެ ރައްދިއްސާގެ ފަރާތްކަން)		ID No. _____ ފަރާތްކަން ރައްދިއްސާގެ ރައްދިއްސާ
Postal Address (fill below): _____ ފަރާތްކަން ފަރާތްކަން		Reg No. _____ ފަރާތްކަން ފަރާތްކަން
House/Building name: _____ ފަރާތްކަން ފަރާތްކަން		Nationality: _____ ފަރާތްކަން
Road: _____ District: _____ ފަރާތްކަން ފަރާތްކަން		Contact Name: _____ ފަރާތްކަން ފަރާތްކަން
Postal Code: _____ Atoll, Island: _____ ފަރާތްކަން ފަރާތްކަން		Contact No: _____ ފަރާތްކަން ފަރާތްކަން
		Email: _____ ފަރާތްކަން
		Fax: _____ ފަރާތްކަން

Budget                     
  Budget+                     
  Premium

Mortgagee:
Risk name:
Location of risk:
Nature of Business:
Period of Insurance:

### Specification of property and sums to be insured

Item	Property	Sum Insured Building (MVR/USD)
1	Building(s) including Permanent Fixtures and Fittings	
2	___ Months' Rent thereof	
3	Furniture	
4	Stock and Materials in Trade	
5	Plant and Machinery	

Item	Property	Sum Insured Building (MVR/USD)
6	Architects and Surveyors Fees	
7	Removal of Debris	
Others ( Please specify )		
<b>Total Sum to be Insured</b>		

Amount of Indemnity required:
No. of Employees: (Applicable to Budget+ and Premium Only)
Annual Gross Profit: (Applicable to Premium Only)

**ADD-ON Covers**

Budget	Budget+	Premium
<input type="checkbox"/> • Group Personal Accident Insurance (Life Insurance Cover for Employee Accidental Death) <input type="checkbox"/> • Marine Hull Insurance <input type="checkbox"/> • Marine Cargo Insurance <input type="checkbox"/> • Motor Insurance (Excluding Theft for all Guest House Motor Vehicles and Buggies) <input type="checkbox"/> • Jet Ski (Total Loss Only) <input type="checkbox"/> • Machinery Breakdown Insurance <input type="checkbox"/> • Electronic Equipment Insurance <input type="checkbox"/> • DAN Short Term Individual Dive Insurance	<input type="checkbox"/> • Group Personal Accident Insurance (Life Insurance Cover for Employee Natural Death) <input type="checkbox"/> • Marine Hull Insurance <input type="checkbox"/> • Marine Cargo Insurance <input type="checkbox"/> • Motor Insurance (Excluding Theft for all Guest House Motor Vehicles and Buggies) <input type="checkbox"/> • Jet Ski (Total Loss Only) <input type="checkbox"/> • Machinery Breakdown Insurance <input type="checkbox"/> • Electronic Equipment Insurance <input type="checkbox"/> • DAN Short Term Individual Dive Insurance	<input type="checkbox"/> • Marine Hull Insurance <input type="checkbox"/> • Marine Cargo Insurance <input type="checkbox"/> • Motor Insurance (Including Theft for all Guest House Motor Vehicles and Buggies) <input type="checkbox"/> • Jet Ski (Total Loss Only) <input type="checkbox"/> • Machinery Breakdown Insurance <input type="checkbox"/> • Electronic Equipment Insurance <input type="checkbox"/> • DAN Short Term Individual Dive Insurance

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 and Date lines in Maldivian script)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Documents required with the Proposal:	<input type="checkbox"/> Land Registration Copy <input type="checkbox"/> Owner's ID. Card/ Company's registration copy
<input type="checkbox"/> Business Permit	<input type="checkbox"/>

Office use only		
Rate:	Premium:	Agent'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.)