



FIRST ASSURANCE BURGLARY INSURANCE PROPOSAL FORM

BLOCK LETTERS PLEASE

FULL NAME OF PROPOSER _____
 POSTAL ADDRESS _____
 OCCUPATION _____
 Address of Building in which the Property to be insured is situate _____

STATE

- (a) whether a house, shop, warehouse, manufactory or otherwise _____
 (b) material of which Building(s) is/are constructed _____
 (c) how long have you occupied the premises _____
 (d) the amount for which such stock is insured against fire _____
 (e) whether cover is required for property contained in any building(s) other than the Main Building described above YES/NO. If "YES" give details below in the same order as requested by (a) to (d) above.
 (a) _____ (b) _____
 _____ (c) _____ (d) _____

PERIOD OF INSURANCE: From _____

Renewal Date _____

Please tick appropriate Box

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. Has any Insurer ever declined your proposal, refused to renew your Policy, required an increased premium or imposed special Terms? If "YES" give details _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you now or have you been insured previously for Theft Insurance ? If "YES" give brief particulars _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have these or any other Buildings occupied by you at any time been entered by thieves? If "YES" state:- (a) Date and circumstances of loss _____
(b) Value of Property lost _____
(c) Precautions taken to prevent a recurrence _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will a complete record of stock received and sold be kept? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you the sole occupier of the premises? If "NO" specify other occupancies _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are the premises occupied after business hours by the proprietor or manager? If "No" state whether (a) any watchman or caretaker is employed _____ (b) what special precautions are adopted for protecting the premises and property. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are the buildings fitted with a burglar alarm system? If "YES" state the following details:-
(a) Name of Manufacturer _____ (b) Date of installation _____
(c) Name of Company who installed alarm. _____
Exact type of alarm. _____ (e) Is there a maintenance contract in force? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all doors and windows fitted with suitable locks and fastenings? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are there windows or fanlights on ground floors If "YES" please state how they are protected _____
_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are there any trap doors or windows in the roof or basement? If "YES" give a description of same and how protected _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are there any cellars connected with the premises? If "YES" are all doors and cellar flaps adequately protected? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you require cover for money? If "YES" a separate Proposal Form will be supplied _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PLEASE COMPLETE THE DECLARATION OVERLEAF

SCHEDULE OF PROPERTY INSURED

Please state clearly the amount to be insured under each item. If no insurance required for any particular items insert "NIL"	Total Value	Sum Insured
(a) On stock in trade other than tobacco cigarettes wines and spirits belonging to the Proposer consisting of _____ _____		
(b) On goods of a like kind in trust or on commission for which the proposer is responsible.		
(c) On stock in trade belonging to the proposer consisting of tobacco or cigarettes		
(d) On stock in Trade belonging to the Proposer consisting of wines and spirits		
(e) On trade fixtures and fittings		
(f) On other contents (i) (ii)		
(g) Description	Value	

DEFINITION-OTHER CONTENTS.

- (i) Documents, manuscripts and business books but only for the value of the material as stationery together with the cost of clerical labour expended in writing up and not for the value to the Insured of the information contained therein.
- (ii) Patterns, models, moulds, plans and designs up to a limit of Tshs5,000 (or currency equivalent) in respect of any one pattern, model, mould, plan or design.
- (iii) Computer system records but only for the value of the tapes and not information contained thereon.

DECLARATION

I/We hereby declare and warrant that the answers and other particulars stated in this Proposal are true and complete and agree if any change or alteration shall be made in the premises property insured or otherwise so that the particulars and information stated are no longer correct the Company shall be notified immediately and I/We further agree that this proposal shall be the basis of the contract between the Company and myself/ourselves, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the property insured.

Proposer's Signature _____

Date _____

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