



BURGLARY – PROPOSAL FORM

1. **Name of Insured:**
2. **Address of Insured:**
3. **Period of Insurance Proposed: From:** _____ **To:** _____
At _____ **o'clock**
4. **Situation of Risk: (if more than one please attach schedule of Locations)**
5. **Occupancy/Business at Situation:**
6. **Insured Items:**
 - 6.1. **Stock: (detail nature of stock involved):**
Sum Insured: (Full value)
Maximum value of any one item
 - 6.2. **Contents: (identify types of contents to be Insured):**
Sum Insured: (Full value)
Maximum value of any one item

6.3. Other: (Please specify):Sum Insured: *(Full value)*

Maximum value of any one item

6.4. Total Sum Insured:

Full Value:

First Loss Limit: *(limit any one loss, any one location):***7. Security:****7.1. Are all doors and windows, skylights, ventilation ducts, physically protected? (Yes/No)****7.2. If "yes", with what form of protection?****7.3. Are the premises fitted with an alarm system? (Yes/No)****7.4. If "yes", state whether system is sonic, infra-red, contact, other (specify) indicating frequency of testing and if the alarm system linked to a rapid response capability by a security company? (Yes/No)****7.5. Is security lighting provided through out the hours of darkness?****7.6. Are there resident watchmen, resident security guards, or patrols?****7.7. Name of Security Firm providing services under 7.4 and 7.5 above?****8. Loss History:**

Year	Number of Claims	Value of Claims Paid O/S		Single Large Losses	Type of Loss
Current Year					
Previous Year					
2 Years Previous					
3 Years Previous					
4 Years Previous					

9. Has the proposer ever had:
- (a) a proposal for insurance declined or rejected, or special terms imposed by an Insurer?
 - (b) a claim under an insurance policy rejected?

(If the answer to either question 9 (a) or 9 (b) is "yes" please provide details on a separate sheet)

10. Is there any other information relevant to the acceptance of this proposal which the Insured knows to be material to the Company's decision to accept the Risk proposed?

Signed for and on behalf of: (Name of Insured)

By: (Name and Position/Title of Proposer)

Date: