



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Commercial Property ("Fire") Insurance Proposal Form

### Instructions

Trade Union would be happy to provide you with a quote to insure your commercial property. Just fill in the form below and return it to us at your convenience. For expediency, you may email or fax this proposal to us but please note that we will require you to send us the original, signed by post prior to your policy being issued.

**By email:** uw@tui-sa.com

**By fax, post or in person:** Please see the last page of this document for a list of our regional offices.

Please answer all the questions fully. If you require additional space to complete any section, please feel free to attach documents or a separate piece of your company letterhead giving full details of any additional information.

### Non disclosure / Misstatement / Misrepresentation

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

### Confidentiality

Trade Union respects your privacy. We will use the information you provide us only for the purposes of providing you with a quote for insurance. We will not communicate any of the information you provide to any third party under any circumstances.

### Proposed Policy Holder

First, we will need some information about the person or legal entity who will hold the policy, the insured.

**Full legal name of the policy holder**  
(legal entity or individual)

**Policy holder's legal address**

**What is the status of the policy holder**  
(private company, public company, government, etc.)

**What is the policy holder's primary business activity?**

**If the policy holder is a legal entity, please provide the name of a contact person for communication purposes.**

**If different from above, to what postal address should Trade Union send all communication?**

**At what telephone number can we reach you if we have any questions?**

**Fax number?**

**Email address?**



TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



### Proposed Policy Holder (continued)

How many years has the policy holder been in business?

Has the proposed policy holder ever been declared bankrupt or insolvent?

Yes  No

If yes, please give full details.

Has an insurer ever declined to insure or renew cover for the proposed policy holder?

Yes  No

Has an insurer ever cancelled an existing policy for the proposed policy holder?

Yes  No

Has an insurer ever imposed restrictions or an increase in premium on the proposed policy holder?

Yes  No

If yes to any of the above three questions, please give full details.

Use this space to provide any other information or material facts that you wish to disclose concerning the proposed policy holder.



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Building to be Insured

Next we need as much information about the building itself. Please do not hesitate to provide us with photocopies of certificates and documents. We do, however, ask that you refrain from sending us any original documents at this time.

**What is the address of the building?**

**If different from the policy holder, who owns the building?**

**What is the address of the owner?**

**Describe the business operations at the proposed location**

**Age of building**

**Number of floors**

**Date of last renovation**

**Give details of any firefighting equipment available at the premises**

**Are any hazardous goods stored in the building?**

Yes  No

**Will the premises remain unoccupied for more than 30 days in a year?**

Yes  No

**Has there ever been a fire or burglary or other loss at the proposed premises or any of your premises?**

Yes  No

**If yes to any of the above, please provide details.**



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Interest to be Covered

Next we need you to provide us with the amounts you wish to insure. Please indicate the amounts in Saudi riyals.

**Basis for indemnity**

**Market value**

**Replacement / reinstatement value**

**Building including electrical installation and lifts (if any)**

**Fixtures, fittings and decorations**

**Furniture**

**Electrical items**

**Personal effects**  
(excluding jewelry)

**Plant and machinery**

**Stock in trade (value)**

(The policy holder's or held by him in trust or commission)

**Please describe the nature of the stock to be insured**

**Debris removal in the event of damage or loss**

**Architect & consultant fees**

**Loss of rent**

Yes

No

**If yes, please select one of the following options.**

**Alternative accommodation**

**Rent payable**  
(as tenant)

**Rent receivable**  
(as owner)

**Rent per months**

**Number of months**

**Other items to be insured**

(please provide as many details as possible. Use a separate sheet of paper if necessary.)



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance



## Additional Coverage

Please indicate any additional coverage in addition to basic fire coverage that you wish to have. If you answer yes to any of the questions below, please go to our web site at [www.tui-sa.com](http://www.tui-sa.com) and download and fill in the appropriate proposal form, which can be found on the Commercial Property page.

### Allied perils

(Coverage against loss or damage caused by named perils such as earthquakes, water damage, storm, tempest, flood, riot and strike, malicious damage, explosion, aircraft and impact damages and smoke damage.)

Yes  No

### Property all risks

(Covers all physical loss or damage, except those specifically excluded under the policy agreement.)

Yes  No

### Consequential loss

(Covers consequential losses followed by fire damage.)

