

BURGLARY INSURANCE PROPOSAL FORM

Agency	Account Nu	mber
Client No		
appropriate.	culars of proposer	block letters or tick as
Individual	Applicants:	
Name of 1	Proposer: Surname	
Middle N	ame:	
Other		
Corporate	e Applicants:	
Name/s_	_	
Contact P	erson(with Designation)	
B. PROFI	ESSION /OCCUPATION	
Postal Ad	dress: P. O BoxCode	
Town		
Contact:	Telephone Number/s	Fax
	Number	Email
	Address	
PIN Num	ber	
Period of	Insurance :From:	.То
C. FINAN	NCIERS INTEREST IF ANY	
D. PHYSI	CAL ADDRESS AND OCCUPANO	CY
	on of premises: Building /RoadPlot No. Town	

What is the nature of construction of the following



	External walls Internal walls							
	Roof Ceiling							
2.	Are you the sole occupant of the Premises? Yes/No If not, who are the other occupants of the premises							
3.	How long have you occupied the Premises?							
4.	Will the premises be left unoccupied at any time? Yes/No							
	If yes, please explain and give duration of such period							
E. \$	SECURITY ARRANGEMENTS							
1.	Who is responsible for the security arrangements?							
2.	What security arrangements are in place? (Tick appropriate option/s) a) Own Watchmanb) Security Guards							
	c) Burglar Alarm							
	d) Any other (Please specify)							
3.	If you engage a Security Guard Company state the name of the firm.							
4.	How have you secured: a) Windows?							
	b) Show windows?							
	c) Front Door/s?							
	d) Rear Entrance?							
	e) Sky Lights?							
	f) Trap doors?							
	g) Others? Please specify							



F. INSURANCE/CLAIMS HISTORY

1.	1. Are you now or have you been Insured for this type of Insurance?							
	Yes/No							
	If yes, please give name of Insurer and Policy Number							
2.	Have you ever suffered a Yes/No	loss by theft?						
	If yes state;							
	a) Date of Loss?							
	b) Extent of Loss?							
	c) What precautions have been take	xen to prevent another loss?						
3.	Have you taken out Fire Insurance of	cover for the proposed premises?						
Yes/No (It is mandatory that Burglary and Fire policies run								
	concurrently)							
	•							
4. Do you require the following extensions to your Policy?								
	 Hold up cover YES/NO Riot and strike YES/NO 							
5	Has any Insurance Company ever;	,						
a)		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)	Repudiated any claim?	YES/NO						

If the answer for any of the above reasons is 'YES', please give details.



G. BUSINESS RECORDS

a)	a) Do you keep proper Books of Accounts records? Yes/Nob) Are the Stock books and Sales books updated regularly Yes/No							
b								
c)) Can the	e amour	nt of lo	ss be as	scertained fr	om them	?	Yes/No
d)	When	was	the	last	physical	Stock	taking	done?
If you don't r goods stolen H. SC I	in case of	a burgl	ary.		e how you w			ounts of
	URED			Litto	01 11101		O DL	
	- If prope d in each	·			o or more b	uildings tl	ne sum to	be
	Description					Sum Insured		
DECLARA	<u> rion</u>					<u> </u>		
I/We do he knowledge a regarding the shall be the b	nd belief proposal	and tha	it I/W agree t	e have that the	not withhel declaration	ld any inf and the a	ormation nswers gi	whatever ven above
Signature of	Proposer				Dat	e		

(Note: This proposal shall be completed and signed by the proposer.)