

ASSETS ALL RISK PROPOSAL FORM

FULL NAME OF PROPOSER

ADDRESS

OCCUPATION/BUSINESS

TELEPHONE NO. FAX

E-MAIL: DOB: (Day)..... (Month).....

Give details of situation of property to be insured

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PART A

1. CONSTRUCTION OF BUILDING: a. Walls

b. Roof

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2. State the nature of occupation whether building is Warehouse, Factory showroom Offices

etc.

3. Is the tenancy multiple If the premises form part of a building, which

part of the building do you occupy?

4. How are the external windows and doors secured?

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5. For how long have you occupied the premises

PART B

- 6. Have you ever suffered any loss or damage by fire or burglary or any other?
If so give details
 - 7. Has any insurance company ever refused your proposal, cancelled or refused to renew your policy?
 - 8. Is the property proposed for insurance already insured with another Company?
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PART C

Provide the Values of the properties to be insured below.

- 9. The building including domestic offices, garage and outhouse GH¢
- 10. Wall, fences and gates GH¢.....
- 11. Stock-In-Trade GH¢
- 12. Goods held in trust or commission GH¢
- 13. Office equipment fixtures and fittings etc GH¢
- 14. Any other properties to be covered GH¢
- GH¢
- GH¢

- 15. Please indicate any extensions required:
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DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Date

Signature

Agent/Broker