



Proposer's Details

Name:

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 1 million (QAR)

Between 1 and 5 million (QAR)

Between 5 and 10 million (QAR)

Between 10 and 20 million (QAR)

Between 20 and 35 million (QAR)

More than 35 million (QAR)

No. of Employees / Annual Turnover



Contact Details

Company's authorised signatory name:

Designation:

Email:

Landline:

Mobile:



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 (QAR)			
Compulsory Covers				
Property content	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Employers liability	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,500,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 10,000,000
Workmen compensation (please specify total annual payroll)	Please specify the amount:			
Public liability	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,500,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 10,000,000
Optional Covers				
Portable equipment	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 50,000
Building	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 2,500,000	<input type="checkbox"/> 5,000,000	<input type="checkbox"/> 10,000,000
Money in transit (please specify the annual transported cash amount)	Please specify the amounts:			
Office money	<input type="checkbox"/> 10,000			
Fidelity guarantee (capital covered per insured)	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000		
Personal accident (capital covered per insured)	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000		
Computer breakdown - material damages	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	
Personal effects - customers	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 15,000	<input type="checkbox"/> 25,000
Stock	<input type="checkbox"/> 40,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 200,000	<input type="checkbox"/> 400,000
Business interruption rent and icow	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	
Business interruption loss of gross profits	<input type="checkbox"/> 200,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	<input type="checkbox"/> 10,000,000
Machinery breakdown	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
D&O	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Product liability	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Professional indemnity	<input type="checkbox"/> 100,000	<input type="checkbox"/> 250,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000
Goods in transit (annual transported amount)	<input type="checkbox"/> <500,000	<input type="checkbox"/> <2,000,000	<input type="checkbox"/> <5,000,000	<input type="checkbox"/> >=5,000,000



Annexure

Portable equipment details	#	Make	Model	Year of Purchase	Value
	1				
	2				
	3				
	4				
	5				

Name of the employees covered by Personal Accident Benefit	#	Designation + First Name + Last Name
	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	



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 duly 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.

Company Name:

Policy target inception date:

Signature (company's authorised signatory name)

Please use additional sheets if the space supplied is not sufficient.

QTRCL19ENI13112PR11.18.182019/JN