



CRESCENT STAR INSURANCE LIMITED

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FIRE INSURANCE INSPECTION FORM FRESH PROPOSAL / RENEWAL BUSINESS
Risk Management Department
(Use extra sheets, if required)

I - General Description:

1	Name of the insured/proposer	
2	Name of the Banks or Mortgagee(s), if any	
3	Proposed period of insurance	From: _____ To: _____
4	Location of risk	
5	Proposed Sum Insured:	
	a) Building	
	b) Plant and Machinery	
	c) Stocks	
	d) Furniture, Fixture and Fittings	
	e) Other	
	Total Amount:	

II- Construction

Details:	Material:	Thickness:
Roof		
Walls		
Floor		
Door		
Window		

III- Risk Assessment

6	Nature of business / Occupation of the risk (Activity carried out in the premises)	
7	Number of storey/s	Above ground floor
		Below ground floor
8	Is any of the following being used within the premises: Boiler/ Heater	YES / NO (If yes give details)
	Electric Generator	YES / NO (If yes give details)

9	Source of electric power	Self generated / external supply
10	Is the risk attached to other building/premises?	YES / NO
11	If attached, please state construction and occupation of the said premises/building	
12	Are there hazardous/flammable stored in the premises, any goods	YES / NO
13	If 'yes', please provide details:	
14	Operational timings	From: To:
15	Is any night work involved?	YES / NO
16	Total number of hands (workers)	Full time:
		Part time/temporary:
17	Storage arrangement	Stacking / Random / Pallets
18	Storage in open	YES / NO
19	House Keeping	Bad / Fair / Good
20	Electrical wiring	Bad / Fair / Good / Excellent
		Open / Concealed/ Conduits
21	Has the risk suffered any fire loss during the last three years? If so, please give details	YES / NO

IV - Fire Fighting Arrangements

22	Quantity and type of fire extinguishers installed	
23	Expiry date of the extinguishers	
24	Number of hydrants with hose reels and nozzles	
25	Water storage tank for firefighting purposes	Overhead / Underground / Open / None
		Capacity:
26	Number of extinguishers tested during the visit	
27	Number of hydrants tested during the visit	

V - Security Arrangements

28	Number of guards / chowkidar	
20	Are doors/windows properly secured	YES / NO
30	Number of entrances into the premises	

VI - Layout Plan

31	Sight layout plan provided by the client	YES / NO
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If not, please draw a sketch of the site plan showing actual location and internal partition of the risk and adjacent premises on attached sheet:

(Name and Signature of the Producer)

(Name and Signature of Proposer / Insured's representative)

Dated: _____

Branch		Visited By	
Date of Visit		Person(s) met	