

Broker/Agent:



BURGLARY INSURANCE PROPOSAL FORM

A New Dimension in Insurance

A P A Insurance Limited

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IMPORTANT:- The purpose of this Proposal Form is to provide the Company with all the material information that is likely to influence the assessment of your proposal. When completing the Proposal form or having your agent complete it for your signature you should complete all questions fully (dashes are not sufficient). Where you are in doubt as to whether a particular piece of information is material you should include it. Failure to disclose all facts may invalidate the cover under your Policy. It is an offence to make a false statement or withhold any material information for the purpose of obtaining a certificate of Motor Insurance. Please also initial any alterations.

1. The Proposer

Name(in full):
 (Please use Block letters)

Postal Address: P. O. Box..... Postal Code Town:

Telephone Nos. Mobile Nos. Fax Nos.

Email Address: Pin No:

Trade or Business:..... Client No.....

Period of Insurance From: To:

State Physical Location of all the Premises at which property is contained / insurance is required

2. Details of Premises to be insured

a) Description of premises e.g. Shop Office, Warehouse, Factory etc.

b) Describe construction of premises: Walls Roof

c) Are you the owner of the premises? Yes No

d) State how long occupied by you

e) Are you the sole occupier of the premises? Yes No

If not, give Names and trades of other occupiers.

f) Do you reside on the premises? Yes No

g) Are the premises occupied by you at night? Yes No

If not, are they guarded by watchmen or other persons?

h) Are the Premises left unoccupied at anytime? Yes No

If so, for how long and how often?

Do the premises form part of a building otherwise tenanted? Yes No

If so, how?

i) Is any alarm system fitted? Yes No

If yes give details and state which parts of the Premises are protected.

j) Are complete and reliable records of stock and sale books kept? Yes No

If no, state how would the exact amount of loss be ascertained

k) State how the following are secured and protected giving make and types of locks to:

(i) Outer doors on ground floor and basement:

(ii) Front windows on ground floor and basement:

(iii) Back or side windows on ground floor and basement:

(iv) Trap Door and Skylights:

3. Insurance History

a) Have the Premises been entered at any time by thieves or have attempts been made by thieves to gain entry into the Premises? Yes No

If Yes, when? Give date or dates

Give approximate time

How much was stolen?

b) If entry was made, please state:-

(i) how access was gained?

(ii) what precautions have been adopted to prevent a recurrence?

c) Have any other premises occupied by you been so entered. Yes No

If yes, please give details

d) Have you ever claimed upon any Insurance Company for loss by theft? Yes No

If yes please give particulars of each claim

4. Will articles of value be secured in a safe when the premises are closed?

What will be the maximum value of any single article left out of the safe?

Give following details of the safe:

i. Name of maker and date of manufacture

ii. Cost price and weight

iii. Whether thief resisting

iv. Position (state if and how fixed to the structure of the premises)

v. The number of sets and keys and into whose custody they are entrusted

5. State:

a) The approximate total value of the Stock in Trade including Goods in Trust or on Commission for which you are responsible

b) the amount for which the above property is insured against Fire

c) the name of the Fire insurer

6. Does the stock include the following and, if yes, what is the value? Yes No Value

a) tobacco, cigars, cigarettes

b) wines and spirits

c) metals (brass, copper, lead etc)

d) gold, silver or jewellery

e) furs or silks

f) radio, television sets or parts, record players,

hi-fi equipment, cameras or binoculars

7. Has any Insurance Company or Insurer in respect of any of the contingencies to which this proposal applies:-

a) declined to insure you? Yes No

b) required special terms to insure you? Yes No

c) cancelled or refused to renew your insurance? Yes No

d) increased your renewal Premium or renewal? Yes No

PARTICULARS OF PROPERTY TO BE INSURED

	Sum Insured being Full Value
1. Stock-in-Trade belonging to Proposer consisting of:-
2. Goods in trust or on Commission for which Proposer is responsible consisting of:-
3. Business Furniture, Fixtures, Fittings, Utensils in Trade and Safes:- (excluding contents of safe)
4. Plant and Machinery:-
5. Any other (Please specify):-
Total Value of Risk

DECLARATION

I/We hereby propose to effect an insurance with A P A Insurance Ltd. And warrant the truth and correctness of all the above statements to the best of my/our knowledge and belief, including the extended questions and declare that no material information has been withheld affecting the assessment of the risk.

I/We agree that this proposal and declaration shall form the basis of the contract between me/us and the said Company and I/We am/are willing to accept the policy and be bound by all the terms, provisos and conditions thereof and to pay the premium thereunder.

Date : Signature of Proposer

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED
BY THE COMPANY AND THE FIRST PREMIUM PAID EXCEPT AS PROVIDED BY ANY OFFICIAL COVER
NOTE ISSUED BY THE COMPANY**