



Allied Insurance Company

GUEST HOUSE INSURANCE PROPOSAL FORM

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ނަމުން Occupation: _____ ދަތުރުފުޅުގެ ވަޅުމުގެ ތެރެއިން Company/Office/Applicant's Name: _____ ސަރުކާރުގެ ޔަފުޅުގެ ނަމުން، ޕްރައިވެޓް ޕްރޮޖެކްޓްގެ ނަމުން، ޕްރައިވެޓް ޕްރޮޖެކްޓްގެ ނަމުން Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="checkbox"/> Male <input type="checkbox"/> Female ފިރިހެނިހެން ފިރިހެނިހެން / ނިކަން Permanent Address (as in ID card): _____ (އިދާރާތަކުން ބޭނުންކުރާ ހަދުމުގެ ތެރެއިން) Postal Address (fill below): _____ ފޯމާލުގެ ހަދުމުގެ ތެރެއިން House/Building name: _____ ފޯމާލުގެ ހަދުމުގެ ތެރެއިން / ފޯމާލުގެ ހަދުމުގެ ތެރެއިން Road: _____ District: _____ ހަދުމުގެ ތެރެއިން ހަދުމުގެ ތެރެއިން Postal Code: _____ Atoll, Island: _____ ފޯމާލުގެ ހަދުމުގެ ތެރެއިން ހަދުމުގެ ތެރެއިން، ހަދުމުގެ ތެރެއިން	<input type="checkbox"/> National ID Card <input type="checkbox"/> Registration Certificate ފަރާތްތަކުގެ ނަމުން ފަރާތްތަކުގެ ނަމުން <input type="checkbox"/> Work Permit <input type="checkbox"/> Passport ފަރާތްތަކުގެ ނަމުން ފަރާތްތަކުގެ ނަމުން ID No. _____ ފަރާތްތަކުގެ ނަމުން Reg No. _____ ފަރާތްތަކުގެ ނަމުން Nationality: _____ ފަރާތްތަކުގެ ނަމުން Contact Name: _____ ފަރާތްތަކުގެ ނަމުން Contact No: _____ ފަރާތްތަކުގެ ނަމުން Email: _____ ފަރާތްތަކުގެ ނަމުން Fax: _____ ފަރާތްތަކުގެ ނަމުން
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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)
7	Architects and Surveyors Fees	
8	Removal of Debris	
Others (Please specify)		
Total Sum to be Insured		

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:
 Date:

Documents required with the Proposal:

<input type="checkbox"/> Business Permit	<input type="checkbox"/> Land Registration Copy
<input type="checkbox"/> Owner's ID. Card/ Company's registration copy	

Office use only

Rate:	Premium:	Agent's Name:
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THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

و این بیمه نامه تا زمانی که پیشنهاد شما بابت این بیمه نامه بابت این شرکت پذیرفته نشده است.