

PROPOSAL FORM FOR BURGLARY INSURANCE

1. PROPOSER

Name:

P. O. Box: Tel. No. Office: Res:

2. THE BUILDING

Address: House/Office No. Bldg. No Road No.
Block No Area No

Owned By: Occupied as:

No. of Storey: Age of the Building Date of Last Renovation

3. INTEREST TO BE COVERED

Fixtures, fittings and decorations-----	SR	<input style="width: 100%;" type="text"/>
Furniture-----	SR.	<input style="width: 100%;" type="text"/>
Personal effects (Excluding Jewellery)-----	SR.	<input style="width: 100%;" type="text"/>
Other household items-----	SR.	<input style="width: 100%;" type="text"/>
Stock in trade consisting of the proposer's own or held by him in trust or in commission for which he is responsible-----	SR.	<input style="width: 100%;" type="text"/>
Others-----	SR	<input style="width: 100%;" type="text"/>

a) Are the windows, air conditioner openings, trap doors, skylights and such other openings secured?----- YES NO

(If yes, please give details :)

b) Are the premises secured by burglar alarms?----- YES NO

c) Will the premises remain unoccupied for a specific period on a regular basis and/or during weekends?----- YES NO

d) Have any other security precautions been taken?----- YES NO

(If yes, please give details :)

(In case of business premises, please complete the relevant Proposal Form)

Period of Cover: From: To:

4. GENERAL QUESTIONS

Do you have any other insurance on this property?----- YES NO

Will the premises remain unoccupied for more than 30 days in a year?----- YES NO

Have you ever had a fire/burglary or other loss at any of your properties?----- YES NO

(If yes, please give details :)

Has any insurer at any time:

a) declined your proposal----- YES NO

b) refused to renew your insurance----- YES NO

c) increased the rate or imposed Special Condition----- YES NO

If Yes to any of the above, please give details:

Give details of the fire fighting equipments and Burglary precautions available at the premises.

5. DECLARATION

I/We declare that the above answers are true to my/our knowledge and belief and that I/We have disclosed all particulars affecting the assessment of the risk. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the insurers.

Signature:

Date: