



#244/3, 6th Link, Ringway Estates, Accra. P. O. BOX 17753, Accra - Ghana. TEL: (233-302) 246319, 246322, 246644, 245921 FAX: (233-302) 246311

**COMPULSORY COMMERCIAL INSURANCE PROPOSAL**

(IN COMPLIANCE WITH SECTIONS 183 AND 184 OF THE INSURANCE ACT 2006, ACT 724)

PLEASE COMPLETE THIS IN BLOCK LETTERS

- 1. FULL NAME OF PROPOSER: \_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_
- 3. OCCUPATION/BUSINESS: \_\_\_\_\_ TEL: \_\_\_\_\_
- 4. FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_
- 5. DATE OF BIRTH: \_\_\_\_\_ (DAY) \_\_\_\_\_ (MONTH)

**DETAILS OF THE PROPOSED INSURANCE**

SITUATION of Property to be insured \_\_\_\_\_

CONSTRUCTION: Built with \_\_\_\_\_

Roofed with \_\_\_\_\_

Year of construction \_\_\_\_\_

**SECTION A: PRIVATE PREMISES ONLY**

**SUM INSURED GH¢**

- 1. The BUILDING OF THE PRIVATE DWELLING HOUSE and domestic offices, stables, garage and outbuildings including landlord's fixture and fittings on the same premises and used in connection there with .....
- 2. External Walls, gate and fences around and pertaining there to .....
- 3. HOUSEHOLD GOODS AND PERSONAL EFFECTS of every description, the property of the proposer or of permanently resident members of the family and of servants in the above building .....

(Any article which exceeds in value 5% of the sum insured must be specified and insured separately below)

3. DESCRIPTION OF ANY OTHER PROPERTY TO BE INSURED .....

**SECTION B: BUSINESS PREMISES ONLY**

(i) Building of business Premises occupied for \_\_\_\_\_  
.....

**N.B: Where there are more than one building a separate schedule should be prepared and attached**

(ii) On Fence walls pertaining thereto .....

(iii) On fixtures and fittings .....

(iv) On stock in trade:

(a) Raw Materials consisting of \_\_\_\_\_ .....

(b) Semi Finished goods/Work-in-progress \_\_\_\_\_ .....

(c) Finished goods consisting of \_\_\_\_\_ .....

(v) On Plant and Machinery .....

(vi) Any other property to be insured .....

**TOTAL** .....

A. Has the proposer ever suffered loss or damage by fire or any other peril?  
If yes, please give details \_\_\_\_\_  
\_\_\_\_\_

B. Has any insurance company or Underwriter ever refused a proposal from you or cancelled or refused to renew your policy?  
If yes, please state name of company concerned \_\_\_\_\_

C. Is the property proposed for insurance already insured with another Company?  
If yes, please give details \_\_\_\_\_

D. Are there any fire extinguisher on the premises?  Yes  No

If NO, when will they be installed? \_\_\_\_\_

If yes, how many and which type? \_\_\_\_\_

E. Are there "No Smoking" signs displayed within the premises?  Yes  No

If NO, when will they be installed? \_\_\_\_\_

F. Please name any other fire fighting facility installed in the premises. \_\_\_\_\_

G. If the proposed insurance applies to business premises:

(a) How frequently is stock inventory taken? \_\_\_\_\_

(b) Are account books kept up to date? \_\_\_\_\_

(c) When did you take last physical stock (inventory)? \_\_\_\_\_

(d) Are the account books locked up in a fire-proof safe or removed to another building at all times when the premises are not open for business purposes? \_\_\_\_\_

I. Are any hazardous goods kept in the building?  Yes  No

If so, state details and quantity \_\_\_\_\_

J. Has any other person or firm a mortgage or other interest in the property?  Yes  No

If yes, please state details \_\_\_\_\_

K. Do you wish to be covered for the following additional perils?  Yes  No

**If yes, please indicate additional perils:**

Bush Fire

Explosion

Earth quake

Hail, Windstorm, Hurricane

Flood

Aircraft Damage

Bursting or overflowing of water tanks etc.

Impact

**Note:** Cover against any of the above perils will be subject to the Company's standard policy Terms, Exceptions and conditions.

I. Limit of Third Party Liability required for Property Damage/Bodily Injury/ Death

Limit Per Occurrence : GHC \_\_\_\_\_

Limit Per Year : GHC \_\_\_\_\_

Total Sum Insured : GHC \_\_\_\_\_

M. Description of Premises (e.g. warehouse, office, factory, hospital) \_\_\_\_\_

**PERIOD OF INSURANCE**

Insurance to commence on \_\_\_\_\_ 20 \_\_\_\_ ending the \_\_\_\_\_ 20 \_\_\_\_

**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: \_\_\_\_\_

**Underwriting**

Fire & Allied Perils Rate/Premium	
Collapse Rate/Premium	
Public Liability Rate/Premium	
1% Fire Levy	
Fire Sticker Fee	
Net Premium	

