



Proposer's Details

Name:

Address of Premises:

City:

Country:

Street:

Building:

Floor / Office number:

P.O.Box:



Company Characteristics

Sector / Nature of business (activity):

Turnover (please tick the relevant box)

Less than 100,000 (BHD)

Between 100,000 and 500,000 (BHD)

Between 500,000 and 1 million (BHD)

Between 1 and 2 million (BHD)

Between 2 and 3.5 million (BHD)

More than 3.5 million (BHD)

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 occupies more than 1 building?

Yes

No

Number of employees performing a manual work:



Cover selection (please tick the chosen option)

Cover

Sum Insured / Limit (Bhd)

5.1 Compulsory Covers

Property content

10,000

25,000

50,000

100,000

Employers liability

100,000

250,000

500,000

1,000,000

Public liability

100,000

250,000

500,000

1,000,000

5.2 Optional Covers

Workmen Compensation (please specify total annual payroll)	please specify the amount:			
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)	please specify the amount:			
Office 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
D&O	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Product liability	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000
Professional indemnity	<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)	<input type="checkbox"/> <50,000	<input type="checkbox"/> <200,000	<input type="checkbox"/> <500,000	<input type="checkbox"/> >=500,000



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	

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

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A company incorporated in the Kingdom of Bahrain (CR 22373) with an authorised and paid up capital of BD 15,000,000 and regulated by the Central Bank of Bahrain as a Bahraini insurance licensee.