

Burglary Insurance Proposal Form

COVER PROVIDED

- (i) loss of or damage to the Property insured by Theft involving entry to or exit from the Premises by forcible and violent means.
- (ii) damage to the Premises falling to be borne by you due to such Theft or attempt thereat.
- (iii) loss of or damage to the Property insured whilst contained within the Premises consequent upon and in connection with assault or violence or the threat thereof to you.

EXCEPTIONS

The policy does not cover:-

- (a) radioactivity risks
- (b) war risks
- (c) loss or damage caused by fire or explosion
- (d) damage to stained or plate glass or any painting lettering or ornamentation thereon
- (e) loss or damage by any Theft as aforesaid or any attempt thereat by any of your family business staff domestic servants or any person lawfully on the Premises
- (f) loss of or damage to money coins medals securities stamps of any kind documents of any kind manuscripts business books computer systems records patterns models moulds plans or designs unless the same be specifically insured hereunder.

DEFINITION

"Premises" means that part of the building occupied by you exclusive of any building not communicating therewith and of any yard or open space.

AVERAGE

The sum insured by each item shown on this Proposal Form will be separately subject to Average in accordance with the following clause:-

If at the time of any loss the sum insured be less than the total value of the property covered, you shall be considered your own insurer for the difference and shall bear a rateable share of the loss accordingly.

Provided the property insured by each item is insured for its full value, this clause will not affect you in any way if the sum insured is inadequate you will be paid only a proportionate share of any loss.

The insurance is subject to the more precise terms of the Policy, a specimen of which can be obtained on application.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK	1.	(a)	Name of Proposer (in full)					
CAPITALS		(b)	Address					
			T-tbN-					
				The Business (describe fully)				
		(c)	The Business (describe fu					
	(d)		The Premises	1	2			
			Situation of Risk					
			Occupied by Proposer as					
			Occupied by other occupants as					
			Exclusive of an	and of any yard or	open space.			
Period of		(i)	(12 months) frominclusive.	to		both dates		
		(ii)	any subsequent annual prenewal premium.	eriod for which you shall pay and the Co	ompany shall agree to	accept a		
	2.		you have any other polici			YES	NO	
		If 'Y	f 'YES', please give details					
	3.		ve you ever suffered any loss (whether insured or not) of the kind to be insured these Premises or elsewhere?			YES	NO	
		If 'Y	'ES', please state:					
	•	(a)						
				e				
			Amount					
	4.		s any Insurer declined any proposal from you?			YES		
		If 'Y	'ES', please state the type of					
	5.	(a) (b)	Did you make a gain duri	ing your last trading year? able to pay all of the charges, debts or lia	abilities	YES	NO	
		(6)	against you?			YES	NO	
			,					
	6.	(a) (b)	Do you keep a record of Are your books audited I	sales? by professional Accountants?		YES		
	7.		e you ever insured property 'ES', please state	for BURGLARY?		YES	NO	
		(a) (b)	whether any Insurer has o	Insurers	У			

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.		
	<i>(</i> C.)			
	(b)	Are there any unprotected external openings?	YES NO	
		If 'YES', give details.		
9.	Are	the doors to the Premises securely locked and the windows fastened when		
10.		Premises are closed? any of the proposed Premises occupied other than by security personnel	YES NO	
10.		ght?	YES NO	
	If 'Y	'ES', which, and by whom?		
11.	How	long have you occupied each of the Premises proposed?		
12.		security measures employed to protect the Property insured against the proposed for insurance?	VEC. NO	
			YES NO	
	11 7	ES', please give details overleaf.		
The Pa	roperty	to be covered whilst contained within the building occupied by you for		
the pu	irpose of	the business and situate at the Premises.		
		DESCRIPTION	TOTAL DECLARED VALUE	
1.	Stoc	k in Trade your property or held by you in trust or on commission which you are responsible	\$	
2.		omers' Goods for which you are responsible	\$	
3.		and Machinery and Trade Furniture, Fixtures, Fittings and Utensils	*	
	and	Office Equipment, Meters and Telephone Installations, your property or which you are responsible		
4.		ints Improvements and Betterments	\$ \$	
5.			s	
0,			3	
			\$	
Please	indicate	the sum insured required in respect of:-		
	(a)	The property to be covered — First Loss Basis.	\$	
	(b)	Damage to Premises) limited to 10% of Sum Insured	\$	
	(c)	Assault and Violence) or \$5,000 (whichever is greater) unless you indicate otherwise.	\$	
If any	of the f	ollowing Property is proposed for Insurance please indicate:-		
		PERTY	VALUE	
	Ster	eo video and electronic equipment	\$	
	Ciga	rettes	\$	
	Wine	es and Spirits	\$	
		ellery or precious metals	\$	
	Com	puter Equipment	\$	
	DECLARA			
		to effect an Insurance with Guardian General Insurance Limited trading as NEMWIL in terms of the inverse of the law to the best of my/our knowledge and beliefs the statements and particulars give		
а	ire true ar	d complete and no material fact, that is those facts which the Company would regard as likely to influ	uence the acceptance and	
		at of this proposal, has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this proposal however, medium as NEMWII	oposal shall form the basis	

Proposer's Signature

Date__

(A)	BURGLAR ALARM								
	Make		Installers						
	Туре		Age						
	ls it maintained unde	r 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 not protected by grillwork.								
		Front	Rear	Side					
	Wood								
	Glass								
	Metal								
		Solid/hollow/expanding	Solid/hollow/expanding	Solid/hollow/expanding	-797 LIS 58				
(C)	SAFE(S)								
	Make		Age						
	Model Weight								
	How is the safe secured? e.g. Is it fixed into the floor or positioned near to a corner and bolted to the wall?								
	Is it burglar or fire re	sistant?							
(D)	OTHER								
	(1) Security Guard.	(2)	Guard Dogs	(3) Watchman					
	(a) How many	(8)	How many	(a) How many					
	(b) Armed with p	istol(b)	Name of firm	(b) Hours of duty					
	(c) Name of firm.	(c	Hours of duty	(c) Age					
	(d) Hours of duty	(d) What areaspatrolled	(d) is he able-bodied					
	(e) What areas patrolled		(e) With or without(e) What areas patrol handler		d				
	OFFICE TO COMPLE	те							
	emiumRenewal F		mitm	Total Sum Insured					
	Operative Endorsemen	ts							
	•								