



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

Tel: 2712607/7/8/9/10/11, Fax: 254-020-2712612, 2723288

Email: info@intraafrica.co.ke

www.intraafrica.co.ke

BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

Tel: 020 3743991/955, Fax 020 3743460

E-mail centrepoin@intraafrica.co.ke

PROPOSAL FORM – BURGLARY INSURANCE.

Agency name: _____

SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number: (Please attach copy) _____

C. Certificate of Registration/Incorporation/ID/Passport _____

(Please Attach Copy) _____

D. Contact Details:

Mobile: _____

Email: _____

Postal: _____

Code: _____

Town/city: _____

Web: _____

Fax: _____

Tel: _____

E. Profession or occupation: _____

SECTION 2: PROPOSAL DETAILS

Period of insurance: From: _____ To: _____

FINANCIAL INTERESTS IF ANY _____

PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building _____

Street/ Road _____

Plot No _____

Town _____

2. What is the nature of construction of the following:-

External walls _____ Internal walls _____

Roof _____ Ceiling _____

3. Are you the sole occupant of the premises? _____ Yes/No

If not, what other occupants are there _____

4. How long have you occupied the premises? _____

4. Will the premises be left unoccupied at any time? _____ Yes/No

If yes, please explain _____

SECURITY ARRANGEMENTS

1. Who is responsible for the security arrangements? _____

2. What security arrangements are in place? _____

3. If you engage a security guard company state the name and address of the firm _____

4. How have you secured:
- A). Windows? _____
 - B). Show windows? _____
 - C). Fronts Door(s)? _____
 - D). Rear Entrance? _____
 - E). Sky Lights? _____
 - F). Trap doors? _____
 - G). Others? Please Specify _____

INSURANCE/ CLAIMS HISTORY

1. Are you now or have you been Insured for this type of Insurance?.....Yes/No
If yes, please give the name of Insurer and Policy Number

2. Have you ever suffered a loss by theft?.....Yes/No
If yes state;
A. Date of loss? _____
B. Amount of loss? _____
C. What precautions have been taken to prevent another loss?

3. Have you taken out Fire Insurance cover for the proposed contents?Yes/No
Note (it is mandatory that Burglary and Fire policies run concurrently)
4. Do you require the following extensions to your policy?
1. Hold up cover..... Yes/No
2. Riot and strike..... Yes/No
5. Have 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 to any of the above questions is 'YES', please give details.

BUSINESS RECORDS

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

SCHEDULE: PARTICULARS OF PROPERTY TO BE INSURED

NB: If property is contained in two or more buildings the sum to be insured in each building must be specified.

DESCRIPTION OF INSURED ITEM	SUM INSURED

Declaration

I/ We hereby declare that the above answers are true to the best of my/ our knowledge and belief and that I/ We have not withheld any material information whatsoever regarding the proposal. I/ We agree that this declaration and the answers given above shall form the basis of the contract between Me/ Us and Intra Africa Assurance Co. Ltd.

Signature of proposer _____ Stamp _____

Date _____