

DISCOVER INSURANCE

insure@discoverinsurance.co.zm

BURGLARY BUSINESS PREMISES PROPOSAL FORM

N.B. All questions must be answered in full – Ticks or dashes are not considered as answers.
Please Indicate Yes or No, N/A or Nil where Applicable

Name of the Proposer in full:.....

Postal Address:

Business or Profession:

Period of Insurance required from: To:

1. (a) Where is the premises containing property to be insured situated?

.....

(b) State whether premises is shop, factory, Warehouse workshop?

(c) Type of business to be carried on in the Premises?

(d) How long have you occupied the premises?

2. (a) Are the premises left occupied at night?

(i) If so, by whom?

(ii) If not, is there any watchman, Caretaker, or other person on the premises?

(b) Is the light left on in the premises? At night?

(c) Are the premises left unoccupied at any time?.....
If so, when and for how long

3. (a) Are all valuables secured in burglar resisting Safes when premises are closed?

(b) If so, state name and make of the safe and Whether it is fixed to any structure of the Building?

State maximum value of single articles left out of safe

4. How are the following secured and protected: -

(a) On the ground floor and Basement

(i) Outer doors?

(ii) Front doors?

(iii) Back windows?

(b) Trap doors and skylights

5. (a) Have thieves ever entered or broken or attempted to enter or break any premises occupied by you?

If so, state location when and how access was Obtained and extent of the loss?

(b) What extra precautions have been adopted to Prevent another entry?

6. (a) Will a complete record of stock received and Sold be kept?

(b) If not, how would the exact amount of loss? Be ascertained?

7. (a) Have you been previously insured against Burglary or theft or applied for such Insurance?

(b) Has any application for such Insurance been declined or terminated?

(c) Have you ever made a claim for burglary, Theft or Fire Insurance in respects of these Or any other premises?

(d) If so, give particulars.

8. (a) State full amount of stock, business plant and other contents

(b) Are you insured against fire?

9. Description of goods contained in Premises situate and described above: Full Value Amount to be insured

(a) On stock in trade the property of the Insured K..... K.....

(b) On stock in Trade held in trust or on Commission K..... K.....

(c) On customer's Goods (not more specifically Insured) K..... K.....

(d) On Plant and Machinery, Trade Fixtures, Fittings and Utensils K..... K.....

(e) Office Equipment, Meters and Telephone Installation, the property of the Insured K..... K.....

- (f) **Household Goods and Personal effects of every description in private use belonging to the Insured or members of his family Permanently residing with him.**

K..... K

K..... TOTALS: K.....

Overall First Loss Sum Insured K

NOTE:

- (a) **No one article (furniture, refrigerators, wireless receiving sets, pianos and organs excepted) to be deemed of greater value than 5 percent of the amount insured under item F.**
- (b) **If the total value of gold and silver articles, jewelry to be insured exceed one third of the amount insured under item 6 an extra premium will be charged.**
- (c) **Deeds, Bonds, Bills of exchange, promissory notes, money or securities, coins, stamps, stamp collections documents of title of property, business books or manuscript are not included in this Insurance**

I/we hereby declare that the above statements and particulars, which I/we have read over, are correct and that the amount proposed for insurance represents the full value of the articles to be insured and I/we agree that this declaration shall be the basis of the contract between me/us and DISCOVER INSURANCE COMPANY

Broker/Agent..... Signature of Proposer.....

Date