

PROPOSAL FORM FOR BURGLARY INSURANCE COVER

AGENT / BROKER ACCOUNT NO. POLICY NUMBER

SECTION 1

(A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth Gender M F Marital Status Single Married

Nationality Citizenship

ii) Contact Details: (mobile):

(email address):

(Postal Address): (Postal code): (town/city):

Residential Address (Physical)

iii) Identification Document

Identification Type	Identification Number	Expiry Date
<input type="checkbox"/> Identity Card	<input type="text"/>	
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	<input type="text"/>

(Attach a copy of Identification Document)

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self Employed ? Yes No

vi) If employed, state your current employer.

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth Legal Settlements Royalties Inheritance Donations
 Winnings (Lottery/Casino/Bettings) Savings Sale of Investments Sale of Property's
 Rent (Real Estate) Employment Pension Business Proceeds

x) Full Name of Next of Kin Relationship
(Telephone No.):

(B) - LEGAL ENTITY, CORPORATE OR SME CUSTOMER DETAILS

i) Trade Name

Legal/Registered Name

Registration Number

Country of Incorporation Country of Parent Company if any

ii) Contact Details (mobile): (tel):

(email address):

(Postal Address): (Postal code): (town/city):

Physical Location

iii) Nature of Business Sector

- iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)
- v) Beneficial Owner (Attach CR12)
- vi) Source of Income Business Proceeds Rent (Real Estate) Donations Government Funding
- vii) Source of Wealth Legal Settlement Royalties Interest Savings
- Court Order Sale of Property Sale of Investment
- Government Funding Shareholders Contribution

SECTION 2 - PROPOSAL DETAILS

Period of Insurance From To

1. Location of premises: Building _____
 Street/Road _____ Plot No. _____
 Town _____

2. What is the nature of construction of the following :
 External walls _____ Internal walls _____
 Roof _____ Ceiling _____

3. Are you the sole occupant of the Premises? Yes No
 If not, what other occupants are there ?

4. How long have you occupied the Premises? _____

5. Will the premises be left unoccupied at any time? Yes No
 If yes, please explain :

SECURITY ARRANGEMENTS

6. Who is responsible for the security arrangements ?

7. What security arrangements are in place? (Tick appropriate option/s)

<input type="checkbox"/> Own Watchman	Others : Please Specify
<input type="checkbox"/> Security Guard Firm	
<input type="checkbox"/> Burglary Alarm	

8. If you engage a Security Guard Company state the name of the firm.

9. How have you secured:

<input type="checkbox"/> Windows?	Others : Please Specify
<input type="checkbox"/> Show windows?	
<input type="checkbox"/> Front Door/s?	
<input type="checkbox"/> Rear Entrance?	
<input type="checkbox"/> Sky Lights ?	
<input type="checkbox"/> Trap doors?	

INSURANCE/CLAIMS HISTORY

10. Are you now or have you been insured for this type of Insurance?

If yes, please give name of Insurer and Policy Number.

Yes No

11. Have you ever suffered a loss by theft? If yes state;

a) Date of Loss? _____

b) Extent of Loss? _____

c) What precautions have been taken to prevent another loss?

Yes No

12. Have you taken out Fire Insurance cover for the proposed premises?

(It is mandatory that Burglary and Fire policies run concurrently)

13. Do you require the following extensions to your policy?

(a) Hold up cover Yes No

(b) Riot and strike Yes No

Yes No

14. 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) Repudiated any claim? Yes No

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

BUSINESS RECORDS

15. a) Do you keep proper Books of Accounts records? Yes No

b) Are the Stock books and Sales books updated regularly Yes No

c) Can the amount of loss be ascertained from them? Yes No

d) When was the last physical Stock taking date?

If you don't maintain stock records, describe how you would verify the amounts of goods stolen in case of a burglary.

Please Complete Schedule on Particulars of Property to be insured in the next page.

