

### Part 3: Additional Covers

If your business needs wider coverage, we offer a range of segment-specific comprehensive covers. Please select the additional covers you need. Kindly fill in the corresponding questionnaire to complete details about the relevant covers.

- |  |   |
|--|---|
| <input type="checkbox"/> Business interruption   | <input type="checkbox"/> Travel(baggage)        |
| <input type="checkbox"/> Electronic equipment    | <input type="checkbox"/> Machinery breakdown    |
| <input type="checkbox"/> Motor insurance         | <input type="checkbox"/> Refrigerated stock     |
| <input type="checkbox"/> Money                   | <input type="checkbox"/> Goods in transit(land) |
| <input type="checkbox"/> Group personal accident | <input type="checkbox"/> Fidelity guarantee     |

### Part 4: Previous Insurance Details

Has your company or employee had any previous loss, damage or injury?  
No  Yes  (Please specify in Part 5)

Have there been any accidents to your employees during the last 3 years?  
No  Yes  (Please specify)

Has any insurer declined your proposal, refused to renew your policy or cancelled your policy?  
No  Yes  (Please specify)

### Part 5: Prior Claims

Please provide details of any Claims in the past 3 years:

Date	Details of Claims	Amount (AED)

### Important Notice

#### NON DISCLOSURE OR MISREPRESENTATION.

You must tell us immediately if any of the information stated in your quotation is incorrect. Failure to do so may invalidate your policy.

Since no list of questions can be exhaustive, please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.

You must retain a copy of this document.

#### Declaration

Before signing the Declaration, check your answers carefully, particularly if this quotation was completed on your behalf. If you are not the applicant you must have permission from the applicant to sign on their behalf.

I declare that to the best of my knowledge and belief, the answers given are true and all material information has been disclosed. I confirm the payment of the premium is made from my own source.

#### Please sign the Declaration below:

Authorised signature \_\_\_\_\_

Company stamp \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This insurance will not commence until the Insurers have indicated their acceptance of the proposal and a policy has been issued. The insurer reserves the right to decline any proposal.



## RETAIL COMPREHENSIVE INSURANCE

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insurance for  
the cost of  
11 months!**



To request a quote, send us a completed proposal form mentioning,

- Location and business details
- Specific covers needed
- Claims experience

The Retail Comprehensive Insurance offers different covers, depending on what your needs are. To arrange for insurance, talk to your broker or contact us on:

T: 04 - 3029800  
E: New.Business@ae.rsagroup.com  
W: www.rsagroup.ae

Royal & Sun Alliance Insurance (Middle East) Ltd EC registered UAE Federal Law dated April 1, 1997 (Registration No 65).

