

OFFICE COMBINED INSURANCE - PROPOSAL FORM

A POLICY FOR COMMERCIAL OFFICE PREMISES AND PROFESSIONAL CONSULTING ROOMS

Cover is provided under Seven sections. Cover under Section 1 must be taken if this type of policy is to be issued, but section 2 to 7 are optional.

SECTION 1 : OFFICE CONTENTS (ALL RISKS)

As well as covering a wide range of specific perils such as Fire, Storm or Theft, " All Risks" also includes accidental loss or damage, such as that caused to a dropped type writer.

IN ADDITION this section provide sthe following extensions : -

- (i) Tentant's Liability for loss or damage to Landlord's Fixtures and fittings up to ten percent of the contents of sum insured.
- (ii) Loss of rent if the premises are untenable as a result of an insured peril upto ten percent of the contents of sum insured.

SECTION 2 - PUBLIC LIABILITY

This section covers Legal Liability for accidental bodily injury or disease to Third parties and accidental loss of or damage to material property excluding Professional negligence.

SECTION 3 - MONEY

Loss of Money while in transit, on premises and in locked safe outside business hours.

SECTION 4 - WORK INJURY BENEFITS (WIBA)

SECTION 5 - EMPLOYERS LIABILITY COMMON LAW

SECTION 6 - LOSS OF PROFITS

Loss of Gross Revenue and additional expenditure following damage at the premises caused by any of the perils under Section 1.

SECTION 7 - GLASS

Breakage of fixed glass including the cost of temporary boarding up where necessary pending replacement.

N.B

The above is brief summary of the cover available, and is subject to the terms exceptions limits and conditions of the Company's standard form of policy. A copy of which may be inspected upon request.

OFFICE COMBINED INSURANCE - PROPOSAL

FORM PERSONAL DETAILS

- a. Full Name of Proposer [Redacted]
- b. Contact Details: (tel): [Redacted] (fax): [Redacted]
 (mobile): [Redacted] (web): [Redacted]
 (email): [Redacted]
 (postal): [Redacted] (code): [Redacted] (town/ city): [Redacted]
- c. Tin Number : [Redacted]
- d. Location of Office/Plot No. Town [Redacted]
- e. Business: [Redacted]
- f. Period of Cover : From : [Redacted] To : [Redacted]

SECTION 1 - OFFICE CONTENTS (ALL RISKS)

This section is Obligatory

1. a) State the full value of all the contents of the Proposer's Office at the location described above [Redacted]
 b) Basis of Valuation (Reinstatement as New or Indemnity) [Redacted]

NB2 : If more than one location is to be insured please give details separately in respect of each

Item Description	Value

2. Is the Building of which the office forms part constructed of Brick Stone or Concrete and roofed with Concrete Asphalt Metal Asbestos or Tiles. If not give details : Yes No

[Redacted]

3. a) Is the Building of which the office forms part occupied solely as offices
 (i) by Yourself Yes No
 (ii) by other tenants Yes No

If Not give full details of other Occupancies

[Redacted]

GENERAL QUESTIONS FOR ALL SECTION

1. Has any insurer declined to insure you required special terms to insure you canceled or refused to renew your insurance or increased your premium on renewal. If so give details Yes No
2. Have you or any of your partners or directors ever been bankrupt or made a compromise with creditors. If so give details : Yes No
3. Have you ever sustained loss of any of the contingencies for which you require insurance. If so give details : Yes No
4. Do you maintain a proper set of account books. If so, where are they kept out of business hours. NB : If No books are kept cover is not available Yes No
5. How long have you conducted business
- a) In the premises
- b) Elsewhere

NB : All material information relating to the risks to be insured must be disclosed. If in doubt as to what constitutes material information please refer to us.

DECLARATION:

I/ We submit this proposal to The Heritage Insurance Company Tanzania Limited and I/ We do hereby declare that the above answers and statements are true and that I/We have withheld no material information regarding this Proposal I/We agree that this declaration and the answers above given as well as any Proposal or Declaration or Statements made in writing by me / us or anyone acting on my/ our behalf shall form the basis of the contract between me/ us and the Company and I / We further agree to accept indemnity subject to the conditions contained in and endorsed on the Company's policy. I / We also declare that sums expressed in Section 1 represent not less than the full value of the property as above mentioned.

Date : Signature of Proposer :

The Liability of the Company does not commence until acceptance of the Proposal has been intimated by the Company or an official cover note has been issued and first premium paid.



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Schedule of Employees - Continuation Page :

employees		Estimated Annual Wages Salaries and Other Earnings			For OFFICIAL Use only	
Description of Employees : (List each occupation separately)	Estimated No of Employees	Cash	Value of Food, Fuel Quarters and other Considerations	Total	Rate per Mile	Premium
					Total Premium	