



Africa Merchant Assurance Co.Ltd,
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AFRICA MERCHANT
 ASSURANCE CO. LTD.

BURGLARY/THEFT PROPOSAL FORM

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

AGENT/BROKER/DIRECT DATE

1. Full name of the Proposer:
 (First name) (Middle name(s)) (Surname)

2. Nationality

3. Postal Address Code Town

4. Telephone No. Mobile No.

5. Email Address

6. PIN No./KRA PIN No. ID No./ Passport No. (attach copies)

7. Certificate of Incorporation (If Company) (attach copies)

8. Occupation/ Business or Profession

9. Location of the Premises LR No. Plot No. Street
 Town County

10. Period of Insurance From To:

DESCRIPTION OF THE PREMISES

1. a. State nature of premises, e.g Warehouse, Shop, Factory, or otherwise 1. _____
 a. _____
 b. Are the premises in your sole occupation? b. _____
 c. If there are other occupants of premises, give particulars of such other occupants. c. _____

2. Are the premises occupied at night? If so, state by whom 2. _____

BUSINESS HISTORY

3. a. How long have you occupied the premises? 3. _____
 a. _____
 b. Have you ever suffered a loss by theft at these premises or elsewhere? b. _____

BUSINESS RECORDS

4. a. Is a complete record kept of stock received and sold? 4. _____
 a. _____
 b. How frequently will such records be posted? b. _____
 c. Will such records continue to be kept during the currency of the policy? c. _____

Proposer's Signature.....

DESCRIPTION OF THE SAFE

5. If any safe, or the contents of any safe, are to be insured, state:
- a. Name of maker of safe. _____
- b. Measurements of safe (external) _____
- c. How is the safe secured to the building? _____

INSURANCE HISTORY

6. Has any insurance company or insurer in respect of any housebreaking or fire insurance:
- a. declined to insure you? _____
- b. Cancelled or refuse to renew your insurance? _____

SECURITY DETAILS

7. Will the premises be left unoccupied at any time? If so, please state when and for how long. _____
8. Have you installed any burglar alarm system? If so, please give details _____
9. a. How many windows are at the premises? _____
- b. Are they barred? If so, with what material? _____
10. Do you employ a watchman or caretaker during the night?
Please see watchman warranty on the reverse of this form. _____
11. a. How many doors are at the premises? _____
- b. State how each door is locked _____

DETAILS OF PAST LOSSES

12. a. Give particulars of any losses sustained by you and claims made by you in respect of housebreaking and theft. _____
- b. Give the name of your previous insurers. _____

PROPERTY TO BE INSURED

NOTE: Deeds bond, bills of exchange, promissory note, cheques, money security for money, medals, stamps, documents of any kind, business books, manuscripts, plans, patterns, moulds, designs, are excluded unless mentioned.

Description of the property to be insured	Sum to be insured (Kshs)	Estimated Maximum	Amount of Existing Fire Insurance
a. On stock-in-trade comprising of			
b. On goods held in trust or on commission for which the proposer is responsible			
c. On trade fixture, fitting, furniture and utensils except as described in (d)			

Proposer's Signature.....

d. On office furniture and utensils, printed books and unused stationery			
e. On _____			
f. On _____ All the property pertaining to the business and all except that comprised in item (b) belonging to the Proposer.			
Total sums to be insured (Kshs)			

WATCHMAN WARRANTY

- It is warranted that the property/premises will always be guarded by a watchman of a reputable security organization when closed for business and/or outside business hours. The watchman shall be given instructions that when the premises are closed for business, the whole of the premises shall be patrolled by him at intervals, acting as a deterrent and in a loss preventive capacity under any circumstances.
- It is further warranted that all windows, doors and similar openings in the premises are protected by iron bars securely grouted into stone, concrete or brick work and that all locks, bolts, window fastenings and other protective and locking devices installed in the premises are maintained and put into actual operation whenever the premises are closed for business and/or outside business hours.

DECLARATION

I/we desire to insure the above-mentioned property with Africa Marchant Assurance Co. Ltd subject to the terms and conditions of Africa Marchant Assurance Co. Ltd's normal Form of Policy for this class of insurance and I/We warrant that the above statements and particulars are correct and that I/We have not withheld any information which would affect Africa Marchant Assurance Co. Ltd assessment of the risk

Date _____ Signature of Proposer _____

Proposer's Signature.....