

## PROPOSAL FORM FOR BURGLARY INSURANCE COVER

AGENCY [REDACTED] ACCOUNT NUMBER [REDACTED] CLIENT NO [REDACTED]

All questions must be answered in full. Please use block letters or tick as appropriate

### SECTION 1 - PROPOSER DETAILS

- a. Full Name of Proposer [REDACTED]
- b. Contact Details: (tel): [REDACTED] (fax): [REDACTED]  
 (mobile): [REDACTED] (web): [REDACTED]  
 (email): [REDACTED]  
 (postal): [REDACTED] (town/ city): [REDACTED]
- c. Proposer Tin Number : [REDACTED] VRN [REDACTED]
- d. Financiers Interest if any : [REDACTED]
- e. Period of Insurance From : [REDACTED] To : [REDACTED]

### PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building [REDACTED]  
 Street/Road [REDACTED] Plot No. [REDACTED]  
 Town [REDACTED]
2. What is the nature of construction of the following  
 External walls [REDACTED] Internal walls [REDACTED]  
 Roof [REDACTED] Ceiling [REDACTED]
3. Are you the sole occupant of the Premises?  Yes  No  
 If not, what other occupants are there?  
 [REDACTED]
4. How long have you occupied the Premises? [REDACTED]
5. Will the premises be left unoccupied at any time?  Yes  No  
 If yes, please explain  
 [REDACTED]

### SECURITY ARRANGEMENTS

6. Who is responsible for the security arrangements?  
 [REDACTED]

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"/>
<input type="checkbox"/> Burglary Alarm	<input type="checkbox"/>

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

[Redacted]

9. How have you secured:

<input type="checkbox"/> Windows?	
<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?	
Others ? Please specify	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**INSURANCE/CLAIMS HISTORY**

10. 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

[Redacted]

11. Have you ever suffered a loss by theft ?  Yes  No

If yes state; a) Date of Loss? [Redacted]  
b) Extent of Loss? [Redacted]  
c) What precautions have been taken to prevent another loss?

[Redacted]

12. Have you taken out Fire Insurance cover for the proposed premises?  Yes  No  
(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

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.

[Redacted]

**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 done? [Redacted]

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

[Redacted]

