**FIRE & ALLIED PERILS PROPOSAL FORM**

**This insurance covers** Loss of or damage to buildings, equipment, generators, computers, furniture, fixtures and fittings resulting from Fire, Lightning, Explosion, Earthquake, volcanic Eruption, Bush Fire, Riot, Strike, malicious damage, storm, flood, bursting of water pipes impact and aircraft.

The policy excludes Terrorism and Political violence losses as well as war risks.

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS**

1. Name: …………………………………………………………………………………………………...
2. Date of Birth: ……………………………………………………………………………………………
3. Passport/ ID Number: …………………………………………………………………………………

**(Please attach copy of ID/Passport)**

1. Nationality: ……………………………………………………………………………………………..
2. Physical Address: ………………………………………………………………………………….......
3. Telephone Number (s): .……………………………………………………………….....................
4. Email Address: …………………………………………….…………………………………..............
5. Trade / Occupation: ………………………………………………………………………………….
6. Physical address of Trade/ Occupation: …………………………………………………………
7. Source of income: …………………………………………………………………………………….

**FOR CORPORATE APPLICATIONS**

1. Registered name of the organization: …………………………………………………………….
2. Registration number of the organization: ………………………………………………………...

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: ……………………………………………………………………………………….
2. Registered physical address of the organization:

…………………………………………………………………………………………………………….

1. Name of the CD/ MD/ ED / CEO /Authorized representative: ……………………………………………………...............................................................................
2. Date of Birth: ……………………………………………………………………………………………
3. Nationality: ……………………………………………………………………………………………..
4. Passport/ ID number (please attach copy): ……………………………………………………..
5. Telephone number(s)…………………………………………………………………………………
6. Email address(es): …………………………………………………………………………………………………………….
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. Shareholding details

**(please attach copy of memorandum and articles of association)**

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1. **SCHEDULE OF THE PROPERTIES TO BE COVERED**

|  |  |
| --- | --- |
| ***PROPERTY TO BE INSURED*** |  |
| ***PREMISES A*** | ***PREMISES B*** | ***PREMISES C*** |
| 1.Buildings |  |  |  |
| 2.Furniture, Fixtures & Fittings |  |  |  |
| 3.Office equipment |  |  |  |
| 4. Stock consisting of: |  |  |  |
| 5.Machinery & Plant |  |  |  |
| 6.Goods Held in Trust  |  |  |  |
| 7.Annual rent |  |  |  |
| TOTALS |  |  |  |

1. Are you the owner of the property to be insured (YES) (NO)

If no, state the owner………………………………………………………………………

1. Are you the owner of the premises in which the property is located? (YES) (NO)

If no, state the owner………………………………………………………………………..

1. Is a finance company or any other party financially interested? (YES) (NO)

If yes, state name and address. …………………………………………………………..

1. ***RISK DETAILS***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***A*** | ***B*** | ***C*** |
| 1. What is the height of the buildings?
 |  |  |  |
| 1. Of what are the external walls constructed of?
 |  |  |  |
| 1. Of what is the roof constructed?
 |  |  |  |
| 1. Of what is the ceiling constructed of?
 |  |  |  |
| 1. Of what are the partitions constructed of?
 |  |  |  |
| 1. For what purpose is the building occupied?
 |  |  |  |
| 1. If not restricted to yourself, describe other occupiers
 |  |  |  |
| 1. When was the building erected?
 |  |  |  |
| 1. Is it maintained in a good state of repair?
 |  |  |  |
| 1. Are there any buildings communicating with the premises? If so describe them.
 |  |  |  |
| 1. Are there any adjacent buildings within 40feet of the premises? If so describe them.
 |  |  |  |
| 1. Are there any hazardous goods kept in the building? If so describe them.
 |  |  |  |
| 1. Is any process of manufacture carried within the premises? If so describe it
 |  |  |  |

1. ***Loss History***
2. Have any persons while engaged in the occupations stated been involved in the last three years in any accident resulting in death or disablement? (YES) (NO)

If yes give details………………………………………………………………………………………………

1. Are you at presently insured? (YES) (NO)

or

1. Have you ever proposed for Fire Insurance previously? (YES) (NO)
2. Has any insurance company ever:-
3. Declined your proposal? (YES) (NO)
4. Required an increased premium? (YES) (NO)
5. Imposed special terms or conditions? (YES) (NO)
6. Cancelled or refused to renew your policy? (YES) (NO)

If the answer to any of the above is yes please give details ……………………………….……………………………………………………………………….

1. ***Period of Insurance*:** From ………………………………To ………………………………………
2. **DECLARATION**

I warranty that the above statements made by me or on my behalf are true and complete to the best of my knowledge and belief and I agree that this proposal shall be the basis of the contract between me and the company. I also agreed to accept a policy in the company’s usual form for this class of insurance.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_