



SALAAM TAKAFUL LIMITED

(Formerly Takaful Pakistan Limited)

Business Centre, 6th Floor, Plot NO. 19-1-A, Block-6, P.E.C.H.S., Shahrah-e-Faisal, Karachi-75400. UAN: (+92 21) 111 875 111; Fax: (+92 21) 34373195

SALAAM FIRE TAKAFUL PROPOSAL/INSPECTION FORM

I General Description

(Use extra sheets, if required)

1	Name of the Proposer																															
2	Contact Details:	Address: _____																														
		Phone #: _____ Cell: _____																														
		Fax#: _____																														
3	Name of the Bank (s) or Mortgagee(s), if any																															
4	Proposed period of Policy	From: _____ To: _____																														
5	Location of risk																															
6	Risk(s) to be covered (other than Fire)	<table style="width: 100%; border: none;"> <tr><td>i</td><td>Riot & Strike Damage</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>ii</td><td>Malicious Damage</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>iii</td><td>Earthquake Fire & Shock</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>iv</td><td>Atmospheric Disturbances</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>v</td><td>Burglary</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>vi</td><td>Explosion Damage</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>vii</td><td>Aircraft Damage</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>viii</td><td>Impact Damage</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>ix</td><td>Electrical Clause "B"</td><td style="text-align: right;"><input type="radio"/></td></tr> <tr><td>x</td><td>Night Work</td><td style="text-align: right;"><input type="radio"/></td></tr> </table>	i	Riot & Strike Damage	<input type="radio"/>	ii	Malicious Damage	<input type="radio"/>	iii	Earthquake Fire & Shock	<input type="radio"/>	iv	Atmospheric Disturbances	<input type="radio"/>	v	Burglary	<input type="radio"/>	vi	Explosion Damage	<input type="radio"/>	vii	Aircraft Damage	<input type="radio"/>	viii	Impact Damage	<input type="radio"/>	ix	Electrical Clause "B"	<input type="radio"/>	x	Night Work	<input type="radio"/>
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7	Proposed Sum Covered																															
	a) Building																															
	b) Plant and Machinery																															
	c) Stocks of Raw Material																															
	d) Stocks in Process																															
	e) Stocks of Finished Goods																															
	f) Furniture, Fixture and Fittings																															
	g) Others																															
	Total																															

II Construction

8	Details	Material	Thickness
	Roof		
	Walls		
	Floor		
	Door		
	Windows		

III Risk Assessment

9	Nature of business/occupation of the risk (Activity carried out at the premises)	
10	Number of storey(ies)	Below ground floor
		Above ground floor
11	Is any of the following being used within the premises? Boiler /Heater	Yes <input type="radio"/> No <input type="radio"/> (If yes give details)
	Electric Generator	Yes <input type="radio"/> No <input type="radio"/> (If yes give details)
12	Source of electric power	<input type="radio"/> Self-generated <input type="radio"/> External supply
13	Is the risk attached to other building/premises?	Yes <input type="radio"/> No <input type="radio"/>
14	If attached, please state construction and occupation of the said premises/building	
15	Are there any hazardous/flammable goods stored in the premises?	Yes <input type="radio"/> No <input type="radio"/>
16	If 'yes', please provide details: Description, Type of containers/packing and quantity	
17	Operational timings	From: _____ To: _____
18	Is any night work involved?	Yes <input type="radio"/> No <input type="radio"/>
19	Total numbers of hands (workers)	Full time:
		Part time/temporary:
20	Storage arrangement	Stacking <input type="radio"/> Random <input type="radio"/> Pallets <input type="radio"/>
21	Storage in open	Yes <input type="radio"/> No <input type="radio"/>
22	Are the stocks books regularly kept? How are they kept secured?	Yes <input type="radio"/> No <input type="radio"/>
23	House Keeping	<input type="radio"/> Bad <input type="radio"/> Fair <input type="radio"/> Good
24	Electrical wiring	<input type="radio"/> Bad <input type="radio"/> Fair <input type="radio"/> Good <input type="radio"/> Excellent <input type="radio"/> Conduit <input type="radio"/> Open <input type="radio"/> Concealed
25	Existing Insurer/Takaful Operator	
26	Has the risk suffered any fire loss during the last three years? If yes, please give details.	Yes <input type="radio"/> No <input type="radio"/>

IV Fire Fighting Arrangements

27	Quantity and type of fire extinguishers installed	
28	Expiry date of the extinguishers	
29	Number of hydrants with hose reels and nozzles	
30	Water storage tank for firefighting purposes	<input type="radio"/> Overhead <input type="radio"/> Underground <input type="radio"/> Open <input type="radio"/> None
		Capacity:
31	Number of extinguishers tested during the visit	
32	Number of hydrants tested during the visit	
33	Nearest Fire Brigade Station	
34	Response Time	

V Security Arrangements

35	Number of guards/chowkidars (Armed/Unarmed)	
36	Are doors/windows properly secured	YES <input type="radio"/> NO <input type="radio"/>
37	Number of entrances into the premises	
38	Nearest Police Station	
39	Response Time	

VI Layout Plan

40	Site layout plan provided by the client	YES <input type="radio"/> NO <input type="radio"/>
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If not, please draw a sketch of the site plan showing actual location and internal partition of the risk and adjacent premises:

SITE LAYOUT PLAN

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DECLARATION

1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
2. I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy
3. I/We hereby undertake to contribute the agreed amount to the Takaful Fund maintained and operated by the Company.
4. I/We understand that as per the rules of Takaful Fund, by doing so I shall stand entitled to the membership of the Takaful Fund and being one of its beneficiaries subject to the rules and regulations of the Fund.
5. As a prospective beneficiary of the Fund, I/We offer my/our property, as specifically described in the attached schedule, for the indemnity cover provided by the Fund to its beneficiaries.
6. I/We hereby request to be issued with a confirmation to acknowledge my membership and my consequential rights as a beneficiary of the Fund.

Signed at: _____

Signature of the Proposer _____

Dated:

D	D	M	M	Y	Y	Y	Y
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For Office Use Only

NOTE: Please keep a copy of this form along with the Policy copy in the Policy folder. The original should be sent to Risk Management Dept., Head Office, immediately after the visit.

Person (s) met:	Branch:
	Visited by:
Date of Visit:	Signature: