



BURGLARY INSURANCE PROPSAL FORM

PERIOD OF INSURANCE REQUIRED

FROM TO

Name of company

PO Box No

Town

Situation/Plot No

Street, road or avenue

Continued

Details of occupation, trade or business

Daytime telephone contact

Code

Number

Construction of the premises

Walls

Roof

Number of storeys

DESCRIPTION OF PROPERTY TO BE INSURED

	FULL VALUE Tshs	FIRST LOSS AMOUNT TO BE INSURED Tshs
1 Stock in trade, the property of the insured	<input type="text"/>	<input type="text"/>
2 Stock in trade held in trust or in commission	<input type="text"/>	<input type="text"/>
3 Customers' goods (not more specifically insured)	<input type="text"/>	<input type="text"/>
4 Movable plant and machinery and trade fixtures, fittings and utensils	<input type="text"/>	<input type="text"/>

TOTAL SUM INSURED

FIRST LOSS TOTAL

IF THERE ARE MORE THAN ONE PREMISES, PLEASE PROVIDE A SEPARATE LIST OF SUMS INSURED FOR N.B. EACH PREMISES IN ACCORDANCE WITH THE ABOVE DESCRIPTION OF THE PROPERTY TO BE INSURED.

GENERAL INFORMATION

State total sum insured for fire in respect of the above described property

Tshs

Nature of premises containing the property i.e. shop, factory, workshop, offices etc.

How long has the proposer occupied the premises?

To what extent will the premises be left without responsible person therein?

Are the premises guarded by watchmen? During the day During the night

Is a burglar alarm system fitted?

If yes, which part of the premises is protected?
State below how they are secured: giving makes of locks

Outer doors

Front windows

Back windows

Trap doors and skylights

Will a complete record of stock received and sold be maintained?

If not, how would the exact amount of loss be ascertained?

Have thieves previously entered or tried to enter your premises?

If yes, give details of when and how access was obtained, the extent of the loss and the steps taken to prevent another entry

Do you employ your own security guards?

Will articles of value be secured in a safe when the premises are closed?

What will be the maximum value of any single article left out of the safe? Tsh

Give following details of the safe Date of manufacture
Name of make

Cost price Tshs Weight Whether the safe is thief resistant

Position of safe (if and how fixed to the structure?

The number of sets of keys Details below of who holds the keys

Details of who has custody of keys

Are the safe keys left on the premises outside normal working hours

If yes, give details of where they are kept

PREVIOUS INSURANCE DETAILS

Have you been previously insured against burglary or all risks

Give details of previous insurer Name

Address

Policy number

Have you ever made a claim for theft or fire in respect of property in these or any other premises?

☐ Yes

☐ No

If yes, give details

Has any insurer in respect of the risks to which this proposal relates ever declined a proposal, refused to renew?

☐ Yes

☐ No

Required an increased premium or imposed special conditions?

☐ Yes

☐ No

Cancelled insurance?

☐ Yes

☐ No

If yes, give details in respect of any of the above

N.B FOR THE PURPOSE OF THIS INSURANCE, THEFT MEANS THEFT ACCOMPANIED BY AN ACTUAL AND FORCIBLE ENTRY INTO THE PREMISES OR EXIT THEREFROM

DECLARATION

I/we warrant the above statements made by me/us or on my/our behalf are true and complete and I/we agree that this proposal shall be the basis of the contract between me/us and Madampesa Insurance Agency. I/we agree a policy in the Company's terms and conditions for this class of insurance and agree to pay the premium when called upon to do so.

DATE

SIGNATURE