

**PROPOSAL & DECLARATION FOR BURGLARY INSURANCE**

1. NAME OF PROPOSER .....
2. ADDRESS OF PROPOSER .....  
 ..... TEL NO. ....
3. E-MAIL: .....
4. Date of Birth: (Day)..... (Month).....
4. OCCUPATION/BUSINESS: .....  
 .....

1. State exact situation of the premises in which the property is located  
 .....
2. Do you occupy the whole building? .....
3. If the premises is occupied by other tenants, which part do you occupy?  
 .....
4. How are the following secured and protected:
  - i. all external doors and windows? .....
  - ii. all internal doors and windows? .....
5. What is the type of all locks, bolts and fastenings? .....
6. Are all locks in a good state of repairs? .....
7. Do you employ the services of any security company .....  
 If so give the name of the company .....
8. Has there ever been an attempted entry or entry into your premises by  
 thieves? ..... if yes give details of how entry was obtained  
 .....
9. What additional security measures are in place? .....
10. Do you keep stock books and sales books? .....
11. How often do you take inventory? .....
- 12.a. Have you ever proposed for a similar Insurance? ..... with which  
 company? .....
- b. Has your insurance ever been declined, terminated or premium increased?  
 .....

13. Please provide the replacement value of property to be insured below.

<b><u>Items</u></b>	<b><u>Replacement Value</u></b>
(a) Furniture and kitchen equipment	GH¢ _____
(b) Electronic Goods (please provide Details of items on the attached Sheet)	GH¢ _____
(c) Jewellery	GH¢ _____
(d) Personal effects and clothing	GH¢ _____
(e) Others	GH¢ _____

14. Period of Insurance: From..... To:.....

#### **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** -----

<i>Item</i>	<i>Serial No.</i>	<i>Date of Purchase</i>	<i>Replacement Value</i>