

PROPOSAL FOR ALL RISKS INSURANCE

IMPORTANT NOTES

Filling and signing this application form does not automatically result in a contract. Insurance becomes in force once United Insurance Company has agreed to bind cover.

Insurers, their agents, brokers and insurance associations may share information to prevent fraudulent claims and for underwriting purposes.

All questions must be answered fully. Ticks and dashes are not sufficient.

Please answer every question fully.

1. Name of Proposer(s):
2. Address:
3. Telephone No:
4. E-mail address:
5. Website:
6. What is the usual business of the Proposer(s):
7. How long engaged therein?

PROPERTY TO BE INSURED

| ITEM NO | DESCRIPTION (including serial number if any) | AED |
|--------------------|---|-----|
| | | |
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| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |
| TOTAL SUMS INSURED | | |

DO THE ABOVE SUMS INSURED REPRESENT THE FULL VALUE OF THE PROPERTY TO BE INSURED?

IMPORTANT

- A) EACH SUM INSURED IS DECLARED TO BE SUBJECT TO AVERAGE, that is to say if the property covered thereby shall at the breaking out of any fire or at the commencement of any destruction of or damage to such property by any other peril hereby insured against be collectively of greater value than sum insured, then the Insured shall be considered as being their own Insurers for the difference and shall bear a rateable share of loss accordingly.
- B) VALUATIONS in respect of all items of jewelry, silverware and any other valuables are required.

INFORMATION TO BE PROVIDED BY PROPOSER

1. a) Where is the property usually kept? _____
b) Please delete inapplicable: Cover: (a) above premises only (b) other premises (please specify) (c) anywhere in the UAE.

2. If in a building, is it a normal brick, stone and concrete construction and is it in your sole occupation? If not give details.

3. Have you ever been insured? If so state the insurance company.

4. Have you or any of your partners (if applicable), ever had a proposal or insurance of any kind or renewal of policy, declined or policy cancelled? If so give particulars.

5. Have you or any of your partners (if applicable) ever sustained any losses in respect of any of the risks against which you now wish to insure? If so give details.

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete.

I/We agree that this proposal shall be the basis of the contract between me/us and UNITED INSURANCE COMPANY and I/We agree to accept the Company's standard form of Policy for the class of Insurance.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/we have read those answers and that they are correct.

Signature _____

Date _____

Name (Block letter) _____

The insurance will not be in force until the proposal has been accepted by United Insurance Company and the first premium paid.

FOR OFFICE USE ONLY

| ITEM | S.I. | RATE | PREMIUM | POLICY NO. | |
|-------------|------|------|---------|-----------------|--|
| | | | | FIRST PREMIUM | |
| | | | | RENEWAL PREMIUM | |
| | | | | RENEWABLE | |
| NET PREMIUM | | | | | |

Important Note

Any other facts known to you which are likely to affect acceptance or assessment of the risk proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or may perhaps invalidate the policy altogether.