# FIRE INSURANCE PROPOSAL

INSURER						
<b>IMPORTAN</b> T: All Questions must be answered. A tick or dash is not sufficient.						
Full Name of Proposer						
Postal Ad	ldress					
Business or Profession						
Telephone No. Mobile No.						
Email Address						
Nature of interest (State whether owner, tenant, mortgage, trustee, etc)						
Period of	insurance: From: To:					
DESCRIPTION OF THE PROPERTY TO BE INSURED 1. a Situation of Property to be insured						
	(i.e Plot No. Name of Street or Road & Town)					
b.	The Building Constructed of Walls Roof SUM(S) TO BE					
	No Storeys INSURED					
2.	PRIVATE RESIDENCE					
	a. The building of the private dwelling house and domestic, offices, stables, garage and outbuildings (including landlord's fixtures and fittings) on the same premises and used in connection therewith, and walls gate and fences around and pertaining thereto					
	<ul> <li>Household Goods and personal effects of every description, the property of the Proposer or of permanently resident member of the family and of servants in the above dwelling</li> <li>GH¢</li> </ul>					
	Note: Any article (furniture, pianos and organs excepted) which exceeds in value 5% of the amount must be specified below and insured separately					
	c. DESCRIPTION OF ANY OTHER PROPERTY TO BE INSURED (see note in (2b) above and attach a separate sheet where necessary)					
	GH¢					

**BUSINESS PREMISES** 

3. BUSINESS PREMISES Building of business premises occupied for

Note: Where there are more than one building, a separate schedule should be prepared.

		TOTAL	GH¢	
			GH¢	
C.	Other property to be insured		GH¢	
b.	On fixtures, fittings and utensils in trade		GH¢	
a.	On stock-in-trade consisting of		GH¢	

# NOTE: where two or more buildings are to be insured which do not communicate with each other, separate sums insured must be placed on each and also on the contents of each of such buildings

## QUESTIONS TO BE ANSERED BY THE PROPOSER

1. Is the building solely in your own occupation? (Yes/No) If not, state how the reminder are occupied

2. Are the premises attached?

If so, state distance, construction and nature of occupancy of adjacent or adjoining buildings:

3. Are hazardous materials or any petroleum products kept on the premises: If so please give details:

4. Is any process of manufacture carried on?

5. Is there any stove or apparatus for producing heat (other then a common fire place or cooking stove set in brick chimney) or any artificial heat used in any process of trade?

6. How are the premises lighted? 7. Are there other insurances on the property proposed for this insurance? Have you previously insured against fire or additional perils? 8. If so, give details including names of insurers 9. How long have you conducted business? Elsewhere? (a) In these premises (b) 10. Have you ever suffered loss by fire in these premises or elsewhere? If so, give details including names of insurers 11. Have you ever proposed for fire insurance and been declined or renewal refused or had a policy cancelled by an insurance office?

12. Is this policy to be assigned to, or held by any creditor as collateral security?

13. (a) Do you keep a set of books showing a complete records of business transacted, including

all purchases both cash and credit?

(b) Are such books and records kept in a locked fireproof safe or removed to another building at night or when the premises is not open for business?

14. Do you wish to be insured against any of the extra perils? If so please tick

(see below)

### ALLIED PERILS

- (a) Impact
- (b) Aircraft and/or Articles dropped therefrom
- (c) Explosion
- (d) Hurricane, Cyclone, Tornado, Typhoon and/or Windstorm
- (e) Bursting or overflowing of water pipes, apparatus and the like
- (f) Flood
- (g) Earthquake and Volcanic Eruption (Fire and Shock)
- (h) Riot & Strike, Civil Commotion and Malicious Damage
- **Note:** Cover against any of the above perils will be subject to the Company's standard policy Terms Exceptions and conditions.

### DECLARATION

I/WE Warrant that the above statements are true and complete and i/We agree that this proposal shall be the basis of the contract between me/us and the Company.

I/We agree to accept a policy in the Company's usual form for this class of insurance

Date: ----- Signature: ------