

Specification of property and sums to be insured

Note : Where two or more separate buildings or internally communicating ranges of buildings and/ or their contents are to be insured separate amounts must be given for each.

If the information concerning the premises or property to be insured differs between buildings full details should be given on a separate sheet.

Item	Property	Sum Insured			
		Building 1 (MVR/USD)	Building 2 (MVR/USD)	Building 3 (MVR/USD)	Building 4 (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				
6	Household Goods and Personal effects				
7	Architects and Surveyors Fees				
8	Removal of Debris				
Others (Please specify)					
Total Sum to be Insured					

Questionnaire

	Please tick the appropriate box		If yes, give full details
	Yes	No	
Is there any other Insurance on the same property in force with us or any other company?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any company or insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other occupants of the premises?	<input type="checkbox"/>	<input type="checkbox"/>	
Are the premises attached to or near any other premises?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, Please describe below in detail the nearby premises to the right, left and back (e.g. distance, residents and the materials in which external wall, roofs, etc. are made of)
Are any hazardous goods, including petrol, kerosene, rubber, copra, matches or joss sticks, used or stored?	<input type="checkbox"/>	<input type="checkbox"/>	
Of what material are the following constructed?	External Walls:		
	Roof:		
	Floors:		
How many stories high, including the ground floor, are the premises?			
How are the premises lighted?			
How long have you conducted business at the premises?			

Signature:

Date: