



1. Give details below of each premises owned or occupied

**Address**

**State whether owned or leased**

**Occupied as**  
(e.g. Factory, warehouse, office)

2. State the limit of Indemnity required for any one accident

7. Is the takaful to cover a restaurant cafe or other place where food/drink served? If "Yes", state the average number of persons served daily and the maximum seating capacity.

YES

NO

3. Are the buildings described above in your sole occupation and used solely for the business described? If "NO", give details

YES

NO

(A) do you wish to cover the "food/drink poisoning" risk?

YES

NO

8. Is the takaful cover related to a hotel? If "Yes", state number of bedrooms.

YES

NO

4. Give a description of any work which may be undertaken away from the premises

(N.B.A separate Questionnaire for Hotel risks should be completed)

9. (a) Give description of any power-operated lifting tackle (e.g. lifts, elevators, cranes, hoists etc.)  
N.B. For passenger lifts, indicate capacity in persons. For other lifting tackle, indicate maximum lifting capacity.

5. Give a description of any work sub-contracted and indicate the estimated annual costs

6. Give the number and estimated annual earnings of persons engaged in the business, including working Principals:

At the premises:	Number	Estimated annual earnings
(i) clerical & executive staff not engaged in manual work	<input type="text"/>	<input type="text"/>
(ii) all other workers Elsewhere	<input type="text"/>	<input type="text"/>
(iii) all staff working away from the premises	<input type="text"/>	<input type="text"/>

(b) At what intervals and by whom are such items inspected?

10. (a) Give description of any boilers or other apparatus operating under internal steam pressure.

(b) At what intervals and by whom are such items inspected?

11. Give details of any mobile plant and/or mechanically propelled vehicles not licensed for road use and which are used solely on the premises to which this takaful will apply

Do you handle or use

(a) welding or cutting plant or other equipment involving application of heat away from your premises?  YES  NO  
If "yes" give details.

(b) radioactive substances or devices?  YES  NO  
If "Yes". give details.

(c) explosives or dangerous substances? If "Yes", give details.  YES  NO

(d) asbestos or silica or material containing asbestos or silica?  YES  NO  
If "Yes". give details.

(e) any other materials giving rise to dust or fumes?  YES  NO  
If "Yes", give, details.

12. Does any of your trade processes give rise to toxic or dangerous waste?  YES  NO  
(The details must include the method of disposal)

13. Do you wish to cover against liability arising from goods sold or supplied? If "Yes (A Products liability Questionnaire Should be completed.)  YES  NO

14. Have you to the best of your knowledge and belief accepted under a contract or agreement liability which you would not otherwise be under? If "Yes", give details?  YES  NO

15. Are you at present participated or have you ever proposed for liability takaful?  YES  NO

16. Has any Takaful Company declined or required special terms to insure you or cancelled or refused to renew any takaful of a type now being proposed? If "Yes", give name of Takaful Company and details.  YES  NO

17. Give particulars of all claims made upon you during the past five years of a type to which this proposal would apply, including the cost, and the estimated cost of unsettled claims.

**Important**

- (a) You are reminded of the need to disclose any facts which the Company would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant please ask your Insurance/Takaful Broker or Agent or Amana Takaful Office. Failure to disclose all relevant facts may invalidate your Certificate or may result in your Certificate not operating fully.
- (b) The cover provided under this proposal is subject to the terms and conditions of the Company's Public Liability Takaful Certificate.
- (c) This proposal is subject to the 'Premium Payment Warranty'.
- (d) Payments by cheque to be drawn in favour of Amana Takaful (Maldives) Plc and crossed A/C payee. Cash payments should be made at Amana Takaful (Maldives) Plc. Amana Takaful will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the Company.
- (e) I/We hereby agree to submit copies of any one of the following documents if requested by the Company.

**1. Individuals**

- i) ID ii) Passport iii) Driving Licence iv) Letter from a recognized public authority or public servant verifying the identity of the proposer

**2. Companies**

- i) Certificate of Business Registration

**3. Partnership Firms**

- i) Certificate of Registration, if registered ii) Partnership deed

**4. Trusts & Foundations**

- i) Certificate of Registration, if registered ii) Power of attorney granted to transact business on its behalf iii) Any official valid document to identify the trustees, settlers, beneficiaries and those holding power of attorney, founders, managers, directors

**DECLARATION BY PROPOSER**

I/We to the best of my / our knowledge hereby confirm that the statements contained in the proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact. I/We agree that the statements and declaration contained in this proposal form shall be the basis of the Takaful cover with the Company and are deemed to be incorporated into the Takaful policy.

I/We hereby agree that the Takaful contribution which I/We undertake to pay to Amana Takaful (Maldives) Plc (The Company) as tabarru (donation) be credited into the Participant's Takaful Fund (PTF) for the Company to manage the various schemes of Takaful under the General Takaful business and pay Takaful benefits to the participants as expressed in the Terms and Conditions of this Takaful policy in accordance with the Waqf rules governing the PTF. I/We agree that the Company take a non-refundable 40% of the Takaful Contribution as their fees for managing the above Takaful Operations. I/We also agree that the Company invest the said fund in a manner deemed fit by the Company and the profit from investment if any be shared in proportion of 50% to the PTF and 50% to the Company on the basis of Al-Mudharaba. Losses if any will be borne solely by the PTF.

Date: 

Day		Month		Year					
D	D	/	M	M	/	Y	Y	Y	Y

**Proposer's Signature:**  
(Rubber stamp where applicable)