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**COMBINED FIRE & BURGLARY ASSETS ALL RISK**

**PROPOSAL FORM**

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):

Location of Premises:

Postal Address:

Fax No.

Tel No.

Email:

Type of Cover:  Combine Fire & Burglary

Assets All Risk

Building occupied as

**Sections and Sum Insured**

**SECTION 1a: Fire & Allied Perils - (Buildings, Fixtures and Fittings)**

Sum Insured:..... ₵.....

**SECTION 1b: Fire & Allied Perils – (Contents)**

(a) On Stock in Trade consisting of:..... ₵.....

- (i) Raw Material consisting
- (ii) Semi Finished Goods/Works in progress
- (iii) Finished Goods consisting of

(b) Furniture:..... ₵.....

(c) Office Equipment:..... ₵.....

(d) Specially Declared Items:..... ₵.....

(Please attach list and values)

**SECTION 2: PLANT AND MACHINERY** ..... ₵.....  
 (Please attach list & values)

**SECTION 3: Burglary: Contents:**

- (a) Stock in Trade consisting of:.....¢.....
- (b) Furniture:.....¢.....
- (c) Office Equipment.....¢.....
- (d) Offers .....¢.....
- (e) Specially Declared Items:..... ¢.....  
(Please attach list and values)
- Total Sum Insured GH ¢

**DESCRIPTION OF THE PREMISES AND OTHER PARTICULARS**

1. Construction of Walls <input type="checkbox"/> Brick & Concrete <input type="checkbox"/> Brick & Timber or Corrugated Iron <input type="checkbox"/> Timber Only
2. Construction of Roof: <input type="checkbox"/> Tiles/Concrete/Asbestos <input type="checkbox"/> Metal/Aluminum Sheets <input type="checkbox"/> Others
3. Type of Building: <input type="checkbox"/> Detached <input type="checkbox"/> Non-Detached <input type="checkbox"/> No. of Storeys (        )
4. Are there any other insurances held on the same premises? <input type="checkbox"/> Yes <input type="checkbox"/> No if 'Yes', please give details.
5. Have you ever suffered loss or damage by fire? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has any insurer declined to insure your property? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are any highly combustible or inflammable goods stored in the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are the adjoining or nearby premises of similar construction? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Fire Fighting Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you the sole occupier? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', please give details of other occupants.
12. Please state business/trade carried on in the adjacent premises. On the LEFT: <span style="float: right;">On the RIGHT:</span>

**GENERAL QUESTIONS APPLICABLE TO ALL SECTIONS:**

1. (i) Are fire extinguishing appliances installed and are they maintained under contract? Yes  No

(ii) Are smoke detectors installed in the rooms? Yes No

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2. (i) Are the premises or any part of them exposed to storms or strong winds? Yes  No

(ii) Is there any history of flooding in the area or any other exposure? Yes  No

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3. i) Is there an intruder alarm? Yes  No

ii) Main Entrances/Doors:

(i) How are they constructed? E.g. Solid, timber or metal framed steel plated, glazed

(ii) What locks or other devices are they fitted with:

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4. Has any of your property during the last three years been destroyed or damaged by fire. Yes  No

If yes, give details

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8. Has any claim been made against you during the past three years by any person for damage to their property or personal injuries? Yes  No

If yes, give details

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*I/We declare that the above statements are true and that to the best of our knowledge and belief nothing materially affecting the risk has been concealed, and that the amount proposed for Insurance represents the full value of the property to be insured and I/We agree that this proposal shall be the basis of the contract between me/us and the Underwriters.*

Date.....

Signature of Proposer.....

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 Coomotion and Malicious Damage