



## BURGLARY INSURANCE PROPOSAL FORM

Proposer's Full Name :	
Postal Address :	
Identity or CR.No. :	
Telephone No. :	Fax No.:
Trade or Business :	
Insurance Required From _____ to _____	
PROPERTY TO BE INSURED Address of Premises at which the Property is contained :	
SUM TO BE INSURED (SR.)	
A. STOCK AND MATERIALS IN TRADE consisting of _____ _____	
B. GOODS IN TRUST OR ON COMMISSION for which the proposer is responsible consisting of _____	
C. PLANT & MACHINERY AND OTHER CONTENTS _____ _____	
D. OTHER PROPERTY (as follows): _____ _____ _____	
TOTAL SUM TO BE INSURED	
IMPORTANT: DO THE ABOVE SUMS INSURED REPRESENT THE FULL VALUE OF THE PROPERTY TO BE INSURED	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. State nature of Premises containing the property to be insured - whether shop, factory, workshop, offices, etc.	
2. Construction of Premises (a) External Walls : _____	
(b) Roof : _____	

<p>3. How are the following secured and protected?  (a) Outer doors on ground floor and basement: _____    (b) Front windows on ground floor &amp; basement _____    (c) Trap door and skylights _____</p>
<p>4. Is any alarm system fitted? If so, give details and state which parts of the Premises are protected</p>
<p>5. How long have you occupied these Premises?</p>
<p>6. Are the Premises in your sole occupation? If not, please give particulars of other business or trade carried on.</p>
<p>7. Are the Premises occupied by you at night? If not, is there a Watchman or other person on the Premises.</p>
<p>8. State how often and for what period your Premises are likely to be left entirely unattended.</p>
<p>9. Have you ever sustained any losses by Burglary on your Premises? If so, give details.</p>
<p>10. Will a complete record of stock received &amp; sold be kept? If not, how would the exact amount of a loss be ascertained?</p>
<p>11. What is the maximum value of any one single article?</p>
<p>12. Have you ever been insured against Burglary? If so, state the name of the insurer and policy number.</p>

**DECLARATION:**

I / We hereby declare that to the best of my / our knowledge and belief, the above statements and particulars are complete and true and that I/We have not misstated or suppressed any material facts. (A material fact is one which is likely to influence Wafa’s acceptance or assessment of this proposal. If in any doubt wherever facts are material, they should be disclosed).  
Submitting this form does not bind the Proposer to complete the insurance, nor Wafa to accept, but it is agreed that this form shall be basis of the contract should a policy be issued.

**I / We have understood the terms and conditions of the Policy contract which I/We are entering into, as explained by the Company’s representative.**

**Proposer’s Signature.** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent / Brokers name :**

**Code number :**