



PROPOSAL FORM FOR OFFICE COMBINED POLICY

Please answer all questions fully. If a negative is intended, state no or none

NAME OF PROPOSER (in full)
 ADDRESS
 PROFESSION OR OCCUPATION
 SITUATION
 PERIOD OF INSURANCE FROM TO

1 OFFICE CONTENTS

Section A

On Office furniture, Tenants, Fixtures and Fittings.

Sum to be insured

Tshs.....

On all other Office Contents including office utensils directly relating to the Profession or Occupation, other than samples, stocks and materials in Trade or Landlord Fixtures and Fittings.

Tshs.....

Section B

On all risks for all Office Equipment including Typewriters, Office Machines, other contents as specifically declared in the Schedule.

Tshs.....

- 2 a) Is the Property to be insured contained in the Building constructed of Bricks, Stone or Concrete, and roofed with Concrete, Asphalt, Metal, Asbestos or Tiles?

a)

If not, give full details:

- 3 a) Do you occupy the premises otherwise than as office/consulting rooms e.g. Stock room? a)
- If so, give full details
- b) What quantity of Stock-in-trade, Samples etc., do you keep on the Premises? b)
- 4 Do you maintain a proper set of account books and Inventory of Property?
-
- 5 How long have you conducted business:
- i) In these premises i)
- ii) Elsewhere ii)
-

6 LOSS OF DOCUMENTS

If cover is required please state sum to be insured.
Tshs.....

- 8 Have you or any of your partners or directors ever:
- i) been refused insurance or had a Policy cancelled or been subject to special terms? i)
- ii) suffered any loss or had any claim made against you arising from perils or liabilities covered by this proposal? ii)
- iii) been bankrupt or made a compromise with creditors? iii)
- If so, give full particulars:
-

SCHEDULE REFERRED TO IN SECTION B

SCHEDULE OF OFFICE EQUIPMENT INCLUDING TYPEWRITING, OFFICE MACHINES AND OTHER CONTENTS			
Item No	Description & serial number	Date & place of purchase	Estimated value

--	--	--	--

NB. THE COMPANY'S MAXIMUM LIABILITY IS LIMITED TO VALUES DECLARED

—

DECLARATION

I/We, the undersigned hereby declare that all the above statements and particulars are complete and true and that no material fact has been withheld and that this declaration shall be the basis of the contract between me/us and the Madampesa Insurance Agency, whose policy, subject to the terms and conditions thereof, I/We am/are willing to accept and I/We undertake to pay the premium when called upon to do so.

Date Signature of Proposer(s)

Agency

PLEASE NOTE: The insurance requested by this proposal is subject to the terms and conditions of the Policy and relevant endorsements, which you are requested to read up on receipt.