

**QUESTIONNAIRE FOR PROPERTY ALL RISKS (PAR) AND LOSS OF PROFIT (FOLLOWED BY**

**MATERIAL DAMAGE) INSURANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the Insured** | **:** |  |  |
| O **Individual** O **Company** |  |  |  |
| **Address** | **:** | **P O Box** |  |
|  |  | **Telephone Number** | **:** |
|  |  | **Fax Number** | **:** |
| **Contact Person** | **:** | **Name:** |  |
|  |  | **Designation:** |  |
|  |  | **Mobile Number:** |  |
|  |  | **Email id:** |  |
| **Nature of Business** | **:** |  |  |
| **Location Type** | **:** | O **Office** |  |
|  |  | O **Residential (Flat / Villa)** |
|  |  | O **Shop** |  |
|  |  | O **Warehouse** |  |
|  |  | O **Factory** |  |
|  |  | O **Tower with multiple occupancy** |
|  |  | O **Others (Please specify)** |
| **Period of insurance** | **:** |  |  |



**Value / Sum Insured** **:** **(**Risk*Location wise*breakup values of Sum Insured has to

be provided in detail and please refer *ANNEXURE* for

more information**)**

**Description** **Value In AED**

**Location 1** **Location 2**

1. **Buildings**
2. **Plant & Machinery**
3. **Furniture’s, Fixtures & Fittings**
4. **Stocks**
5. **Plate Glass**
6. **Rent**
7. **Others (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Total** |  |  |  |
| **Bank Details for assignment** | **:** | **Bank Name with Full Address:** |
|  |  | **Amount:** |  |
| **Building details** | **:** | **Walls –** |  |
|  |  | **Roof –** |  |
|  |  | **Porta cabins / temporary facilities -** |
| **Claims experience (for 3 years)** | **:** |  |  |
| **LOSS OF PROFIT** |  |  |  |
| **Period of Indemnity** | **:** |  |  |
| **Sum Insured** | **:** | **Annual Gross Profit** | **:** |
|  |  | **Auditors Fees** | **:** |
| **Extension / Clause** | **:** | O **Public utility/suppliers Extension** |
|  |  | O **Denial of Access** |  |
|  |  | O **Accumulation of stocks** |



**Annexure:**

**Building**

**On building including (but not limited to) civil works, sub stations, cabling, water connections, electro mechanical installations etc., Fire fighting, Extinguishing appliances, water tanks compound walls, parking area, boundary walls, fences, gates, out houses, insured’s improvements plate glass, signboards etc., any other (please specify)**

**Furniture & Fittings**

**On furniture, fixtures, fittings, insured’s improvements, interior decoration, air conditioners, office equipment, fax machines, computers, non-trade inventory and other assets (please specify)**

**Stocks**

**On stocks of goods (Please specify type of stock) and other merchandise belonging to the insured**

**Plant & Machinery**

**On plant & machinery (please specify details of machinery)**

**Signboard**

**On external and internal signboards**

**Plate Glass**

**On internal and external plate glass including frames, fittings thereon**

**Rent**

**On loss of rent**