



Address: 1st floor, Imperial Court,
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**Questionnaire and Proposal for Loss of Profits
Following Fire Insurance Scheme**

We have indicated below:

- a. Estimated Gross Profit Business Interruption Values anticipated for _____ months, from _____
 b. Actual Gross Profit Business Interruption Values Earned for _____ months, ending _____

Note: If Business Interruption Policy covers more than one location file separate reports

ITEMS	COLUMN 1 Actual Value	COLUMN 2 Estimated Value
Item 1		
NET PROFITS , without deduction for Income Taxes		
FIXED CHARGES AND OTHER EXPENSES		
1. Interest.....		
2. Taxes		
3, Rentals		
4. Advertising & Publicity		
5. Total salaries and Wages of officers, executives and employees whose services would be retained during suspension of business operations		
6. Total salaries and wages payable under contracts guaranteeing annual compensation (not including any salaries and wages contained in Item # 5).....		
7. Compensation Insurance Premiums, Social Security, Unemployment Insurance and other Charges allocated to salaries and wages in 5 & 6 above		
8. Sunday operating expenses (Including delivery service) 9. Donations, membership fees, etc.....		
10.Heat, Light and Power (Plant not operating).....		
11 Insurance Premiums and Payments to Pension Plan		
12 Postage, telephone and telegraph		
13 Professional Services		
14 Repairs and depreciation of buildings, fixtures and equipment 15 Royalties (Minimum contract payments)		
16 Traveling Expenses		
17.....		
18.....		
Indemnity Period		
Deductible Required		



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DECLARATION

1. I/We hereby confirm that the details contained in this proposal form are true and correct to the best of my/our knowledge and belief and I/We have not concealed, misrepresented or misstated any material fact. I/We further undertake to inform the company of any material alterations to these facts occurring during the currency of this Policy.
2. I/We agree that the statements and declaration contained in this proposal form shall be the basis of my/our beneficiary status in the Takaful Fund and deemed to be incorporated in the Policy.

Signed at: _____

Signature of the Participants: _____

Dated: _____

Name of Signatory: _____

The liability of the Company does not commence until the Proposal has been accepted and the contribution paid. Only official receipt issued from the Company on printed form is binding on the Company
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