SIERRA LEONE INSURANCE COMPANY LIMITED

 P.O. Box: 836 ( **Telephones: 232-30552379 232-76611010) Email: slicoaeb@gmail.com)**

 68 Sanders Street

 Freetown, Sierra Leone

**PROPOSAL FORM FOR BURGLARY INSURANCE**

Important: This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully all of the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured or our decision as to the acceptance of the risk or the terms upon which it should be accepted. Your failure to comply with the obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal and return it to us.

* a. Name of Propposer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Nature of Trade or Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Address of the premises to be insured:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAN No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in case of premium equal to or more than..)

|  |  |
| --- | --- |
| * a. Whether warehouse,godown,shop or office?
 |  |
|  b. How long have you been an occupant of  the premises? |  |
|  c. Are you the sole occupant? |  |
|  d. If not, who are the other occupants? |  |
| * What materials are sued for construction?

e.g. concrete, bricks, iron sheet or timber etc. |  |
| * Walls
 |  |
| * Roof
 |  |
| * Floor
 |  |
| * What protection is provided to?
 |  |
| * Doors
 |  |
| * Windows
 |  |
| * Skylight, ventilators, exhaust fans, Lights, air conditioners, Trap doors
 |  |
| * Any other openings
 |  |
| * Mention any special precautions you have adopted for safeguarding your property.
 |  |
| * a. Are the premises occupied by you at

 night?If not, by whom? |  |
|  |
|  b. Are the premises guarded by Watchmen?  If so, by how many and during what time? |  |
|  |
| * Are the premises at any time left unoccupied?
 |  |
| * If so, how often and for how long?
 |  |
|  7. a. Are all valuables secured in a safe(s) Outside business hours? |  |
|  b. Give (1) Maker’s name  |  |
|  (2) Height |  |
|  (3) Width |  |
|  (4) Depth and  |  |
|  (5) Weight of Safe(s) |  |
|  c.How many keys are there to the safe(s) and  with whom are they kept? |  |
|  d.Can the safe(s) be opened by single key or a combination of two or more keys? |  |
|  8. a. Are stock and sales book maintained? |  |
|  b. How frequently are these entered/ |  |
|  c.How often is stock taken? |  |
|  d.Where are these books kept? |  |
|  9. a. Have any premises occupied by you been  entered by burglars? |  |
|  b. If so, give full particulars stating when and and how access was obtained and the extent of loss. |  |
|  c.What precautions have been adopted to  prevent such a recurrence? |  |
| 10. a. The name of your existing insurance Company. |  |
|  b. Policy No. |  |
|  c.Period |  |
| 11. Has any company in respect of your Burglary Insurance: |  |
| * Declined tour proposal?
 |  |
| * Cancelled or refused to renew your policy?
 |  |
| * Accepted your proposal on special terms and conditions?
 |  |
| 12. Have you ever claimed upon any insurance  or loss by burglary or house breaking? If so, give details. |  |
| 13. Amount for which contents are currently insured  against fire and name of Insurer. |  |
| 14. Give full description of contents (i.e. the  Property to be insured) in the premises. |  |
| 15. Do you need cover against riot and strike,  terrorist activities on the payment of  additional premium? |  |

16. **PROPERTY TO BE INSURED (GIVE FULL DETAILS)**

|  |  |  |
| --- | --- | --- |
| S/No. | Item | Sum to be insured (Le) |
| A. | Stock in trade (as described in item 18 above). |  |
| B.  | Good held in trust or on commission for which the insured is responsible. |  |
| C.  | Furniture, fixture, fittings, utensils and appliances used in your business. |  |
| D. | Coins and currency notes in a locked safe. |  |
| E. | Valuables |  |
| F. | Others (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Total |  |

N.B: to obtain full indemnity it is necessary to insure for full value the property in the premises.

17. Policy period sought: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| 18. a. Is the insured location protected by a burglar alarm  System? | Yes No Will be installed within days |
|  If yes, or will be installed, please give details of the  Alarm system. |  |
|  b. Are any security systems or aids deployed and if so what?  |  |
| 19. Is the burglar alarm under maintenance contract?  If yes,  | Yes No quarterly ½ yearly annual |
| 20. Will the burglar alarm system and any other security System or aids mentioned in answer to questions to Question 18 and 19 be maintained as required so that They are not in good working order and deployed For the prevention of any claim under the policy Sought? |  Yes No  |

|  |
| --- |
| Payment DetailsMode of payment: Cheque DD Cash Others |

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I/We agree that this proposal and the declarations shall be the basis of the contract between me/us and the Sierra Leone Insurance Company Limited and I/We agree to accept a policy, subject to the conditions prescribed by the Company and to pay premium on the amount estimated above at the end of each policy period. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

I/We hereby unconditionally allow the Company to share all my/our information being collected in this proposal form or through telephone/email/web-inputs means or other means, as updated from time to time within group entities.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_