



༄༅ །། འབྲུག་ ཉེན་ བཅོམ་ ཚོད།

Bhutan Insurance Limited

Providing Security. Building Confidence

Your insurer of
CHOICE

Proposal No..... Agency code.....

FIRE INSURANCE PROPOSAL FORM

Name of proposer.....I/Card No.....

Postal Address.....

E-mail address if any.....Tele /Mobile No.....

Date of Birth/...../.....Profession/Occupation.....

Period of Insurance from...../...../.....to...../...../.....

MORTGAGED/HYPOTHECATED TO:

I/we hereby request you to insure the following:-

Properties	Sum Insured	Rate	Premium
On building 1			
On building 2			
On building 3			
On personal furniture & effects			
On business furniture, fixture, fitting & utensils			
On merchandise & stock-in -trade consisting of (attach the list)			
Whilst contained in the (State whether factory,shop or godown) On machinery (attach list of machinery with value)			
Total			

Please tick the additional coverage required by you:-
Earthquake/Flood/Landslide/Storm/RSMDT/Explosion/spontaneous combustion.

The above property is situated at:

Thram/plot No.....Name of street.....town.....District.....

The said building isstoried with.....in height above

plinth level, constructed during the year.....The walls of the building are built of.....

Set in, with roof of.....Supported on, having floors made

of
(State whether ferro-concrete,iron, non-resinous wood, other than bamboo etc)

is lighted byand heated by.....

The said building belongs toof.....

NOTE: It is most important to insure the property for the FULL VALUE as only proportionate amount of any loss would be recoverable in case of under insurance.

1. The following questions are to be answered fully by the proposer:-
 - a) By whom and how are the premises occupied.....
 - b) Give full particulars of whom each portion of the premises are occupied and, if any goods are stored therein, please state their nature.
 - i. Ground floor
 - ii. 1st floor
 - iii. 2nd floor.....
 - iv. 3rd floor.....
 - v. 4th floor
 - vi. 5th floor.....
 - c) If any trade or process of manufacturing carried out in the premises give full details.....
 - d) Is the building detached, or does it adjoin other buildings? If adjoining state and give details of construction and occupation of such adjoining buildings.....
2. If other buildings adjoin or are situated within 50 feet state type of construction and how occupied.

	Type of construction	Roofing	How occupied (this must be fully answered)
Building to the North			
Building to the South			
Building to the East			
Building to the West			

3. If the proposed insurance applies to business premises, state how long you have carried on business in the present premises and if another premises, where-----
4. How frequently stock is taken?.....
 - (a) Do you maintain a stock register? Yes/No
 - (b) Are the account books locked up in a fireproof safe Yes/ No
 - (c) or removed to another building at all times when the premises are not open for business proposes. Yes/No
5. Is the same property/stock insured with any other company Yes/ No

if yes,

 - (a) has the Company declined to insure this or any other property belonging to you Yes/ No
 - (b) Cancelled your policy? **Yes / No** (c) or refused to renew your policy. **Yes/No**
 - (c) If so, state name of companypolicy
 - Sum insured.....Amountexpiry date.....
 - (d) Have you ever suffered a loss by fire? If so state full particulars.

Name of company.....Policy No.....

Sum Insured.....Date of loss.....Amount.....

I/we the undersigned hereby declare that the above statements and particulars are true and complete and I/we declare and agree that this declaration and the answer given above shall be held promissory and shall be the basis of the contract between myself/ ourselves and the company.

Signature of proposer

Signature of Representative

Date

Date.....

YOUR INSURER OF CHOICE

Chorten Lam, Post Box No 779, Ph.339893/339894 Fax No.339895