BURGLARY PROPOSAL FORM



Section 1 Applicant details					
1 Applicant's Full Name					
2 Mailing Address					
3 Telephone No.	4 Email				
5 Website	6 Fax				
7 Contact Person	8 Type of Busin	ness			
8 Are you the sole occupant of the premises? If not, name other occupants					
9 Address of the premises to be insured					
10.M					
10 Nature of the Business					
11 How long have you been an occupant of the premises?					
12 Construction of the building					
13 What protection is provided to doors and windows?					
14 Have you taken of special precautions to safeguard your property?					
15 Are the premises occupied by you at night? If not, by whom?					
16 Will the premises be guarded by watchmen? If so, by whom?					
17 Will the Premises at any time be left unoccupied? If so, how often and for how long?					
17 will the Fremises at any time be left unoccupi	ed? If so, flow of	en and for now long?			
18 Are all valuables secured in safe(s), outside of	business hours?	Give Maker's Name			
How secured?	Serial Nu	Serial Number			
19 How many keys are there to the safe(s)? with whom are they kept?					
20 Will a complete record of stock received and sold be kept?		If not, state how would the exact amount of			

Be ascertained?			
21 Where are these books kept outside busine	ess hours?		
22 Where are these books kept outside busine	ess hours?		
23 Sum to be insured for Burglary?			
24 Is the Sum to be insured the total amount a	at risk?	If not, please state	the total value at risk
25 State Firs Loss amount if interested			
26 Do you require Hold Up coverage?	If Yes, state l	imit require	
27 Will al invoices be kept?			
28 Do you take inventories?			
29 Have you been insured or are you now ins	ured against Bur	glary?	If Yes, state name of company
30 Has any insurance Company or Underwri	iter ever:		
a. declined your proposal?	If Yes, give	details	
b. required an increased premium or	imposed special	conditions?	If Yes, give details
c. cancelled or refused to renew any	policy?	If Yes, give de	etails
31 Have you ever had any claims on the projecurrently or previously owned by you?	perty for which i I	insurance is now reaf Yes, state details	equired or any other property s below:
I/we hereby apply for insurance coverage as correct and I/we agree that this proposal and myself/ourselves. If the Proposal/Applicatio and of the agent of the Company.	set out herein an declaration shall on is written by a	d I/we declare tha l be the basis of th nother, it shall be	t the Statements made are true and e contract between the Company and deemed that he/she shall be my agen
Signature of Applicant/Proposer			Date
7. IV			PREMIUM CALC.
Policy No: Agent:			
Underwritint Notes		C.	