

African Merchant Assurance Co. Ltd

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BURGLARY AND HOUSE BREAKING PROPOSAL FORM

| Proposal form to insure the property described below actual forcible entry or theft (other than employees) | against loss by BI | JRGLAF | RY and HO | USEBREAKING (de | efined as | Theft followin | |
|---|--------------------|----------------------------------|------------|---|---|-------------------------------------|--|
| FromTo | | AGE | NCV/RRO | KEB | | | |
| Proposers full name | | Rue | inorc | NLN | | | |
| Postal Address. | Tol No. | bu: | 3111€33 | | • | • • • • • • • • • • • • • • • • • • | |
| Situation of Premisesto be insured | IEU NO | | | | • | •••••• | |
| Situation of Premisesto be insured | | | | | • • • • • • • • • • • | | |
| (a) For how long have you occupied the premises? | .S | | | | | | |
| (b) Have the premises ever been entered by thieves do | uring your occupa | nev2 | | | | | |
| 3 Are the premises occupied at night? If so, state by who | om. | iicy: | | | | | |
| 4 (a) Is a complete record kept of stock received and sol | ld? | | | | | | |
| (b) How frequently will such records be posted? | | | | | | | |
| (c) Will such records continue to be kept during the co | urrency of the pol | licy? | | | | | |
| 5. If any safe, or the contents of any safe, are to be insur | red, state: | | | | | | |
| (a) The full name and address of maker of safe | | | | | | | |
| (b) External measurements of safe. | | | | | | | |
| (c) How is the safe secured to the building? Give full de 6 (a) Give full particulars of any claims made by you in re | etails. | 1: | | | | | |
| and theft. | espect of nousepr | eaking | | | | | |
| (b) Who are your previous Insurers. | | | | | | | |
| 7. Has any Insurance Office or Insurer in respect of any h | ousebreaking or f | ire | | | | | |
| insurance. | 3 | - | | | | | |
| (a) Ever declined to insure you? Give details | | | . 7 | | | | |
| (b) Cancelled or refused to renew your inssurance? G | ive details | | | | | | |
| 8. Will the premises be left unoccupied at any time? If s | o, please state w | hen, | 18 | ~ | | | |
| why and for how long. | | | | | | | |
| 9. Have you a watchman or care taker during the night? 10.(a) State how many doors are at the premises? | State Yes/No. | | | | | | |
| (b) State how each door is locked | | | | | | | |
| 11.(a) State how many windows are at the premises? | | _ | | | | | |
| (b) Are they barred? If so, with what material? | | | | | | | |
| 12. (a) State how many skylights and other openings are (b) Are they barred? If so, with what material? | e there at the pre | emises? | | | | 103 | |
| 13. Have you any burglar alarm system? If so, please giv | e dotails | | | | | | |
| IMPORTANT NOTICE:-Deeds, bonds, bills of exchange, promise | sory notes cheque | s mone | v socurity | for manay module | stamas | de avver auto a f | |
| any kind, business books, manuscripts, plants, patterns, mo | ulds, models, desi | gns, are | not insure | d unless specially | mentioned | 1 | |
| Property to be Insured | Total Sum to be | tal Sum to be Total ϵ | | estimated Total amount of For Office Use only | | | |
| | Insured ma | | kimum | existing | Rate | Premium | |
| (a) Stock in trade | | V | alue | Fire Insurance | | | |
| (b) Goods held in trust or on commission for which | | | | | | | |
| the Proposer is responsible | | | | | | | |
| (c) Trade fixture, fittings, furniture and utensils, | | | | | | | |
| except as described in (d) and (e). | | | | | | | |
| (d) Office furniture and utensils, printed books and | | | | | | | |
| unused stationery. | | | | | | | |
| (e) Cash in securely locked safeby | | | | | | | |
| (f) | | | | | | | |
| (g) | | | | | | | |
| All the property pertaining to the Business and all | _ | | N. | | | | |
| except that comprised in item (b) belonging to the Proposer. | | | 2 | | | | |
| Total sum to be insured | | | | | | | |
| | WARRANTY | | | | | | |
| /We hereby declare and warrant that the statement | | true a | nd compl | ete and I/We sar | ee that | this proposal | |
| ind declaration shall form the basis of the proposed co | ntract between | the AM | ACO and A | Avself/Ourselves | and furth | ner agree to | |
| ccept a policy on the Company's usual form for this cla | ss of insurance. | | | , | | 45100 10 | |
| ate atthis | | | | 20 | | Marking of St. Art. of 2011 | |
| * | , | | | | | s Signature | |
| | | | | | | D. M. C. C | |