

United Insurance Company
Public Shareholding Company

In Conformity with the Federal Law No. 9/84
Registration No.(8) dated 22-12-1984



شركة التأمّن المتحدة

شركة مساهمة عامة

خاضعة لأحكام القانون الاتحادي رقم (9) لسنة 1984
رقم التسجيل (8) بتاريخ 22-12-1984

رأس المال المصرح به والمدفوع 50,000,000 درهم

Authorized and Paid-up Capital DH.50,000,000

UNITED INSURANCE COMPANY
Questionnaire and Proposal for Erection All Risks Insurance

NB: The Insurers undertake to deal with this information in strict confidence

1. Proposer:

Postal Address:

Site on which the property is to be erected:

2. Exact description of the property to be erected

**(Your order number and manufacture's name,
number,type,size,capacity,weight,pressure,
temperature,revolutions:in case of steel
structures:whether welded or riveted:
in case of complete factories:general drawing
of plant:nature of civil engineering works if any)**

**3. (a) Have plants,designs and materials of this
kind been used/or tested in any previous
construction?**

**(b) Is the property to be erected or any
part thereof of a new design?**

**(c) Are any special risks of earthquake,
flood,tempest,fire or explosion involved?
If so,give details.**

**(d) Have the buildings and civil engineering
works already been completed?**

**4. Are you the manufacture,importer,buyer or
contractor of the property?**

9. Description of the Insured Items

Sum Insured

1. Material Damage

- (i) Basic cost price of property to be erected..... (a) Dhs.....
 - (b) Freight..... (b) Dhs.....
 - © Customs Duties and Dues..... © Dhs.....
 - (d) Cost of Erection..... (d) Dhs.....1.....
- 2. Civil Engineering Works** 2.....
- 3. Clearance of Debris(limit of indemnity)** 3.....
- 4. Property located on the Principal's premises or on the site belonging to the Principal or held in care, custody or control of the Insured (state main items and separate limit of indemnity)** 4.....
- 5. Erection/Construction Plant, Equipment and Machinery.** 5.....
- Total Value** :.....

Section 2

Third Party Liability

- 1. Limit of indemnity in respect of any one accident or series of accidents arising out of one event.** 1.....
- 2. Total limit of indemnity under this Policy.** 2.....

We hereby declare that the statements made by us in this Questionnaire are complete and true to the best of our knowledge and belief and we hereby agree that this Questionnaire shall form the basis and be part of any Policy or Policies issued in connection with the above risk or risks. It is agreed that the Insurers shall be liable in accordance with the terms of the Policy only.

Dated at This day of 20

Stamp & Signature of Proposer