

## BURGLARY INSURANCE PROPOSAL FORM

Agency  Account No.  Client No

(All questions must be answered in full. Please use block letters or tick as appropriate.)

### A. Particulars of Proposer

#### Individual Applicants:

Name of Proposer: Surname  Middle Name:

Other

#### Corporate Applicants:

Name/s

Contact Persons

**B. Profession/Occupation**

Postal Address: P. O Box  Code

Town

Contact: Telephone Number/s

Fax Number

Email Address

PIN Number.

Period of Insurance: From:  To  (both dates inclusive)

**C. Financiers Interest if any**

### D. Physical Address and Occupancy

1. Location of premises: Building

Street/Road  Plot No.

Town

2. What is the nature of construction of the following

External walls  Internal walls

Roof  Ceiling

3. Are you the sole occupant of the Premises? Yes  No

If not, what other occupants are there?

4. How long have you occupied the Premises?

5. Will the premises be left unoccupied at any time? Yes  No

6. If yes, please explain

### E. Security Arrangements

1. Who is responsible for the security arrangements?

2. What security arrangements are in place? (Tick  appropriate option/s)

(a) Own Watchman

(b) Security Guards Firm

(c) Burglar Alarm

(d) Any other (Please specify)

3. If you engage a Security Guard Company state the name of the firm.

4. How have you secured:

a) Windows?

b) Show windows?

c) Front Door/s?

d) Rear Entrance?

e) Sky Lights?

f) Trap doors?

g) Others? Please specify

#### F. Insurance / Claims History

1. Are you now or have you been Insured for this type of Insurance? Yes/No

If yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss by theft? Yes  No

If yes state.

a) Date of Loss?

b) Extent of Loss?

c) What precautions have been taken to prevent another loss?

3. Have you taken out Fire Insurance cover for the proposed premises? Yes  No

(It is mandatory that Burglary and Fire policies run concurrently)

4. Do you require the following extensions to your Policy?

1. Hold up cover YES  NO

2. Riot and strike YES  NO

5. Has any Insurance Company ever;

(a) Cancelled your Policy? YES  NO

(b) Declined to insure you? YES  NO

(c) Declined to renew your Policy? YES  NO

(d) Imposed any special terms? YES  NO

(e) Repudiated any claim? YES  NO

If the answer for any of the above reasons is 'YES', please give details.

#### G. Business Records

(a) Do you keep proper Books of Accounts records?  Yes  No

(b) Are the Stock books and Sales books updated regularly?  Yes  No

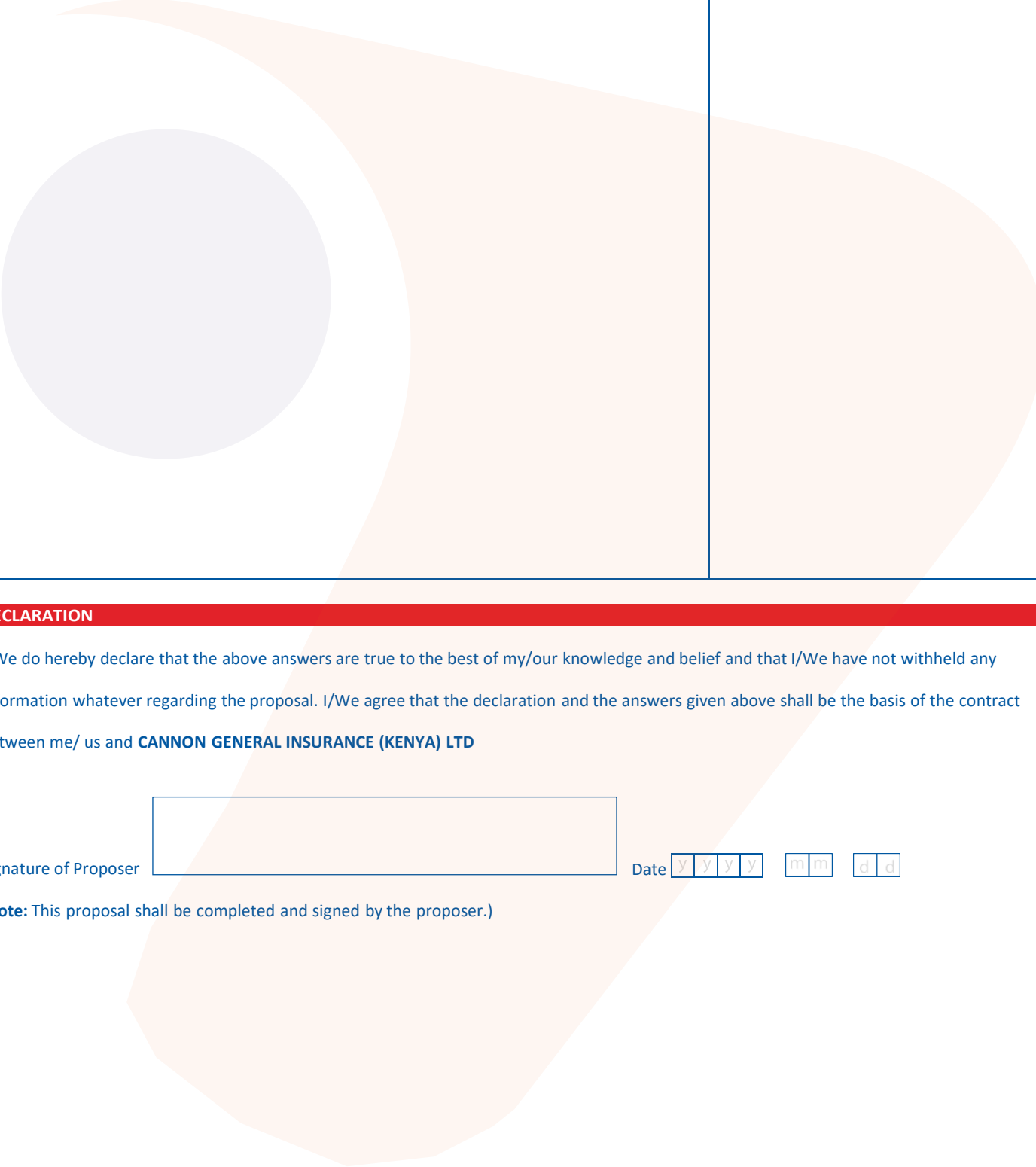
(c) Can the amount of loss be ascertained from them?  Yes  No

(d) When was the last physical Stock taking done?

If you don't maintain stock records, describe how you would verify the amounts of goods stolen in case of a burglary.

## H. Schedule – Particulars Of Property To Be Insured

NB - If property is contained in two or more buildings the sum to be Insured in each building must be specified.

Description	Sum Insured
	

### DECLARATION

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and **CANNON GENERAL INSURANCE (KENYA) LTD**

Signature of Proposer

Date

(Note: This proposal shall be completed and signed by the proposer.)

### Cannon General Insurance (K) Limited

† +254 (0)710600272, +254 (0)723342150, +254 (020)3966000 | e info@cannon.co.ke

a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya

www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

