



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

HEAD OFFICE

Equatorial Fidelity Centre Waridi Lane
Centre)
Westlands
P.O. Box 47435-00100 NAIROBI
Tel: 4225000
Fax: 4445699
kisumu@fidelityshield.com
Email: info@fidelityshield.com
Website: <http://www.fidelityshield.com>

MOMBASA BRANCH

Fidelity Shield House
Kaunda Street
P.O. Box 90103-80100, MOMBASA
Tel: 312651/2/3/4 Fax 221098
E-mail: mombasa@fidelityshield.com

ELDORET BRANCH

KVDA Plaza, 11th Floor
Oloo Street
P.O. Box 7877
Tel. 22393, Fax 63581
E-mail: eldoret@fidelityshield.com

KISUMU BRANCH

Kenya Re Plaza (Wedco
Shop Unit 2 Block B,
Oginga Odinga Street, Kisumu
Tel: 057-2021739, FAX: 057-2026421
Email:

BURGLARY INSURANCE PROPOSAL FORM

Agency: _____ Account Number: _____ Client No: _____

All questions must be answered in full. Please use block letters or tick as appropriate

A. PARTICULARS OF PROPOSER

Individual Applicants:

Name of Proposer: Surname _____ Middle Name: _____

Other _____

Corporate Applicants:

Name/s _____

Contact Persons _____

B. PROFESSION /OCCUPATION _____

Postal Address: P. O Box _____ Code _____

Town: _____

Contact- Telephone Number/s _____

Fax Number _____

Email Address _____

PIN Number. _____

Period of Insurance : From: To.....(both dates inclusive)

C. FINANCIERS INTEREST IF ANY _____

D. PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building _____

Street/Road _____ Plot No. _____

Town _____

2. What is the nature of construction of the following
 External walls _____ Internal walls _____
 Roof _____ Ceiling _____
3. Are you the sole occupant of the Premises? Yes/No
 If not, what other occupants are there? _____
4. How long have you occupied the Premises?

5. Will the premises be left unoccupied at any time? Yes/No
 If yes, please explain

E. SECURITY ARRANGEMENTS

1. Who is responsible for the security arrangements? _____
2. What security arrangements are in place? (Tick appropriate option/s)
 a) Own Watchman
 b) Security Guards Firm
 c) Burglar Alarm
 d) Any other (Please specify)

3. If you engage a Security Guard Company state the name of the firm. _____
4. How have you secured:
 a) Windows? _____
 b) Show windows? _____
 c) Front Door/s? _____
 d) Rear Entrance? _____
 e) Sky Lights ? _____
 f) Trap doors? _____
 g) Others ? Please specify _____

F. INSURANCE/CLAIMS HISTORY

1. Are you now or have you been Insured for this type of Insurance? Yes/No
 If yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss by theft ? Yes/No
 If yes state;
 a) Date of Loss? _____
 b) Extent of Loss? _____
 c) What precautions have been taken to prevent another loss?

3. Have you taken out Fire Insurance cover for the proposed premises? Yes/No
 (It is mandatory that Burglary and Fire policies run concurrently)
4. Do you require the following extensions to your Policy?
 1. Hold up cover YES/NO
 2. Riot and strike YES/NO

5. Has any Insurance Company ever;
- a) Cancelled your Policy? YES/NO
 - b) Declined to insure you? YES/NO
 - c) Declined to renew your Policy? YES/NO
 - d) Imposed any special terms? YES/NO
 - e) Repudiated any claim? YES/NO
- If the answer for any of the above reasons is 'YES', please give details.
-

G. BUSINESS RECORDS

- a) Do you keep proper Books of Accounts records? Yes/No
- b) Are the Stock books and Sales books updated regularly Yes/No
- c) Can the amount of loss be ascertained from them? Yes/No
- d) When was the last physical Stock taking done? _____

If you don't maintain stock records, describe how you would verify the amount of goods stolen in case of a burglary.

H. SCHEDULE – PARTICULARS OF PROPERTY TO BE INSURED

NB- If property is contained in two or more buildings the sum to be Insured in each building must be specified.

Description	Sum Insured

DECLARATION

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and **Fidelity Shield Insurance Company**.

Signature of Proposer _____

Date: _____

(Note: This proposal shall be completed and signed by the proposer