Yes  No

### Business interruption ("Loss of Profit") insurance

Yes  No

### Boiler & machinery ("equipment breakdown") insurance

(Covers the accidental breakdown of boilers, machinery and equipment. For example, this coverage would cover fire damage to computers.)

Yes  No

### Inland marine insurance

(Covers property in transit and other people's property on the insured premises. For example, this insurance would cover fire-damage to customers' clothing from a fire at a dry cleaning business.)

Yes  No

### Burglary or theft insurance

Yes  No

### Accidental damage to plate glass

Yes  No

### Terrorism

Yes  No

## Current Insurance Arrangements

If you building is currently insured by someone else, please let us know.

Is the building currently insured?

Yes  No

If yes, who is the insurer?

On what date will the policy expire?

## Period of Insurance

Period of insurance?

From

To



# TUCI

الإتحاد التجاري للتأمين و إعادة التأمين التعاوني  
Trade Union Cooperative Insurance & Reinsurance

## Declaration

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I declare that the particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that this proposal and declaration shall form the basis of the contract of insurance between the Policy Holder and Trade Union if a policy is issued.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person deemed to be the agent of the proposer for the purpose of completion purposes.

This document must be signed by the proposed policy holder or by a legal representative of the policy holder in the case where the proposed policy holder is a legal entity.

Signature

Full name

Official title / position in company

Date

## Liability

The liability of the insurer ("Trade Union") does not commence until acceptance of this proposal has been intimated by the insurers in writing and an official cover note/policy issued.

قسم التأمين الصحي-جدة  
ص.ب. ١٠٦٣  
جدة ٢١٤٣٣  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٢ ٦٦٠٠٩٩  
فاكس: +٩٦٦ ٢ ٢٨٤٤٣٢

فرع مكة  
ص.ب. ١٠٦٣  
جدة ٢١٤٣٣  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٢ ٥٤٠٠٢٦  
فاكس: +٩٦٦ ٢ ٥٣٧٢٠٧

فرع جدة  
ص.ب. ١٠٦٣  
جدة ٢١٤٣٣  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٢ ٦٦٠٣٧٣٣  
فاكس: +٩٦٦ ٢ ٦٦٥١٨٩٥

فرع الرياض  
ص.ب. ٢٥٩٧٥  
الرياض ١١٤٧٦  
المملكة العربية السعودية  
هاتف: +٩٦٦ ١ ٤٧٤١٠٩٣  
فاكس: +٩٦٦ ١ ٤٧٩٣٢٩٨

فرع الهفوف  
ص.ب. ١٠٢٢  
الخير ٣١٩٥٢  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٣ ٥٣٠٥٥٤٥  
فاكس: +٩٦٦ ٣ ٥٣٠٧٦٢٨

فرع الدمام  
ص.ب. ١٠٢٢  
الخير ٣١٩٥٢  
المملكة العربية السعودية  
هاتف: +٩٦٦ ٣ ٨٣٤٨٥٤٥  
فاكس: +٩٦٦ ٣ ٨٣٤٨٥٢٢

Health Insurance Division  
P.O. Box 10163  
Jeddah 21433  
Kingdom of Saudi Arabia  
Tel: +966 2 6610099  
Fax: +966 2 2844432  
tui-med@tui-sa.com

Makkah Branch  
P.O. Box 10163  
Jeddah 21433  
Kingdom of Saudi Arabia  
Tel: +966 2 5401026  
Fax: +966 2 5372007  
tui-mak@tui-sa.com

Jeddah Branch  
P.O. Box 10163  
Jeddah 21433  
Kingdom of Saudi Arabia  
Tel: +966 2 6603733  
Fax: +966 2 6651895  
tui-jed@tui-sa.com

Riyadh Branch  
P.O. Box 25975  
Riyadh 11476  
Kingdom of Saudi Arabia  
Tel: +966 1 4741093  
Fax: +966 1 4793298  
tui-riy@tui-sa.com

Hufuf Branch  
P.O. Box 1022  
Al-Khobar 31952  
Kingdom of Saudi Arabia  
Tel: +966 3 5305545  
Fax: +966 3 5307628  
tui-huf@tui-sa.com

Dammam Branch  
P.O. Box 1022  
Al-Khobar 31952  
Kingdom of Saudi Arabia  
Tel: +966 3 8348545  
Fax: +966 3 8348522  
tui-dam@tui-sa.com

الرقم الموحد: 920006262 Unique Tel Number: