## SHARJAH INSURANCE COMPANY Head Office, Post Box No. 792, Sharjah, United Arab Emirates

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## Proposal Form for Insurance Against Loss of Profits Following Fire

Period of Insurance	:	From: 7	Го:		
		It is recommended that renew the end of your financial year.		ged a date 2/3	months after
Name of Proposer	:				
Postal Address	:				
Nature of Business	:				
Addresses of Premises occupied by Proposer (See Note 6)	:				
	Items	to be Insured		Sum Insured	Indemnity Period
1. On Gross Profit (See N		04)			months
2. On Total Wages for the	e first	weeks followed by	% for the		
remainder of the Inde	mnity Po	eriod (See Note 4)			
3. On Accountant's Charg	ges (See	Note 5)			
	Total	Sum Insured			
Amend, delete or add as Extension – Please indica	  required ate any I	n of Buildings, Machinery, Plant  d – See Note 1.  Extension required. (See Note 6)			······································
		te any Additional Perils to be inc			
		en established?			
2. When does your finan	cial year	r end?			
3. Name and Address of	your Au	ditor:	••• ••• •••		
		rance covering Loss of Profits?			
state particulars 6. Have you ever made a If so, give details 7. Total Fire Insurance by Annual Premium paid 8. Interruption by explos	claim ur y Annua thereon	posal made by you for Insurance inder a Fire Policy or Loss of Prof I Policies on Contents i	fits? d under this	 	
If not already effected, Engineering Insurance		nce against material damage can	be arrange	d, on request,	under an

Signature: \_\_\_