



IDA HOPE

Help Offered to Professionals in Emergencies - Indian Dental Association, Kerala State)
 Reg. Under IDA KSB Charitable Society, Reg. No. TVM/TC/651/2013 Website : www.hope.idakerala.com



HOPE ASSURE APPLICATION FORM – 2019-20

	Description	Details
(a)	Name of Member	Dr.
(b)	Hope Number	
(c)	IDA No	
(d)	KDC Reg. No & Year	
(e)	Name of IDA Branch	
(f)	Qualification	
(g)	Clinic Address	(g) Residential Address.
(h)	Phone	Mob :
	Clinic No :	Resi :
	Email ID	

A. PROPOSAL FOR STANDARD FIRE & SPECIAL PERILS POLICY WITH ADD-ON FLOOD & E Q. - Clinic

Name of Proposer : Dr.

Hope No :

Location of risk to be covered: (Full Postal address of Clinic with Door no. & Pincode)

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List of Assets

Description	Value for Fire Insurance (Rs.) in reinstatement cost	Value for Burglary Ins. (Rs.) in Market Value
Building including plinth & foundation, electrification and sanitary works.		
Furniture & Fixtures, AC etc.		
Clinic's Equipments & Machineries		
Total		

B. PROPOSAL FOR STANDARD FIRE & SPECIAL PERILS POLICY WITH ADD-ON FLOOD & E Q - Residence

Name of Proposer : Dr.

Hope No :

Location of risk to be covered: (Full Postal address of Residence with Building no. & Pincode)

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List of Assets

Description	Value for Fire Insurance (Rs.) in reinstatement cost	Value for Burglary Ins. (Rs.) in Market Value
Building including plinth & foundation, electrification and sanitary works.		
Furniture & Fixtures		
Other Valuables –item wise		
Total		

The above details are true to the best my knowledge and belief

Date:

Signature of the Member:

Place:

Name: