

# PROPOSAL FOR ALL RISKS INSURANCE

This proposal shall be completed and signed by the proposer. All questions must be answered in full. Please use block letters or tick as appropriate.

# A. PARTICULARS OF PROPOSER

#### **Individual Applicants:**

Full Name & Address of Proposer:

## **Corporate Applicants:**

Full Name & Address of propose	me & Address of proposer
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Business/ Occupation		
Telephone Number/s	Mobile No	
Fax Number	Email Address	

# **B. PARTICULARS OF INSURANCE**

Period of Insurance: From: \_\_\_\_\_\_T o \_\_\_\_\_ ( b o t h dates inclusive)

And any subsequent period for which the Insured shall pay and the Company shall accept to renew.

#### **OFFICE CONTENTS**

Category A - Fixed office items and other equipment.

**Category B** - Portable equipment (These include Laptops, Video Cameras, Projectors, photographic equipment, electronic equipment and any other items which are used outside the premises)

# Category C – Any others

List the items for which insurance is here proposed and their respective values and complete the table overleaf. Please provide the maker's serial and model numbers in the table overleaf where available.

Category	Full description of Item	Model	Maker's Serial Number/ Model	Value(BDT)	Territorial Limits
			TOTAL:-		

## C. INSURANCE AND LOSS HISTORY

1. Are you now or have you been insured	l for this type of Insurance? Yes/No
If yes, give name of Insurer and Polic	y Number
2. Have you ever suffered a loss for insu	rance now proposed? Yes/No
If yes state; Date of Loss	
Amount of Loss3. What precautions have you taken to proceed occurring?	revent a similar or any other loss
4. Has any Insurance Company ever;	
a) Cancelled your Policy?	Yes/ No
b) Declined to insure you?	Yes/ No
c) Declined to renew your Policy?	Yes/ No
d) Imposed any special terms?	Yes/ No
e) Declined any claim?	Yes/ No
If the answer to any of the above is $Y$	es', please give brief details below.

#### DECLARATION

I/We do hereby declare that the above answers are true to the best of my/ our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/ We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and the **NITOL INSURANCE COMPANY LIMITED**.

Signature of Propose	er
Date	:

The liability of the Company does not attach until the proposal has been accepted and the premium paid.