



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)

Turn over (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)			
Compulsory Covers				
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
Optional Covers				
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 dully 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 AXA Insurance. 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 AXA insurance in regard to the application. I agree that the application shall form the basis of insurance, if a policy is issued.

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