

WEDDING INSURANCE - MABROUK

Proposal Form

ADNIC is a Public Shareholding Company incorporated in the United Arab Emirates by Law No. (4) of 1972, and it is governed by the provisions of the UAE Federal Law No. (6) of 2007 "Establishment of the Insurance Authority & Organization of its Operations", with Registration No. (1).

Completing this Form

In order to apply for this insurance, please complete all parts of this proposal form and the annexures, if any.

You must provide full, accurate, and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. A material fact is one that would influence our decision whether to offer you insurance or the terms which we offer.

If the space provided is inadequate, please provide details using an additional information sheet, signed and dated.

Your insurance does not commence when you sign the proposal. Your cover will only commence once we have reviewed the proposal form and confirmed cover in writing.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements that are issued to you subsequently.

INFORMATION ABOUT YOU	Name of the Proposer (This should normally be the person or persons paying for the Wedding to be covered)			
	Address			
	P.O. Box		Country	
	Telephone Number		Email Address	

INFORMATION ABOUT THE EVENT	Insured Bride's Name			
	Insured Groom's Name			
	Name of the company organising your event:			
	Date of the Wedding / Wedding Reception (DD/MM/YYYY)			
	How many guests are expected to attend the event?			

INFORMATION ABOUT THE VENUE	Venue Name			
	Venue Address			
	P.O. Box		Name of Emirate	
	Telephone Number		Email Address	
	Do written contracts of hire exist between either you or your event organiser and the venue(s)?			
	Is any part of this event to be held in the open, or in a tent, marquee or temporary structure?			
	Are you using any other venues / locations for parts of this event (e.g. Mosque or registry office for the Wedding ceremony)?			
	If Yes, please give details:			

Do any of the Close Relatives (Bride/Grooms's parents, grandparents, brother/s, sister/s) covered under this policy have any known medical conditions?

Yes No

Will any of the Close Relatives (Bride/Grooms's parents, grandparents, brother/s, sister/s) covered under this policy be over 70 years of age on the day of the event?

Yes No

If you have answered "Yes" to any of the above 2 questions, please give details below.

Please choose the cover option from the below. (all limits below are in AED):

Section / Benefits	Bronze	Silver	Gold	Platinum
	Cover Limit (AED)			
Section 1: Cancellation and Rearrangement of Wedding and/or Wedding Reception	Upto 75,000 in respect of cancellation and upto 37,500 in respect of rearrangement	Upto 250,000 in respect of cancellation and upto 125,000 in respect of rearrangement	Upto 450,000 in respect of cancellation and upto 225,000 in respect of rearrangement	Upto 1,000,000 in respect of cancellation and upto 500,000 in respect of rearrangement
Section 2: Ceremonial Attire	Not Covered	Upto 2,500	Upto 5,000	Upto 10,000

Section / Benefits	Bronze	Silver	Gold	Platinum
Cover Limit (AED)				
Section 3: Wedding Gifts	Not Covered	Upto 2,500 (Per item limit 250)	Upto 3,500 (Per item limit 250)	Upto 5,000 (Per item limit 250)
Section 4: Wedding ring(s), Flowers, and the Wedding cake	Not Covered	Upto 2,500	Upto 3,500	Upto 5,000
Section 5: Wedding cars and transport Contractual Failure	Not Covered	Upto 2,500	Upto 3,500	Upto 5,000
Section 6: Photography and video	Not Covered	Upto 5,000	Upto 7,500	Upto 15,000
Section 7: Failure of suppliers	Not Covered	Irrecoverable Deposits upto 1,000	Irrecoverable Deposits upto 1,000	Irrecoverable Deposits upto 5,000
Section 8: Public Liability : (including food and drink)	Upto 250,000 any one occurrence and in aggregate	Upto 500,000 any one occurrence and in aggregate	Upto 750,000 any one occurrence and in aggregate	Upto 1,000,000 any one occurrence and in aggregate
Please tick and select the variant of your choice that you would like to purchase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Declaration

I/We hereby declare that the statements/information given by me/us in the Proposal Form are full, accurate and true. It is hereby understood and agreed that the statements, answers and particulars provided in this Proposal Form and as per the attachments are the basis on which the insurance policy is being issued/effectuated. If after the insurance policy is effectuated, it is found that any fact in the statements, answers or particulars in this Proposal Form is incorrect, untrue, inaccurate, misrepresented or non-disclosed in any material respect, ADNIC shall have no liability under the insurance policy and/or shall have the right to terminate the insurance policy from inception.

Name of Proposer:.....

Date of signing the Proposal Form:

Place of Signature:.....

Signature:

Note: Please note that each page of the Proposal form should be signed by the proposer or legal representative.