

FIRE & ALLIED PERILS INSURANCE PROPOSAL
+
BURGLARY
(Residential - Office)

Applicant Information

Name	:	(First)	(Father)	(Family)*
		*For married women, Maiden name. Give spouse's full name		
		Spouse's name	Spouse's family/Maiden name	
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Address	:	(Bldg)	(Street)	(Quarter) (City)
		Tel :	E-mail:	
		Fax :	P.O.Box:	
Date of Birth	:	___/___/___		Family Status:
Profession / Occupation:				

Information relating to the risk to be insured

Address	:	(Floor)	(Bldg)	(Street)	(City)
		Lot #	Area (M2)		
Description of the building where The risk to be insured is located					
		(Total number of stories including undergrounds and ground-floor)			
		Age of the Bldg:	Use of each floor	<input type="checkbox"/> Residential	<input type="checkbox"/> Offices
				<input type="checkbox"/> Warehouse	
		Is it a whole concrete structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No*	
		* elaborate			

Coverage requested	Amounts in US\$
Construction (Apartment value if owned by subscriber, otherwise disregard)	US\$ (1)
Contents (give details) :	
- Furniture & Fixture (use separate sheet for details)	US\$ (2)
- Antiques, Carpets, Paintings, Silverware etc.. (use separate sheet for details)	US\$ (3)
- Clothes	US\$ (4)
- Jewelry (must be kept in safe deposit locker) (use separate sheet for details, and give specifications of safe)	US\$ (5)
Contents Total Sum insured (Add 1 through 5)	US\$(6)
Sub Limits: (Optional)	
- Neighbors Liability	US\$ (7)
- Tenant's Liability	US\$ (8)
- Landlord Liability	US\$ (9)
- Burglary by forcible entry(on first loss basis)	US\$ (10)

Insurance Period	
Effect : ---- / ---- / ---- (Midnight)	Maturity: ---- / ---- / ---- (Midnight)

<p>Complementary Information</p> <p>Give a brief description of the risk to insure, specially electrical installations, guards, security installations, extinguishers, anti fire / anti theft alarms, doors, windows (iron, rungs, supplementary padlocks), safe deposit locker etc.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Is there in the risk to insure any hazardous materials, flammables? If YES, give nature and quantity

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Is there according to your knowledge any circumstances susceptible of aggravating the risk to insure ? If YES please give details:

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Number and nature of claims sustained by the risk to insure during the last five years.

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I, the undersigned guarantee the accuracy of the above mentioned information, and declare having not withheld any information that could aggravate the above mentioned risk, or affect the acceptance of this proposal which shall form the base of the contract I am about to subscribe to according to the Article 974 of the Lebanese Code of obligations and contracts

Date ---- / ---- /----

Proposer name & signature

Signing of the present proposal does not bind the company to accept the cover of the proposed risk.