



INSURANCE COMPANY.....

PROPOSAL FOR "ALL RISKS" INSURANCE

THE PROPOSED INSURED:

Name:.....
 Address:
 Business or Occupation:
 Period of Insurance:
 First Premium:.....
 Situation of the PREMISES:.....
 Geographical Area. TANZANIA (Worldwide cover may be included at insured request at an additional Premium)

Item No.	DESCRIPTION OF THE PROPERTY (INCLUDING Make, Serial number and Model	SUM INSURED (T.SHS)
1.		
2.		
3.		
4.		
5.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	TOTAL SUM INSURED	

N.B. Questions 1 to 8 on the reverse hereof constitute part of the Proposal and must be answered.

I/We hereby warrant that the statements made in this Proposal are true and complete and that, to the best of my/our knowledge, nothing material affecting the risk has been concealed by me/us. I/We further agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and

The.....
 whose usual policy form for this class of insurance I/we agree to accept.

Date _____ Signature _____

1	(a) State description of the premises (b) Of what construction is the building?	(a) (b)
2	(a) What precaution are taken for; (i) Securing all doors? (ii) Protecting windows? (iii) Protecting skylights and other means of entrance? (b) Will these precautions always be used when the premises are closed for business?	(a) (i) (ii) (iii) (b)
3.	Have you installed a burglar alarm? If so, state type.	
4.	(a) State number of guards/watchmen employed (b) State hours of day and night during which the watchmen/ guards services are used. (c) State name of guard service? (d) Will the premises be left unoccupied at any one time? (e) If so, how often and for how long ?	(a) (b) (c) (d) (e)
5.	(i) Has the property been insured in the past or at the present time? If so, state name of insurer. (ii) Have you ever sustained loss of or damage to property similar to that now proposed for insurance? If so, please provide details	(i) (ii)
6.	Has any insurer in respect of the risk to which this proposal now relates ever; (i) Declined to insure you? (ii) Required special terms to insure you? (iii) Cancelled or refused to renew your insurance? If so, give details.	(i) (ii) (iii)
7.	(a) Are there any hand held fire extinguishers on the premises? YES/NO If No when will they be installed. (b) If so, how many and which type? (c) Are there 'No Smoking' signs displayed within the premises YES/NO If No when will they be installed (d) Please name any other fire fighting facility installed in the premises.	(a) (b) (c) (d)
8.	(a) Are the items on this proposal form inclusive of all property at the premises suitable for the proposed insurance cover. (b) Do the sums insured indicated represent the current new/replacement or market value.	(a) (b)