

BURGLARY INSURANCE PROPOSAL FORM

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(Please use block capitals and do not leave blanks or answer a question with a dash)

1. (a) Proposer _____

_____ Contact Person _____
(Companies only)

(b) Date of Birth *(for individuals only)* _____

(c) Telephone Home _____ Work _____ Cell _____

(d) Email Address _____

(e) Postal Address _____

(g) Business Activities or Trade Processes _____
(describe fully)

(h) Number of years in operation _____

(i) The Premises	1	2
Situation of Risk		
Occupied by Proposer as		
Occupied by Other Occupants as		

Exclusive of any building not communicated therewith and excluding any garden, yard or open space

2. Do you have any other policies in force with us? YES NO

If 'Yes', please state the type of policy _____

3. Have you ever suffered any loss (whether insured or not) of the kind to be insured at these Premises or elsewhere? YES NO

If 'Yes', please state:

- (a) Date of Loss _____
 (b) Nature of Loss or Damage _____
 (c) Amount _____

4. Have you or anyone with a financial interest in the property to be insured ever had an insurer:
- | | | |
|----------------------------------|------------------------------|-----------------------------|
| (a) decline your proposal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (b) increase your premium? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (c) increase your excess? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (d) refuse to renew your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (e) cancel your policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If 'YES' to any of these, please state the reasons together with the name(s) of the insurer(s) _____

5. (a) Did you make a gain during your last trading year? YES NO
 (b) Do you anticipate being able to pay all of the charges, debts or liabilities against you? YES NO

If 'NO', please state fully _____

6. (a) Do you keep a record of stocks? YES NO
 If 'YES', how regularly are they updated? _____
 (b) do you keep a record of sales? YES NO
 (c) Are your books audited by professional Accountants? YES NO

7. Have you ever insured property for BURGLARY? YES NO

If 'YES', please state

- (a) the names of all previous Insurers _____

8. (a) Are all of the proposed Premises of brick, stone or concrete construction roofed with concrete, metal or other hard roof material? YES NO

If 'NO', please give details _____

- (b) Are there any unprotected external openings? YES NO

If 'YES', please give details _____

9. Are the doors of the Premises securely locked and the windows fastened when the Premises are closed? YES NO

10. (a) Are any of your proposed Premises guarded by armed security personnel at night? YES NO
 If 'YES', which and by whom? _____
- (b) Are any of your proposed Premises occupied at night other than by security personnel? YES NO
 If 'YES', which and by whom? _____
11. (a) How long have you occupied each of the Premises proposed? _____
- (b) Are the premises left unoccupied at any time? YES NO
 If 'YES', for how long, and how often? _____
12. Are security measures employed to protect the Property insured against the risk proposed for insurance? YES NO
 If 'YES', please give details overleaf

The Property to be covered whilst contained within the building occupied by you for the purpose of the business and situate at the Premises.	
DESCRIPTION	
1. Stock in trade that is your property or held by you in trust or on commission for which you are responsible	\$
2. Customers' Goods for which you are responsible	\$
3. Plant and Machinery and Office Equipment, Meters and Telephone Installations that is your property or for which you are responsible	\$
4. Furniture, Fixtures, Fittings.	\$
5. Tenants Improvements and Betterments	\$
6. Other	\$ _____
	\$ _____

13. Period of Insurance from _____ to _____
 mm/dd/yy mm/dd/yy

DECLARATION
 I/We wish to effect an insurance with Guardian General Insurance Limited on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld and that the premises is/are in good condition and repair. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy issued.

Date _____ Proposer's Signature _____
 (mm/dd/yy) If Company Please Affix Company Stamp

PLEASE COMPLETE OVERLEAF PARTICULARS ON SECURITY MEASURES

SECURITY MEASURES

(A) BURGLAR ALARM

Make _____ Installers _____
 Type _____ Age _____
 Is it maintained under contract by the Installers? _____

(B) GRILLWORK

Gauge of metal used: _____
 Are Grills or other similar protections securely fitted into the walls to protect all window, louvre and external door openings? YES NO

Please state the construction of the external doors that are not protected by grillwork:-

	Front	Rear	Side
Wood			
Glass			
Metal	Solid/hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding

(C) SAFE(S)

Make _____ Age _____
 Model _____ Weight _____
 How is the safe secured? e.g. Is it fixed into the floor/wall or free standing?

 Is it fire resistant? _____

(D) GUARDS/DOGS

	Security Guard/s	Guard Dog/s	Watchman/Watchmen
Number			
Name of firm			
Hours of work			
Areas Patrolled			
Other information			