



INSURANCE

A. EMPLOYEE'S INSURANCE:

We would like to bring your attention Free Zone Rule No. 5.2 and your Personnel Secondment Agreement which stipulates that your company must provide Third Party Liability and Workmen's Compensation Insurance for your staff.

1. **Third Party Liability:**

The value of cover required for Third Party Liability is Dhs.500,000 for up to 19 employees and Dhs.1,000,000 for 20 employees or above. The cover is for any single occurrence, but there should be no limit in the policy as to the number of occurrence.

2. **Workmen's Compensation Policy:**

Workmen's Compensation claims must include over for injury/disability compensation and related medical expenses in accordance with both the Federal Labour Law and Clause 9.13 of the Fee Zone Rules.

Therefore, to update our record, we request you for furnish the following:

- a. Original of the Third Party Liability with validity until 31 December of the Fiscal year.
- b. Original of the Workmen's Compensation Insurance Policy (as per specimen attached) with validity of both policies until 31 December of the Fiscal year.
- c. A letter from the Insurance confirming that 30 days notice will be given to Jebel Ali Free Zone Authority in the event of cancellation of the policy.

B. BUILDING INSURANCE:

1. Free Zone client are required to have their premises insured against Fire and Perils, ad per the Lease Agreement.
2. For Premises erected by the Client, the Client shall be responsible for arranging the insurance, which shall be in the joint names of the Client Company and the Fee Zone Authority, The Policy shall be sufficient to cover clearance and replacement costs of the structure, fixtures and fittings. The Policy must be presented before the building Completion Certificate can be issued.



SPECIMEN

**THIRD PARTY LIABILITY INSURANCE CERTIFICATE
LICENCE NUMBER (_____)**

**Jebel Ali Free Zone Authority
P.O. Box 1700
Jebel Ali, Dubai
U.A. E**

Subject: Third Party Liability Insurance

We confirm that M/s..... are insured with us under Third Party (Public) Liability Insurance as per following details:

- Insured/Address : M/s....., P. O. Box, Jebel Ali, Dubai, U.A.E.
- Location :Jebel Ali Free Zone.
- Policy No. :
- Period of Insurance :
- Cover : In accordance with both the Federal Law and Clause 5.2.2 of the Free zone Rules.
- Limit of Indemnity : Dhs. 500,000/- Dhs.1,000,000/- (as applicable)
- Jurisdiction : United Arab Emirates

We also confirm that a 30(thirty) days notice will be given to you and the Insured prior to the non-renewal of cancellation of this policy.

Yours faithfully,

For:
(Name of the Insurance Company)

.....
(Authorized signature of the Insurance Company)



SPECIMEN

**FIRE & PERIL INSURANCE CERTIFICATE
LICENCE NUMBER (_____)**

**Jebel Ali Free Zone Authority
P.O. Box 1700
Jebel Ali, Dubai
U.A. E**

Subject: Fire & Perils Insurance

We confirm that M/s..... are insured with us under Fire & Peril Insurance as per following details:

Insured : Jebel Ali Fee Zone Authority
and/or
M/s.....,
P. O. Box....., Jebel Ali, Dubai, U.A.E

Location :Jebel Ali Free Zone.

Policy No. :

Period of Insurance : From: To: 31 Dec.....

Sum Insured :

Covered :

Jurisdiction : United Arab Emirates

We also confirm that a 30(thirty) days notice will be given to you and the Insured prior to the non-renewal of cancellation of this policy.

Your faithfully,

For :
(Name of the Insurance Company)

.....
(Authorized signature of the Insurance Company)



SPECIMEN

**WORKMEN'S COMPENSATION INSURANCE CERTIFICATE
LICENCE NUMBER (_____)**

**Jebel Ali Free Zone Authority
P.O. Box 1700
Jebel Ali, Dubai
U.A. E**

Subject: Workmen's Compensation Insurance

We confirm that M/s..... are insured with us under Workmen's Compensation Insurance as per following details:

Insured/Address : M/s....., P. O. Box,
Jebel Ali,
Dubai, U.A.E.

Location :Jebel Ali Free Zone.

Policy No. :

Period of Insurance : From: To: 31 Dec.

Covered : In accordance with both the Federal Labour Law and
Clause 9.13 of the Free Zone Rules.

Jurisdiction : United Arab Emirates

We also confirm that a 30 (thirty) days notice will be given to you and the Insured prior to the non-renewal of cancellation of this policy.

Yours faithfully,

For:
(Name of the Insurance Company)

.....
(Authorized signature of the Insurance Company)