**BURGLARY INSURANCE (BUSINESS PREMISES) PROPOSAL FORM**

**Agency. Policy No.**

**Name** of **Proposer……………………………………………………………………………………………………………………………..**

**Trade or Profession** of **Proposer…………………………………………………………………………………………………………….**

**Postal Address of Proposer…………………………………………………………………………………………………………………**

**Situation of the Premises: Plot No…………………………….Street/Road.. ………..Town/Region…………………….**

|  |  |  |
| --- | --- | --- |
| 1. For what purposes are the premises  occupied (a) by you?  (b) by all other occupants?  (c) are the premises occupied at night?  (d) is a watchman employed whenever the premises  are closed for business? |  | (a)  (b)  (c)  (d) |
| 2. Are stocks of jewellery, watches, radios, finished clothing, shoes, cigarettes and tobacco or  wines contained in the premises? |  |  |
| If so state (a) which of the above? |  | (a) |
| (b) value of such items? |  | (b) |
| (c) are such items contained in display windows? |  | (c) |
| 3. How are (a) all outside doors protected? |  | (a) |
| (b) all ground floor windows protected? |  | (b) |
| (c) all other possible points of entry protected? |  | (c) |
| 4. (a) do you agree to keep a complete set of stock books, account and stock sheets |  |  |
|  |  | (a) |
| relating to your business?  (b) where are they kept during non-business hours? |  | (b) |
| 5. (a) have the premises ever been entered or attacked by thieves? If so, please  describe circumstances. |  | (a) |
| (b) have you ever claimed on any insurer for loss by burglary or fire? If so,  please give insurer's name. |  | (b) |
| 6. (a) please give the names of all your previous burglary insurers. |  | (a) |
| (b) has any insurer ever declined to insure you or required increased terms? |  | (b) |
| 7. (a) do the sums to be insured below-represent the full value of the property? |  | (a) |
| (b) will you advise the Company of any future increases in the value? |  | (b) |
| 8. Do you wish to insure your window glass? Damage to glass by thieves is not  covered by a burglary policy. |  |  |
| 9. 9. PERIOD for which insurance is required: From ………., 20…….to …………….,20……………. |  |  |

**SCHEDULE - Particulars of Property to be Insured  
N.B** If property is contained in two or more buildings the sum to be insured in each building must be specified

|  |  |  |  |
| --- | --- | --- | --- |
| **Sum Insured**  **DESCRIPTION Full Value** | | **Rate** | **Premium** |
| (1) **Stock-in-Trade** consisting of |  |  |  |
|  |  |  |  |
| (2) **Goods-in-Trust** or on Commission for which the Proposer is  responsible consisting of |  |  |  |
|  |  |  |
| (3) **Trade Fixtures** Fittings and Furniture |  |  |  |
| (4) **Plant** & **Machinery** |  |  |  |
| (5) Other property consisting of |  |  |  |
|  |  |  |  |
| Annual Premium  Stamp Duty  N.B. Unless specially declared the insurance does not cover:- TOTAL | | |  |
|  |
|  |

Loss or damage to deeds bonds bills of exchange promissory notes money or securities for money dividend warrants postal orders cheques postage or bill other stamps share and stock certificates or othersecurities documents of title to property contracts or other documents or of business books plans drawings patterns designs moulds models precious stones platinum gold orsilver articles bullion coins medals stamp collections cups curiosities sculptures manuscripts or rare books or works of art.

I/we submit this proposal to the Geminia Insurance Company Limited and I/we hereby declare that the above answers are true that I/We have withheld no information

whatsoever that might tend in any way to increase the Company's risk or to influence the decision of the Company regarding this proposal and that I/we have not proposed for

insurance in excess of the actual value of the property described and I/we undertake to exercise all ordinary and reasonable precautions for the safety of the said property and I/we agree to accept a policy subject to the conditions prescribed by the Company and endorsed on its notice and I/we further agree to give notice of any alteration of the risk therein submitted and subject to any such notice the payment of each renewal premium shall be considered to have reaffirmed the answers to the questions in this proposal.

Date………………………………………………………………… ……………………………………………………………………………………………………………

**Agents's Recommendation** - I have known the Proposer years

and recommend acceptance of the proposal ……………………………………………………………………………………………..Agent

**Liability does not commence until the proposal has been accepted by the Company and the first Premium paid.**