

## Proposer's details

Contact person

Email

Phone number

Address of Premises (with Geo coordinates, if available):

City

Country

Street

Building

Floor/Office number

P.O. Box.

## Company Characteristics

Sector / Nature of business (activity)

Turnover (please tick the relevant box)

☐ Less than 100,000 (OMR)

☐ Between 100,000 and 500,000 (OMR)

☐ Between 500,000 and 1 million (OMR)

☐ Between 1 and 2 million (OMR)

☐ Between 2 and 3.5 million (OMR)

☐ Less than 100,000 (OMR)

No of Employees / Annual Turnover

## Contact Details

Company's authorised signatory name:

Designation

Email

Landline number

Mobile number

## Risk details

Age of building

☐ < 15 YRS

☐ >= 15 YRS

Does the company occupy more than 1 building?

☐ Yes

☐ No

Number of employees performing manual work:



## Cover Selection (please tick the chosen option)

Cover	Sum Insured / Limit (OMR)			
<b>Compulsory Covers</b>				
Business content	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Employers liability (limit of indemnity any one occurrence and in aggregate)	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Workmen compensation (please specify total annual payroll) (limit of indemnity any one occurrence)	Please specify the amount:			
Public liability (limit of indemnity any one occurrence)	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
<b>Optional Covers</b>				
Portable equipment	<input type="checkbox"/> 1,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 5,000
Building	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Money in transit (please specify the annual transported cash amount and the maximum amount carried any one single transit)	Please specify the amounts:			
Business money	<input type="checkbox"/> 1,000			
Fidelity guarantee (capital covered per insured)	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000		
Personal accident (capital covered per insured)	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000		
Computer breakdown - material damages	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	
Personal effects - customers	<input type="checkbox"/> 500	<input type="checkbox"/> 1,000	<input type="checkbox"/> 1,500	<input type="checkbox"/> 2,500
Stock	<input type="checkbox"/> 4,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000	<input type="checkbox"/> 40,000
Business interruption rent and icow	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	
Business interruption loss of gross profits	<input type="checkbox"/> 20,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 1,000,000
Machinery breakdown	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Directors and officers liability	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Product liability (limit of indemnity any one occurrence and in aggregate)	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Professional indemnity (limit of indemnity any one occurrence and in aggregate)	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Goods in transit (annual transported amount) maximum amount carried any one single transit limited to omr 10,000, please specify if higher limits are needed:	<input type="checkbox"/> <50,000	<input type="checkbox"/> <200,000	<input type="checkbox"/> <500,000	<input type="checkbox"/> >=500,000

The territorial limits of coverage and Jurisdiction under the policy is Sultanate of Oman.



## Annexure

Portable equipment / Machinery details	#	Make	Model	Year of Purchase	Value
	1				
	2				
	3				
	4				
	5				

Name of the employees covered by Personal Accident Benefit (Please note that the age limit should be between 65 – 18 years)	#	Designation + First Name + Last Name + Date of Birth
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	
	18	
	19	
	20	

Name of the employees covered by Fidelity Guarantee Benefit	#	Designation + First Name + Last Name
	1	
	2	
	3	
	4	
	5	



## Loss Experience

Did you suffer any loss in the past 5 years in respect of any cover you have applied including under previous trading name, at same premises or at any other premises? If yes, please give details, date & nature of loss along with amount?

Details:

☐ Yes

☐ No



## Other Insurance Requirements

I would like to receive information regarding

☐ Healthcare insurance

☐ Liability insurance

☐ Motor fleet insurance

☐ Cargo insurance

Other insurances: Please specify



## Disclaimer

This application will be processed only if the same is duly filled, signed by the authorized person and a copy of the trade license / company registration is attached. This application form is a non-binding document subject to review by GIG. Please refer to the policy booklet for full terms conditions and exclusions.

Proposer Name:

Policy target inception date:

Signature-authorized signatory name:

Please use additional sheets if the space supplied is not sufficient.



## Declaration

We declare that to the best of my knowledge and belief that the above particulars and answers are correct and complete in every respect and I/we have not withheld any information which might influence the decision of GIG in regard to the application. I agree that the application shall form the basis of insurance, if a policy is issued.