

HOTEL PLUS PROPOSAL FORM

The Proposer				
Name				
Postal Address				
When Established				
The Hotel				
Name				
Location				
Date Of Commencement Of Operations				
Rating Category				
Construction Of The Building				
No. Of Floors				
No. Of Rooms Single Double Suites				
No. Of Restaurants				
No. Of Clubs & Disco's				
No. Of Employees				
Estimated Annual Salaries	AED			
Section I – Property Insurance				
Description	Sum Insured			
Building				
Plant & Machinery				
Furniture, Fixtures, Fittings & Utensils				
Stock Of Foodstuff & Beverages				
Signboards				
Total	=========			
Section Ii – Business Interruption Insura	ince			
Gross Annual Revenue				
	AED			
Auditors Fee	AED			
Total	AED			
Indemnity Period	Months			



Standard Policy Limits For Other Sections Section Iii - Machinery Breakdown Insurance (List Of Machines With Replacement Value) **Total Sum Insured** AED Section Iv - Deterioration Of Stocks **AED** Limit Of Liability Section V - Infidelity Of Employees (List Of Employees With Designation And Limit Per Employee) Limit Of Liability In The Aggregate **AED** Section Vi – Workmen's Compensation / Employer's Liability (Number Of Employees With Estimated Annual Wages) Workmen's Compensation As Per Labour Law **Employer's Liability Limit AED** Section Vii – Loss Of Money Limit Of Liability In Transit Any One Carrying AED **Estimated Annual Carrying AED** In Safe **AED** Section Viii - Legal Liability **Limit Of Liability** AED **Liability For Guests Effects AED** Section Ix - Damage To Fixed Glass Limit Of Liability **AED** Section X - Goods In Transit **AED** Limit Of Liability



Section Xi – Computers

Sum I	nsured AED				
Declai	ration:				
a)	Have You Ever Sustained A Loss Or Losses Under Any Classes Of Insurance ? (Whether Insured Or Not)		Above Yes	e No	
b)	Are You At Present Insured With Any Other Company	у	Yes	No	
c)	Has Any Insurer Ever Declined Or Cancelled Your Insu Policies		Yes	No	
d) Is There Any Other Information Within Your Knowledge Not Already Disclosed, Affecting Or Likely To Affect The Proposed Insur Yes					
If Any Of The Above Answers "Yes", Please Give Below Full Particulars					
	ave Read The Above And Agree That To The Best C It Represents A True And Complete Statement Of Fac		nowle	dge And	
	greed That This Proposal Form Shall Be The Basis Of Be Issued.	The Con	itract !	Should A	
Signat	cure Of The Proposer				