

## Appendix A: Endorsement Form

### Proposer Information

Insured:

Policy Number:

Telephone Number

Fax No:

E-mail:

### Requested Changes

New property sum insured (for one location):

Location address:

Building:

Furniture, Fittings, Equipment:

Annual rent:

Annual gross profit:

New Annual Salaries:

Total number of employees:

Changes in Insured name:

Changes in property location: (please provide new location details)

Changes in business description: (please provide new business description )

Changes in policy period: (please provide new expiry date )

Changes in limits: (please mention for which cover and new limit required)

Additional covers/clauses required:

Additional locations/New property sum insured for more than 1 location (Please fill the table below)

Other:

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More than one location (New Sum Insured)							
Address of Location to be insured and Occupancy	Buildings	Contents	Stock	Annual rent	Annual gross profit	Other	No of Stud.
1)							
2)							
3)							
4)							
5)							
6)							
7)							

The below section is to be filled if an additional location is required or in case of change of location if more than five location please fill a separate sheet

Please confirm that:

All The insured Premises are constructed 100% out of concrete

There have been no losses or claims at any of the locations for the past 4 years

Yes

The insured has never had a proposal for insurance declined by an insurance company

No

The location/s being insured are not occupied for manufacturing or as a warehouse

There is no location that does not have at least one of the following fire preventive measure in place and operational:

- Sprinkler - Fire extinguisher - Hose reel - Fire alarm system - Smoke detectors

Only applicable for Business Guard Clinicare if Electronic Equipment Insurance is required.

Yes

You do not have any single electronic equipment item worth AED 200,000 or more .

No

None of your electronic Equipment is over 4 years old

If no to any of the above please specify which criteria you do not conform with & at what location

### Declaration

I declare that the forgoing statements and particulars are true and complete and that this proposal shall form the basis of the contract with American Home Assurance Company

I agree to accept insurance subject to the terms and conditions of the Company's Policy and that the Insurance will not be in force until the Proposal has been accepted by the Company.

Customer's Signature

Effective Date of changes: