

ALL RISKS PROPOSAL FORM

Period of insurance required from DDDMMMYYY To DDMMMYY Y						
DETAILS OF THE PROPOSER						
Title Surname or name of Company						
First names or name of Company continued						
PO Box number Town						
Plot number Street, road, avenue, etc						
Continued						
Occupation						
DESCRIPTION OF PREMISES WHERE THE PROPERTY WILL BE KEPT. INDICATE WITH X						
Private dwelling place Flat Department Hotel						
Boarding or lodging house Shop Shop Office						
ARE THE PREMISES OCCUPIED SOLELY BY YOU? Yes No						
If no, give details of other occupants						
of premises]					

burglary or theft, give details Address	
the insurer.	
Give details of any previous claim(s)	
for loss or damage under such Insurance.	İ
If any previous insurer has declined,	
cancelled or refused to renew your	
Insurance or required an increased	

SCHEDULE OF PROPERTY

Cover cannot be given on watches, photographic, visual and audio equipment without the serial number.

Item	Full description of each article	Serial number	Value
No			Tshs
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
29			
20			
21			
22			
23			
24			
		TOTAL	

DECLARATION

I hereby declare that the above answers are true and that I have not withheld or concealed any circumstances affecting the proposed insurance and this declaration shall be the basis of the contract between me and Madampesa Insurance Agency and I will pay the premium when called upon to do so.

Date		Signature	
Agency	1		