



# HIMALAYAN GENERAL INSURANCE CO. LTD.

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## FIRE INSURANCE PROPOSAL FORM

| QUESTIONS  |   | ANSWERS   |                |                |                |
|--|---|---|----------------|----------------|----------------|
| 1. Proposers name in full  |   | 1. _____  |                |                |                |
| 2. Correspondence address in full  |   | 2. _____  |                |                |                |
| 3. a. Address of premises at which this insurance is required<br>b. Occupied as  |   | 3.a. _____<br>b. _____  |                |                |                |
| 4. What are the sums insured (list for each building):   |   | Bldg 1<br>NRs.  | Bldg 2<br>NRs. | Bldg 3<br>NRs. | Bldg 4<br>NRs. |
| a.   | On building   |   |                |                |                |
| b.   | On Stock in trade including stock in process                    |   |                |                |                |
| c.   | Furniture, fixtures & fittings                                  |   |                |                |                |
| d.   | Plant & machinery   |   |                |                |                |
| e.   | Any other items (specify)                                       |   |                |                |                |
| Total NRs.   |   |   |                |                |                |
| 5. Period of insurance   |   | 5. From..... To.....  |                |                |                |
| 6. a. Of what is the building constructed<br>i. walls<br>ii. roof<br>iii. ground floor<br>iv. upper floor<br>b. How many floors are there?<br>(including basement & attic)<br>c. How is the building lighted?<br>d. Who owns the building?<br>e. If the proposer give name of any mortgage of other financial interest |   | 6. a.<br>i. _____<br>ii. _____<br>iii. _____<br>iv. _____<br>b. _____<br>c. _____<br>d. _____<br>e. _____ |                |                |                |
| 7. a. Is the building detached/attached?<br>b. Give full details of all buildings within 15 meters (50 Feet):  |   | 7. a. _____<br>b. _____   |                |                |                |
|  |   | CONSTRUCTION  |                | OCCUPIED AS    |                |
|  |   | WALL  | ROOF           |                |                |
| (EAST)   |   |   |                |                |                |
| (WEST)   |   |   |                |                |                |
| (NORTH)  |   |   |                |                |                |
| (SOUTH)  |   |   |                |                |                |
| 8. a. Are you the sole occupier of the building?   |   | 8. a. Yes..... No.....  |                |                |                |
|  |   | GROUND  | 1st            | 2nd            | 3rd            |
| b.   | Give full details of how each floor of the building is occupied |   |                |                |                |
| c.   | State nature of goods stored including hazardous goods          |   |                |                |                |
| d.   | Give full details of any manufacturing process                  |   |                |                |                |

Continued overleaf .....

|  |   |
|--|---|
| <p>9. (Stock in trade insurance only)</p> <p>a. How often is the stock inventory taken?</p> <p>b. Do you keep a proper set of accounts?</p> <p>c. Are the accounts kept in a fire proof safe or another building (state which)?</p>  | <p>9. _____</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>   |
| <p>10. Do you wish to insure against any of the additional perils shown. Please indicate with a tick (√) in the box.</p>   | <p>10. <input type="checkbox"/> Riot Strike                      <input type="checkbox"/> Malicious damage    [ ] Storm</p> <p>         <input type="checkbox"/> Flood,inundation    <input type="checkbox"/> Earthquake                      [ ]Terrorism</p> <p>         <input type="checkbox"/> Aircraft damage    <input type="checkbox"/> Explosion</p> |
| <p>11. a. Is the property now or has it been insured</p> <p>b. If yes state</p> <p>    (i) name of insurer</p> <p>    (ii) sum insured</p> <p>    (iii) period of insurance</p> <p>c. Has any company</p> <p>    (i) refused to insure this or other property</p> <p>    (ii) cancelled any insurance policy</p> <p>    (iii) refuse to renew any policy</p> <p>    (iv) required an increased premium or terms</p> <p>d. Have you ever had a loss during the past 5 years by fire or any other peril in 10 above. If yes to 11c or d give full details?</p> | <p>11. a. _____</p> <p>b. _____</p> <p>    (i) _____</p> <p>    (ii) _____</p> <p>    (iii) _____</p> <p>c. _____</p> <p>    (i) _____</p> <p>    (ii) _____</p> <p>    (iii) _____</p> <p>    (iv) _____</p> <p>d. _____</p> <p>_____</p>  |
| <p>12. Do you wish the insurance to be on a reinstatement value basis in respect of buildings &amp; machinery</p>  | <p>12. _____</p>  |
| <p>13. Do you wish the Policy to be issued in</p>  | <p>ENGLISH <input type="checkbox"/>                      NEPALI <input type="checkbox"/>                      EITHER <input type="checkbox"/></p>   |

### DECLARATION

I/We hereby declare that the above statements are true and that I/we have withheld no information which might influence the acceptance of this proposal. I we further declare that the sums insured represent and will be maintained at no less than the full value of the property. I/we agree that this proposal shall be the basis of the contract between me/us and the Company and deemed to be incorporated in the Policy.

Date:

Signature: