

AGENT / BROKER / BRANCH

PROPOSAL FOR BURGLARY INSURANCE
(BUSINESS PREMISES)

Name	
Code No.	

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

1. Full name of Proposer(s) including Trading Name (if any)					
2. Postal Address				
				
3. Telephone/Fax Nos.	Home Telephone		Office Telephone		Mobile
	E-mail				Fax
4. Location of risk if different from postal address				
				
5. Occupation of premises proposed for insurance eg. warehouse, office, shop, factory, etc					
6. Name & Address of other interests if any eg. Bank or Mortgagee					

7. Policy to commence on	Day	Month	Year	8. How long have you been in business?
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Policy to be renewed on	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Years

9. In respect of any of the covers to which this proposal relates and any business in which you or any of your partners or directors are, or have been engaged:

(a) has any insurer ever declined a proposal, refused a renewal, terminated an insurance or imposed special terms?
If "Yes" give details below.

Yes No

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(b) Have you ever suffered loss by Burglary, Housebreaking, Robbery or Theft in the above or at any other premises during the last 3 years? If "Yes" give details below

Yes No

Date of Occurrence	Details of Loss	Amount involved
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Steps taken to prevent recurrence

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	Yes	No	If you have answered "No" to any of these please give details below:-
10. (a) Are the premises in your sole occupation?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Is your portion of the premises self-contained?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the premises be permanently occupied by at least one adult occupant?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are the premises guarded by watchmen or security guards?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are stock registers and books of accounts maintained and regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	
14. How long have you carried on business in these premises			<input style="width: 80px;" type="text"/> Years
15. When did you last have an audit and stock taking?			<input style="width: 80px;" type="text"/> Years ago

16. **SCHEDULE OF PROPERTY TO BE INSURED**

**NB : YOU MUST ENSURE THAT ALL ITEMS ARE INSURED FOR THEIR MARKET VALUES.
If any of your property is underinsured, you will only receive a proportionate amount of your claim.**

	DECLARED VALUE	FIRST LOSS SUM INSURED
(a) Stock in trade, packing material and goods held in trust or on commission		
(b) Furniture, office equipment, plant and machinery and all other contents		
(c) Cash in safe (Declared value and First Loss Sum should be same. There is No First Loss Cover for cash)		
ANY OTHER PROPERTY (GIVE FULL DESCRIPTION)		
(d)		
(e)		
TOTAL		

N.B. The policy will not cover loss of or damage to Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Money or securities for money, coins, medals, stamps, stamp collections, jewellery, watches, furs, precious metals, precious stones or articles composed of any of them, documents of title to property, contracts or other documents, business books, computer system records, manuscripts, curios or works of art, sculptures, rare books, plans, drawings, patterns, models, moulds or designs, unless specifically mentioned as Insured.

Very Important

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I/We declare that the information given in this Proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

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Signature :

FOR OFFICE USE

Rated By		Processed By	
Rate Approved By		Authorised By	Authorised Date