



LIBERTAS GENERAL INSURANCE COMPANY

BURGLARY PROPOSAL

Agency:..... Policy No.....

Please give a full and definite answer to each question (do not use dashes)

IMPORTANT : Cover is restricted to property inside buildings unless agreed otherwise

General Information

Title (Please circle as appropriate) Dr, Mr. Mrs. Miss Other

Surname..... First Names.....

Company Name..... TPI No.:..... Date of incorp...../...../.....

Marital Status..... Nationality:..... Date of Birth...../...../.....

Contact. No..... Postal Address.....

Email Address..... ID No.:

Physical Address.....

Please Indicate Map at the back of this form of the physical address provided.

Bank Acc. Name..... Account No.:..... Branch:

Occupation and Position.....

Business and nature of Business

Details of Landlord (If not the owner of premise):

Personal/Corporate ID (National Id, Passport, Driver's license, Voter Reg. Cert or Company Reg. Cert. or Operating License) **(tick)**.....

Type of Industry (if Corporate or Business).....

(such as agri, constr, financial, legal, mining, retail, tourism, health, education, transportation, technological, engineering, other (state))

Class of license.....Date driving test passed.....

<p>1. (a) Situation of property to be insured (b) Description of premises e.g. Warehouse, Shop, Factory or Store (c) If only part of the building be occupied by you, which part?</p>	<p>(a)..... (b)..... (c).....</p>
<p>2. (a) State Rental and how long you have occupied the premises? (b) To what extent will your premises be left unoccupied?</p>	<p>(a) Annual Rent K.....Occupied for.....years (b) By day By night</p>
<p>3. Have the premises been entered by thieves during your occupancy? If so, state when and where access was obtained?</p>	<p>.....</p>
<p>4. (a) Do you keep stock books and sale books? (b) Will these be posted promptly?</p>	<p>(a)..... (b).....</p>
<p>5. (a) State the amount for which the Contents of your premises are Insured against Fire and with whom insured.</p>	<p>(a) K..... Insured with.....</p>

(b) What is the most valuable portion of your stock?	(b).....
6. If all property is to be covered in safe please state:- (a) Name of maker of safe and number (b) Whether marked Thief resisting (c) Whether bricked in or clamped to floor (d) Cost and size (e) Number of Keys. Where and by whom kept	(a) Maker.....Number..... (b)..... (c)..... (d) Cost K.....new/second-hand size..... (e)..... .
7. Have any Companies or Insurers in respect of any Burglary or Fire insurance (a) Declined to insure you? (b) Required special terms to insure you? (c) Cancelled or refused to renew your insurance? (d) Increased your premium on renewal?	(Name of all Companies or Insurers to be given) (a) (b) (c) (d)

8. Give full particulars of all losses sustained by you and claims made by you in respect of Burglary, Theft or Fire at this or any other address	Losses Claims settled K..... Outstanding K.....
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N.B. Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Money or Securities for Money, Coins, Medals, Stamps, Stamp Collections, Jewellery, Watches, Furs, Precious Metals, Precious Stones or articles composed of any of them, Documents of Title to Property, Contracts or other Documents or Business Books or Manuscripts, Curious, Sculptures, Rare Books, Plans, Patterns, Moulds, Models or Designs are not covered unless specially mentioned hereunder.

SCHEDULE	Full Value	Sum to Be Insured	FOR OFFICE USE ONLY	
			Rate%	Premium
(All being the property of the Proposer (except as otherwise stated) and pertaining to the Business above described.)				
(a) Stock-in-Trade (Maximum value of any single article K.....)	K.....	.....	.....	.....
(b) Goods in Trust or on Commission for which the Proposer is responsible (Maximum value of any single article K.....)	K.....	.....	.....	.....
(c) Trade Fixtures, Fittings, Furniture, Machinery, Plant and Utensils, Office Furniture, Telephones and Utensils, Printed Books and unused stationery. (Including such property in the Proposer's possession under an agreement for hire or hire purchase.)	K.....	.....	.....	.....
Other:				
(d)	K.....K	.....	.....	.....
(e) .....	.....	.....	.....	.....
(f)	K.....	.....	.....	.....
STAMP DUTY				
TOTAL	K			K

DECLARATION : I/We hereby declare that the above Particulars and statements are true and correct and complete and contain all information known to me/us affecting the risk to be insured and that this proposal and declaration and any other written statement made by me/us or on my/our behalf for the purposes of the proposed Insurance shall be the basis of and incorporated in the Contract between me/us and the Company shall be promissory. I/We further agree to accept Insurance on the terms and conditions set forth in the Company's Policies.

Date:...../...../.....

Signature of Proposer

The Insurance will not be in force until the proposal has been accepted by the Company. Subject thereto this insurance is to commence on and is to be renewable on.....

AGENTS REPORT. The Proposer has been known to me for.....years is of good character and repute and I recommend acceptance of the risk.

.....
Agents Signature

FOR OFFICIAL USE ONLY

Name of Underwriter: Date/Stamp:/...../.....

Signature:

SUM INSURED	RATE	BASIC PREMIUM
LOADING/DISCOUNT		
TOTAL PREMIUM		
PLUS VAT	16.50%	
STAMP DUTY		
GRAND TOTAL PREMIUM CHARGED		

INSTALMENT PLAN			
DESCRIPTION	%AGE	DATE	AMOUNT
FIRST INSTALMENT			
SECOND INSTALMENT			
THIRD INSTALMENT			

CREDIY APPROVED BY: DATE:/...../.....