



**Head office Location:**  
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### PROPOSAL FOR FIRE INSURANCE

Please answer all the questions for each of the relevant sections as fully as possible. Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt, please disclose them or seek assistance from your insurance representative.

Name of Proposer(s):

Address of Proposer/Company

Email

Fax No.

Contact No.

Location of Premises To be Insured

Occupied as

Use of premises

Business

Private Residence

### DETAILS OF INSURANCE REQUIRED

| INTEREST TO BE INSURED  | AMOUNT TO BE INSURED |
|---|----------------------|
| On Building, Fixtures, Fittings   |                      |
| On Content,<br>Furniture, Office Equipment & others<br>(Attach list & values) |                      |
| On Plant & Machinery<br>(Please Attach list & values)                         |                      |
| On Stock-in-Trade   |                      |
| Consequential Loss<br>- Loss of profit<br>- Loss of Rent                      |                      |
| Others – (please specify)   |                      |
| Total Sum Insured   |                      |
| Period of Insurance (dd/mm/yy)  |                      |
| From  | TO                   |



Broker/Agent

Name:

Number:

**NB: ALLIED PERILS**

- (1) Impact (2) Aircraft and/or Articles dropped therefrom (3) Explosion (4) Tornado/Windstorm (5) Bursting or Overflowing of water pipes (6) Floods (7) Earthquakes and Volcanic Eruption (8) Riot and Strikes, Civil Commotion and Malicious Damage