



**ALL RISKS INSURANCE PROPOSAL FORM**

This proposal shall be completed and signed by the proposer.

All questions must be answered in full. Please use block letters or tick as appropriate.

Agency \_\_\_\_\_ Account Number \_\_\_\_\_

**A.PARTICULARS OF PROPOSER**

Individual Applicants:

1.Name of Proposer: Surname \_\_\_Other names \_\_\_\_\_ Identity Number:

Corporate Applicants:

Name \_\_\_\_\_

2. Business/ Occupation\_\_\_\_\_

3. Contacts and Postal Address:

P. O Box\_\_\_\_\_ Postal Code \_\_\_\_\_ Town\_\_\_\_\_ Telephone Number/s \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax Number Email Address

PIN Certificate Number (please attach a copy) \_\_\_\_\_

**B. PARTICULARS OF INSURANCE**

Period of Insurance : From: .....To.....(both dates inclusive)

And any subsequent period for which the Insured shall pay and the Company shall accept to renew.

**OFFICE CONTENTS**

Category A

Fixed office items and other equipment

Category B - Portable equipment (These include Laptops, Video Cameras, Projectors, Photographic equipment, Electronic Equipment and any other items which are used outside the premises)

Category C – Any others

List the items for which insurance is here proposed and their respective values and complete the table below.

Please provide the maker’s serial and model numbers in the table below where available.

Category	Full description of Item	Model	Maker’s Serial Number /Model	Value (TZS)	Territorial Limits
Total					

C. INSURANCE AND LOSS HISTORY

1. Are you now or have you been insured for this type of Insurance? YES/No;  
If YES, give name of Insurer .....and Policy Number.....

2. Have you ever suffered a loss for insurance now proposed? \_\_\_\_\_ YES/No  
: If YES state;

Date of Loss .....\_Amount of Loss .....

3. What precautions have you taken to prevent a similar or any other loss occurring?

4. Has any Insurance Company ever;

a) Cancelled your Policy? \_\_\_\_\_ YES/NO

b) Declined to insure you?\_\_ YES/NO

c) Declined to renew your Policy?\_\_\_\_\_ YES/NO

d) Imposed any special terms?\_\_\_\_ YES/NO

e) Declined any claim? \_\_\_\_\_ YES/NO

If the answer to any of the above is „YES“, please give brief details below.

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**DECLARATION**

I/We \_\_\_\_\_ do hereby declare that the above

answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and GA Insurance Tanzania Limited .

Signature of Proposer \_\_\_\_\_Date

The liability of the Company does not attach until the proposal has been accepted and the premium paid.