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## BUGLARY PROPOSAL FORM

### Name of Insured:

Surname \_\_\_\_\_ Other names \_\_\_\_\_

2) If a company, Name \_\_\_\_\_

P. O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone Number office \_\_\_\_\_ Mobile \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agent Name:(where applicable) \_\_\_\_\_ PIN No.: \_\_\_\_\_

Profession/Occupation of proposer (for the purpose of this insurance) \_\_\_\_\_

Postal Address \_\_\_\_\_

### Period of insurance:

Annual from Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### General Questions for all Sections

1. Give the name of your previous insurers, if any, and their policy number.

Name \_\_\_\_\_ Policy No \_\_\_\_\_

2. Has any insurer

a) Declined to insure you? Yes  No

b) Required special terms to insure you? Yes  No

c) Cancelled or refused to renew your insurance cover? Yes  No

d) Increased your premium on renewal? Yes  No

If so give full particulars \_\_\_\_\_

### Situation of the premises:

Plot No. \_\_\_\_\_ Town \_\_\_\_\_

### Construction of Building:

External walls \_\_\_\_\_ Internal walls \_\_\_\_\_

### Occupation Details:

Are you the sole occupier of the premises Yes  No

If not, give occupation of all the others \_\_\_\_\_

Are the premises occupied other than by a watchman outside business hours? Yes  No

If so, for what purpose? \_\_\_\_\_

### Security Details

1. Are the premises guarded by a) Watchman/Watchmen? Yes  No

Indicate the time so guarded: From: \_\_\_\_\_ to \_\_\_\_\_

**Note: It is a policy condition that the premises be guarded by watchman/men whenever closed for business.**

2. **Alarm**

a) Are your premises protected by a burglar alarm? Yes  No

If Yes furnish the following details: \_\_\_\_\_

i) Installation date \_\_\_\_\_ ii) Installation company \_\_\_\_\_

iii) Maintenance contract Yes  No  iv) How often serviced \_\_\_\_\_

**Note: It is a policy condition that a radio alarm be installed within the premises**

**3. Physical Protection**

a) How are the following areas physically secured and protected from intruders.

i) Ground floor/Basement doors \_\_\_\_\_ Padlocks types \_\_\_\_\_

ii) Windows Ground floor \_\_\_\_\_ Other floors \_\_\_\_\_

**Note: Damage to window glass by thieves is not covered by a burglary policy.**

**A plate glass policy is recommended for that risk.**

**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 Full value	First loss Sum Insured	Rate	Premium
1) Plant & machinery consisting of _____				
2) Stock - in -Trade consisting of _____				
3) Trade Fixtures Fittings and Furniture _____				
4) Goods-in-Trust or on Commission for which the proposer is responsible Consisting of _____				
5) Other property consisting of _____				
<b>TOTAL</b>				

5. a) Do you agree to keep a complete set of stock books, accounts and stock sheets relating to your business? Yes  No

b) Where are they kept during non-business hours? \_\_\_\_\_

c) Are your accounts audited at least once every year? Yes  No

**NB: It is a policy condition that stock books and records are maintained to prove any loss.**

6. a) Have the premises ever been entered or attacked by thieves? Yes  No   
If so please describe circumstances \_\_\_\_\_

\_\_\_\_\_

b) Have you ever claimed on any insurer for loss arising from burglary or fire? Yes  No   
If so, please give insurers a) name. \_\_\_\_\_ b) Date \_\_\_\_\_

**NB.** Unless specially declared the insurance does not cover: Loss or damage to deeds, bonds, or exchange promissory notes, money or securities, dividend, warrants, Postal orders, cheques, postage, bill, or other stamps, share and stock certificates or other securities, documents of title to property, contracts or other documents, or business books, plans, drawings, patterns, designs, moulds, models, precious stones, platinum, gold, or silver articles, bullion coins, medals, stamp collections, cups, trophies, curiosities, manuscripts, or rare books, or works of art.

**DECLARATION**

**I/we warrant that the above statements are true, and that I/we have not withheld or concealed anything affecting the proposed insurance, and I/we agree that this proposal shall be the basis of the contract between Me/Us and the UAP Provincial Insurance Company limited. I/we agree to accept the Company's policy applicable to the insurance.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(if company, please affix stamp).

Signature & Stamp of agent

**UAP Insurance Company Limited**

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