

Proposal Form - Burglary and Housebreaking Insurance

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS.
2. Please answer the questions fully and correctly. All details marked with * are mandatory.
3. If a particular question is not applicable to you and/or your business please mark that questions as not applicable "N/A". For a question with multiple choice answers, please tick the box in front of the correct answer. If there is insufficient space please provide further details on additional sheets.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and premium received.

PLEASE USE ONLY ORIGINAL PROPOSAL FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Branch Code :
 Intermediary Code* :
 Intermediary Location Code :
 Intermediary Employee Code :
 Intermediary Reference Code :
 Sales Manager Code :

PROPOSER INFORMATION

Name of Proposer:

Correspondence Address:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office: PAN No.:

Mobile No.*: Landline*: S T D

Email ID 1*:

Email ID 2:

Business of Proposer*:

Policy to be issued in favour of (list out all the parties who have insurable interest. Use extra sheet, if required) including financial institutions

Location of risk to be covered - Address same as above: Yes No If not, please provide below (If there are multiple risk locations, use extra sheet)

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Period of Insurance*: From To

ABOUT THE RISK

Occupancy of the premises:

Details of the items to be insured:

Since how long you are occupying the premises?

Are you the sole owner of the premises Yes No

If No, then the occupancy of other owners/occupants:

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Material of construction? E.g. Concrete, Bricks, Iron Sheet or Timber etc.

• Walls: • Roof: • Floor:

Safety Precautions for the risk to be insured

Burglar Alarm Video Monitoring Motion Sensors

• Any other security system:

Are all valuables secured in safe, outside business hours? Yes No

If Yes, then number of keys to the safe and with whom, the keys / duplicates are kept. Also mention the dimensions/ details of the safe:

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Is the safe opened by an access code? Yes No

If Yes, mention the name(s)/designations of person(s) in possession of the access code:

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Are Stock and Sales books maintained? Yes No How frequently are these written?

How often is stock taken?

Where are these books kept outside business hours?

Is it possible to determine the values of stock, cash etc., as at the end of each day with documentary evidence? Yes No

Have any premises occupied by you been earlier entered by thieves/burglars? Yes No

If Yes, give full particulars stating when and how access was obtained and the extent of the loss:

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What precautions have been adopted to prevent such recurrence?

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Is the same risk insured for burglary with any other insurance company? Yes No

If Yes, the please provide the name of the insurance company, policy period, policy no.

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Has any insurance company in the past, in respect of burglary insurance:

- Declined your proposal? Yes No
- Cancelled or refused to renew your policy? Yes No
- Accepted your proposal on special terms and conditions? Yes No

If Yes, then provide the details:

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Are the premises occupied by you at night? Yes No

If Yes, by whom?

Are the premises guarded by Watchmen? Yes No

If Yes, by how many and during what time?

Are the Premises at any time left Un-occupied? Yes No

If Yes, how often and for how long?

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