



# FIRE & ALLIED PERILS INSURANCE – PROPOSAL FORM

**PLEASE COMPLETE THIS FORM IN BLOCK LETTERS**

- 1. FULL NAME OF PROPOSER: \_\_\_\_\_  
\_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_
- 3. OCCUPATION / BUSINESS: \_\_\_\_\_
- 4. TELEPHONE NO.: \_\_\_\_\_
- 5. EMAIL: \_\_\_\_\_

## **DETAILS OF THE PROPOSED INSURANCE**

- 6. Physical Address of property to be insured  
\_\_\_\_\_  
\_\_\_\_\_
- 7. Nearest Landmark  
\_\_\_\_\_
- 8. Give details of the construction materials of your building(s)
  - (a) Walls \_\_\_\_\_
  - (b) Roof \_\_\_\_\_
- 9. Please indicate Year of Construction \_\_\_\_\_

## **SECTION A: PRIVATE PREMISES ONLY**

## **SUM INSURED GH¢**

- 10. THE BUILDING OF THE PRIVATE DWELLING HOUSE and domestic, offices, stables, garage and outbuildings including landlord's fixture and fittings \_\_\_\_\_
- 11. External Walls, gate and fences  
(If not stated, Insurer's maximum liability shall be GH¢1,000.00)  
| \_\_\_\_\_
- 12. HOUSEHOLD GOODS AND PERSONAL EFFECTS of every description  
(Any article which exceeds in value 5% of the sum insured must be specified and insured separately below) \_\_\_\_\_
- 13. DESCRIPTION OF ANY OTHER PROPERTY TO BE INSURED  
**(Please attach list with values)** \_\_\_\_\_



# FIRE & ALLIED PERILS INSURANCE – PROPOSAL FORM

## SECTION B: BUSINESS PREMISES ONLY

SUM INSURED GH¢

14. Usage of building .....

(i) Building

\_\_\_\_\_

**N.B: Where there are more than one building a separate schedule should be prepared and attached**

(ii) On Fence walls

\_\_\_\_\_

(iii) On fixtures and fittings

\_\_\_\_\_

(iv) On stock in trade:

(a)Raw Materials consisting of;

.....

\_\_\_\_\_

(b)Semi Finished goods/Work-in-progress;

.....

\_\_\_\_\_

(c)Finished goods consisting of;

.....

\_\_\_\_\_

(vi)On Plant and Machinery

(vi)Any other property to be insured

**TOTAL**

\_\_\_\_\_

15. Has the proposer ever suffered loss or damage by fire or any other peril?

Yes  No

If yes, please give details\_\_\_\_\_

\_\_\_\_\_

16. Has any insurance company ever refused a proposal from you or cancelled or refused to renew your policy? Yes  No

If yes, please state name of company concerned \_\_\_\_\_

17. Is the property proposed for insurance already insured with another Company?

Yes  No

If yes, please give details\_\_\_\_\_



## **FIRE & ALLIED PERILS INSURANCE – PROPOSAL FORM**

18. Are there any fire extinguishers or any other firefighting facility installed on the premises?  
Yes  No

19. Are any hazardous goods kept in the building? Yes  No

If so, state details and quantity \_\_\_\_\_  
\_\_\_\_\_

20. Does any other person/institution have an interest in the property? Yes  No

If yes, please state details \_\_\_\_\_

21. Do you wish to be covered for the following additional perils? Yes  No

**If yes, please indicate additional perils:**

Impact

Explosion

Earth quake

Hail, Windstorm, Hurricane

Flood

Aircraft damage

Bursting or overflowing of water tanks etc.

**Note: Cover against any of the above perils will be subject to the Company's standard policy Terms, Exceptions and conditions.**

### **PERIOD OF INSURANCE**

Insurance to commence on \_\_\_\_\_ 20 \_\_\_\_ to \_\_\_\_\_ 20 \_\_\_\_

### **DECLARATION**

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.



## **FIRE & ALLIED PERILS INSURANCE – PROPOSAL FORM**

---

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Agent /Broker:** \_\_\_\_\_