

## · BURGLARY INSURANCE · (BUSINESS PREMISES) PROPOSAL FORM

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

1. (a) Name of Proposer:  (b) Mailing Address: (including Postal Code)  (c) Telephone No./Fax No.:  (d) Email address:  (e) Trade or Business:  (f) Period of Insurance:	..... ..... ..... ..... ..... ..... From ..... To .....
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2. (a) State all addresses at which property is contained  (b) Description of premises, e.g. Shop, Office, Warehouse, Factory, etc.  (c) State how long occupied by you	..... ..... ..... ..... .....
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<p>3. (a) Do the premises form part of a building otherwise tenanted?</p> <p>If 'Yes' how is the building otherwise tenanted?</p> <p>(b) Are the premises occupied by you at night?</p> <p>If 'No' is there a Watchman or other person on the premises?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p>
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<p>4. (a) Is an Intruder Alarm installed?</p> <p>(b) Name of Manufacturer/installing Company?</p> <p>(c) Date Installed</p> <p>(d) Is the system subject to a maintenance contract?</p> <p>(e) Method of Signalling</p> <p>(Briefly detail existing alarm protection &amp; attach copy of up to date specification)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Bell only <input type="checkbox"/> Digital Dialler <input type="checkbox"/></p> <p>Direct Line (Police or Central Station) <input type="checkbox"/></p> <p>Other (Specify)</p> <p>.....</p> <p>.....</p>
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<p>5. (a) Are full and reliable records of stock and sales kept?</p> <p>If 'No' how would you be able to prove a claim?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>6. How are the following secured and protected:</p> <p>(a) Outer doors on ground floor and basement</p> <p>(b) Front windows on ground floor and basement</p> <p>(c) Back and side windows on ground floor or basement</p> <p>(d) Trap doors and skylights</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>7. Are the keys of the safe(s) removed from the premises when the premises are closed for business?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>8. (a) Have thieves ever entered or attempted to enter your premises?          If 'Yes' when?</p> <p>(b) If entry was made, please state:-          (i) How access was gained?          (ii) What precautions have been adopted to prevent a recurrence?</p> <p>(c) Have any other premises occupied by you been so entered?          If 'Yes' please give full details</p> <p>(d) Have you ever claimed upon any Insurer for loss by theft?          If 'Yes' please give particulars of each claim</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....          .....</p> <p>.....          .....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....          .....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....          .....</p>
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<p>9. (a) Has a proposal in respect of your burglary risk previously been made to this or any other Insurer?          If 'Yes' please state:          (i) the name of the Insurer          (ii) whether the proposal was accepted or declined</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>.....          .....</p> <p>.....          .....</p>
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<p>9. (b) Has the renewal of your insurance ever been declined or not invited?</p> <p>(c) Have you ever been required to          (i) pay an increased rate?          (ii) have special terms imposed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>10. Please state:          (a) the approximate total value of the Stock in Trade, including Goods in Trust or on Commission for which you are responsible.          (b) the amount for which the above property is insured against fire.          (c) the name of the Fire Insurer.</p>	<p>.....          .....</p> <p>.....          .....</p> <p>.....          .....</p>
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<p>11. Does the stock include the following and, if so, what is the value?</p> <p>(a) tobacco, cigars, cigarettes</p> <p>(b) wines and spirits</p> <p>(c) metals (brass, copper, lead etc.)</p> <p>(d) gold, silver, jewellery or watches</p> <p>(e) furs or silks</p> <p>(f) radio, television sets or parts, record players, hi-fi equipment, cameras or binoculars</p>	<p style="text-align: center;">Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>Value:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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PARTICULARS OF PROPERTY TO BE INSURED	
	Sum Insured being Full Value
(1) Stock-in-Trade belonging to Proposer consisting of: - .....	
(2) Goods in Trust or on Commission for which Proposer is responsible consisting of: - ..... .....	
(3) Fixtures, Fittings and Utensils in Trade	
<b>TOTAL</b>	

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Signed by Proposer**

Name (Please print) .....

Signature ..... Date .....