Industrial and General Insurance Plc

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BURGLARY INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully and fully, failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer: _____ _____ _____
Surname *Firstname* *Middlename*

Please specify Title Mr ☐ Mrs ☐ Miss ☐ Others _____ Sex: Male ☐ Female ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Date of Birth _____ (dd/mm/yyyy)

Occupation _____ Are you self employed? Yes ☐ No ☐

Resident Address: Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Postal Address: (if different from above) Line 1 _____
Line 2 _____
Line 3 _____ Town _____ State _____

Telephone Nos. Home _____ Office _____

Mobile / GSM _____ Fax _____

Email _____ Website _____

Wedding Anniversary Date (if applicable) _____

Insurance Required (Dates) From _____ To _____

NEXT OF KIN / EMERGENCY CONTACT

Name _____ Relationship _____

Contact Address: Line 1 _____ Telephone _____
Line 2 _____
Line 3 _____ Town _____ State _____

GENERAL QUESTION

1 State Address and Description of premises containing the property to be insured
(state whether House, Shop, Warehouse, Factory, etc.)

2. How long have you occupied the premises?

		Yes	No
3.	(i) Are you the only occupier of the premises?		
	(ii) Do you live on the premises?		
	(iii) Will the premises be occupied at all time?		

If NO *to any question in (3) (i) to (iii), please give details*

4. If any part of your stock in trade consist of Valuations, e.g (Jewellery, Watches, Gold or Silver articles) state value *N(Naira)*

SECURITY MEASURES

1 Give details of anti-theft devices installed on the premises:

2. If any of the Property is contained in a locked safe, give the following information on the safe:

Name of maker	Model	Date of Manufacture	Size	Weight	Cost	Whether fixed or free	Whether purchased new or second hand

		Yes	No
3.	(i)Do you take Stock regularly?		
	(ii) Are Stock books promptly posted?		

If YES, how often?

INSURANCE HISTORY

		Yes	No
1.	Are there any insurance in force on any of the property embraced in this proposal with this or any other Insurance company?		
2.	(i) Has any attempt ever been made to enter these or any other premises occupied by you?		
	(ii) Have you ever made a claim from any Insurer for by Theft or Burglar?		

If YES *what precautions have you taken to prevent a recurrence?*

		Yes	No
3.	Has any Company in respect of Burglary of Theft risks ever		
	(a) Declined your proposal?		
	(b) Cancelled or refused to renew your policy?		
	(c) Imposed any special terms?		

If YES *to any question in 3, please give details*

SCHEDULE OF PROPERTY TO BE INSURED **Sum Insured**

(a) On Stock in Trade

(b) On Goods in Trust or on Common for which the Proposer is responsible

(c) On Trade Fixture and Utensils in Trade, Office furniture and Safes (excluding contents)

(d) Plant & Machinery

(e) Household Goods and Personal Effects (including property described in item (f) belonging to the propose or to members of his family permanently residing with him or to his domestic servants or being property for which he is responsible , in the proposer's dwelling Electro-plate, Clocks, China, Wines and Cigars, Articles, Picture, Print.

(f) On Gold and Silver Plate, Jewelry, Personal, Ornaments, Watches, Trinkets and Furs

(g) On the following articles not otherwise specified:

No one article included items (e) or (f) in this schedule (Furniture, Pianos and Organs expected) Shall be deemed of greater value than per cent of the total sum insured under such items, unless Specifically mentioned and separately insured

Total amount for which Insurance is required

ADDITIONAL INFORMATION

Are there any additional information likely to affect the proposed Insurance which should be disclosed to the Underwriters?

YES NO

If YES, give details

DECLARATION

I/We declare that to the best of my/our knowledge and belief, the information supplied in this proposal form is true and complete. I/We understand that cover is not effective until acceptance of this proposal is confirmed.

Signature of Proposer *Date* *Agent*

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal

A copy of the Completed Proposal form will be supplied on request.

A copy of the policy form is also available on request for verification prior to completion of the Contact.

No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.