



Consequential Loss Insurance Proposal Form

މުވާދާ ފޯމުގައި ބަލާ ފަރާތްތަކުގެ ބޭނުންކޮށް ދޭ ޖެނަރަލް ލޯސަސް ޕޮލިސީގެ ޕްރޮޕޯޝަލް ފޯމު

Proposal no.

Policy no.

Individual / ފަރާތް / ފަރާތް
 Company / ޖަމާޔާތް / ޖަމާޔާތް

Occupation: _____ / ދަނީ ކުރާ ދަނީ: _____
 Nature of Business: _____ / ޖަމާޔާތްގެ ބޭނުން: _____

Company/Office/Applicant's Name: _____ / ޖަމާޔާތް/ޔާމިނިވަން/ފަރާތްގެ ނަންމު: _____

Date of Birth: DD MM YYYY / ލިޔުމުގެ ދުވަހު:

Male / ފަރާތް / ފަރާތް
 Female / ފަރާތް / ފަރާތް

Permanent Address (as in ID card): _____ / ސަރުކާރުގެ ޕްރޮފައިލްގައި ބަލާ ދާއިރާގެ ބަދަލު (މިއަދުގެ ދާއިރާގެ ބަދަލު)
 Postal Address (fill below): _____ / ފޯމުގައި ލިޔުމުގެ ދާއިރާ
 House/Building name: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Road: _____ / ރަސްމީ ސަރުކާރުގެ ނަންމު
 District: _____ / ދާއިރާ
 Postal Code: _____ / ފޯމުގައި ލިޔުމުގެ ނަންމު
 Atoll, Island: _____ / ރަސްމީ ސަރުކާރުގެ ނަންމު

National ID Card / ރަސްމީ ސަރުކާރުގެ ނަންމު
 Registration Certificate / ފަރާތް/ފަރާތްގެ ނަންމު
 Work Permit / ފަރާތް/ފަރާތްގެ ނަންމު
 Passport / ފަރާތް/ފަރާތްގެ ނަންމު

ID No. _____ / ރަސްމީ ސަރުކާރުގެ ނަންމު
 Reg No. _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Nationality: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Contact Name: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Contact No: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Email: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Fax: _____ / ފަރާތް/ފަރާތްގެ ނަންމު

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? _____
 2. Is there any insurance on the same property in force with this or any other Company? _____
 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? _____
 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? _____

Tick appropriate	If YES, Give full details
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> 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.

ޖަމާޔާތް/ފަރާތް/ފަރާތްގެ ނަންމު: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 ޖަމާޔާތް/ފަރާތް/ފަރާތްގެ ނަންމު: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 ޖަމާޔާތް/ފަރާތް/ފަރާތްގެ ނަންމު: _____ / ފަރާތް/ފަރާތްގެ ނަންމު

Signature: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Date: _____ / ފަރާތް/ފަރާތްގެ ނަންމު

Documents required with the Proposal: _____ / ފަރާތް/ފަރާތްގެ ނަންމު
 Recent Audited Financial Report / ފަރާތް/ފަރާތްގެ ނަންމު
 ID. Card/Company's registration copy / ފަރާތް/ފަރާތްގެ ނަންމު

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.)