



THE HAND-IN-HAND MUTUAL FIRE INSURANCE COMPANY LIMITED

PROPOSAL FORM

BURGLARY INSURANCE (BUSINESS PREMISES)

1. (a) NAME OF PROPOSER (in full) _____
(b) ADDRESS (in full) _____
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2. PROFESSION OR OCCUPATION _____
- (a) Address of all premises in which the property to be insured is contained stating in each case whether Shop, Workshop, Factory or Warehouse, etc. _____
(b) Type of business carried on (b) _____
(c) Are you the sole occupier? (c) _____
(d) What part of the building is occupied by you? (d) _____
(e) How is the remainder occupied? (e) _____
(f) How is the part occupied by you separated from the rest of the building? (f) _____
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4. (a) Will the premises be left unoccupied? (a) 1. By day _____
2. By night _____
(b) If so, how often and for how long?
(c) If premises are occupied outside business hours, give particulars of such occupancy. _____
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5. State precautions
(a) For securing outer doors _____
(b) Protecting ground floor windows _____
(c) Protecting skylight and other means of entrance. _____
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6. (a) How long have you occupied each of the premises mentioned above? (a) _____
(b) Have thieves ever entered or attempted to enter any of your premises? (b) _____
Date of entry _____
Amount of Loss _____
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7. (a) Is a complete record kept of stock received and sold? (a) _____
(b) Will such record continue to be kept during the currency of the Policy? If not, explain how the exact amount of loss could be ascertained. (b) _____
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8. (a) Are any articles of value secured in safes when premises are closed? (a) _____
(b) If so, give particulars and situation of safes. (b) _____
(c) State the maximum value of single articles left out of the safe. (c) _____

- (a) Have you been previously insured against burglary or applied for such Insurance? (a) _____
- (b) If so, with which Company? (b) _____
- (c) Has any claim for loss under such insurance ever been made by you? (c) _____
- (d) Has any application for insurance been declined or has renewal of an insurance been refused or an increased rate demanded for renewal? (d) _____

Are there any other insurances in force on the same property effected with this or any other Insurance Company or with any other Insurer? In such cases, please indicate the amounts and the names of the Companies or Insurers.

- (a) What is the replacement value of the total Contents of your premises? (a) _____
- (b) Are the Stock and Business Premises, etc., insured against fire? (b) _____
- (c) If so, for what sum? (c) _____
- (d) State whether with this Company or any other Company. (d) _____

SCHEDULE OF PROPERTY TO BE INSURED

State the full value of:-

- (a) Stock-in-Trade consisting of (Maximum value of any article to be stated). (a) _____
- (b) Goods in Trust or on Commission for which the Insured is responsible. (b) _____
- (c) Fixtures, Fittings and Utensils in Trade and Office Furniture. (c) _____

DECLARATION

Declare that the above statements are correct, and that nothing materially affecting the risk has been concealed by me. I agree that this proposal and declaration shall be taken as the basis of the proposed contract between me and the Hand-in-Hand Mutual Fire Insurance Company Limited, and I agree to accept a Policy in the Company's usual form for this class of Insurance, and warrant that the replies given to the questions on this proposal form will continue as stated during the currency of Insurance.

DATE

SIGNATURE OF PROPOSER

Policy shall not cover Gold or Silver Articles, Jewellery, Precious Stones, Watches, Deeds, Bonds, Bills of Exchange, Promisory Notes, Cheques, Money, Securities for Money, Stamps or Stamps Collections, Documents of any Kind, Medals, Coins, Manuscripts, Patterns, Models, Moulds, Designs, Sculptures, Rare Books, or Business Books unless specially arranged and expressed in the Schedule.

Sum Insured	Rate	Annual Premium	Reinsurance Placement
\$ _____	_____	\$ _____	

Sales Representative

Prepared by

Inspected by

Date

Checked by

Approved by

Date