



BURGLARY INSURANCE PROPOSAL FORM

You are to disclose in this proposal form, fully and faithfully, all the facts, which you know or ought to know, otherwise the policy issued hereunder may be void.

Agency A/C No:

Policy No:

DETAILS OF PROPOSER

1. Proposer's Name (Owner) : _____

2. Gender : Male Female

3. Date of Birth : _____

4. Occupation / Nature of Business, Trade : _____

5. Correspondence Address : _____

6. Nationality : _____

7. Passport No. : _____

8. Identity Card / Business Registration No. : _____

(Identity Card / Business Regn. Doc. Verified By : _____ Signature & Name of Agent / Staff)

9. Name of Employer : _____

10. Telephone No. : _____ Hand Phone No. : _____

11. E-mail address : _____

PERIOD OF INSURANCE

From : _____ To : _____
(dd/mm/yyyy) (dd/mm/yyyy)



DETAILS OF PROPERTY

DESCRIPTION	FULL VALUE (USD)	SUM INSURED (USD)
1. Office equipment and machines		
2. Furniture, fixtures and fittings		
3. Tools, equipment, utensils and plants		
4. Stock-In-Trade held in trust or on commission consisting of _____		
5. Stock-In-Trade belonging to Proposer consisting of _____		
6. Others :		
Total Sum Insured		

DETAILS OF PREMISES

1. Situation of Risk : _____
 : _____

2. Type of Premises where property insured is kept.
 Shop house Office Factory Warehouse/ Godown Others _____

3. What Materials are used for construction?
 (a) Walls : Brick/ Cement Wood/Plywood Others _____
 (b) Floor : Cement Others _____
 (c) Doors : Metal/ Solid Wood Hollowcore/ Timber/Plywood Glass Others _____
 (d) Roof : Tiles Asbestos Zinc/Zink Others _____

4. What protection is provided to :-
 (a) Doors : Mortise Locks Bolts/Padlocks Iron grilles/Bars
 Rim Locks Metal aluminum claddings Others _____
 (b) Windows : Iron grilles/Bars No protection Others _____

GENERAL QUESTIONS

1. (a) Are there any trap doors or skylights in the basement or roofs? : Yes No

If YES, how are they protected? : _____

(b) Are you the sole occupier of the premises? : Yes No

If NO, please give details of other occupants and construction of partitions. : _____

(c) How long have you occupied the premises? : _____ month(s) _____ year(s)

2. Do you keep stock records (incoming and outgoing) and sale records? : Yes No

If YES, how often are they updated? : _____

3. Have you ever suffered loss by burglary or larceny at the above or other premises? : Yes No

If YES, please provide details and state name of Insurer and precautions which have been taken to prevent a recurrence. : _____

: _____

4. (a) Will the premises be left unoccupied? : Yes No

If YES, please state when and for how long. : _____ month(s) _____ year(s)

(b) Are the premises securely locked when premises is unattended? : Yes No

(c) Are the premises installed with burglary alarm system/CCTV? : Yes No

If YES, please state type and make. : _____

(d) Is the alarm system connected to any Central Monitoring System? : Yes No

(e) Is the alarm system equipped with a GSM system? : Yes No



(f) Is there any one staying in the risk premises? : Yes No

(g) Have you a watchman or security guard on duty? : Yes No

i. Number of security guards on duty : _____

ii. Number of shift : _____

iii. Working time : 24 Hours Night Only Weekend Only

5. Has any Insurer ever, in respect of Burglary Insurance

(a) Declined your proposal and/or cancelled your policy? : Yes No

(b) Refused to renew your policy? : Yes No

(c) Required an increase premium or imposed special terms on renewal? : Yes No

If you have answered YES to any of the above, please provide details : _____

DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statement contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

I/We further agree that the statements and declaration contained in this proposal form shall be incorporated in and be the basis of the contract between myself/ ourselves and the Company.

Date : _____ Proposer's Signature: _____