

# AWASH INSURANCE COMPANY S.C. (AIC)

## BURGLARY & HOUSEBREAKING PROPOSAL FORM

1. a) Name of Proposer (in full) \_\_\_\_\_
- b) Address (in full) \_\_\_\_\_ Tel \_\_\_\_\_
- c) Trade or Occupation \_\_\_\_\_
- d) State interest in the property to be insured \_\_\_\_\_
- e) Number of years established in the above address or elsewhere \_\_\_\_\_

### DESCRIPTION OF PREMISES

<p>2. a) Description of Premises in which the property to be insured is contained (whether in a private house, flat, apartment, shop, warehouse, factory or offices) _____</p> <p>b) Are you the sole occupier of the premises? _____</p> <p>c) If not, what portion do you occupy? _____</p>	<p>2. a) ..... (1) name of maker of safe and date of manufacture</p> <p>..... (2) whether marked third resistant or the resistant only</p> <p>b) ..... (3) where located whether entered into the wall</p> <p>c) .....</p>
<p>3. a) How are the outer doors secured? (State type of locks) _____</p> <p>b) How are the front windows on the ground floor protected? _____</p> <p>c) How are the back windows on the ground floor protected? _____</p> <p>d) Are there sky-lights? If so, how are they protected? _____</p> <p>e) Are there display windows? If so, are they protected by shutters during closing hours? _____</p> <p>f) If only a portion of the building is occupied by you, how are the doors to your rooms secured and do they contain glass panels? _____</p>	<p>3. a) ..... (4) length, breadth, height and weight of safe</p> <p>b) ..... (c) State the maximum value of single article left out of safe</p> <p>c) .....</p> <p>d) .....</p> <p>e) .....</p> <p>f) ..... (5) FULL VALUE</p>
<p>4. a) Are the premises occupied by proposer at night? _____</p> <p>b) If not, is watchman or a resident caretaker employed and where is he stationed? _____</p> <p>c) If not, is any other means of protection adopted? _____</p>	<p>4. a) .....</p> <p>b) .....</p> <p>c) .....</p>
<p>5. a) Have the premises or buildings been entered at any time by thieves? _____</p> <p>b) If so, how was the access gained and what precaution have been adopted to prevent a recurrence? _____</p>	<p>5. a) .....</p> <p>b) ..... (6) ANY OTHER PROPERTY (Full description to be given)</p>

6. a) Have you previously been insured against burglary? If so, give the name of the Insurer and the date of expiry of the Insurance.	6. a) .....
b) Do you hold any other policy with any company? If so, please state name of company.	b) .....
c) State the amount for which the entire contents are insured against fire and the name of the company.	c) .....
7. Has any Insurer declined to accept or refused to renew any of your insurances or increased your premium or required special terms, or required additional precautions to be taken? If so, state particulars and dates.	7. .... ..... .....
8. a) Do you keep books with complete record or accounts.	8. a) .....
b) If so, are these regularly entered up?	b) .....
9. a) Are all valuables secured in thief resisting safes when premises are closed?	9. a) .....
b) If so, state	b) .....
1) name of maker of safe and date of manufacture	1) .....
2) whether marked thief resistant or fire resistant only	2) .....
3) where located, whether cemented into the wall or otherwise fixed,	3) .....
4) length, breadth, height and weight of safe.	4) .....
c) State the maximum value of single article left out of safe.	c) .....

**PARTICULARS OF PROPERTY TO BE INSURED  
BUSINESS PREMISES**

DESCRIPTION OF CONTENTS	FULL VALUE	NOTE :
(a) STOCK IN TRADE (all pertaining to the business above mentioned)	_____	Livestock, Money, Cheques, Travellers' cheques, or securities for money, share certificates, bonds, promissory notes, tickets, stamps and stamp collections, coin collections, medals, business books, books of accounts, plans, specifications; blue prints, moulds, deeds, bills of exchange, documents of title to goods, contracts or documents of any other kind and computer system records are not included in this Insurance unless specifically insured by special arrangement.
(b) GOODS IN TRUST or ON COMMISSION for which the Proposer is responsible (all pertaining to the business above mentioned)	_____	
(c) FIXTURES, FITTINGS & UTENSILS IN TRADE	_____	
(d) CASH in Securely Locked SAFE*	_____	
(e) ANY OTHER PROPERTY (Full description to be given)	_____	
* Please state name of maker of safe.		



**RESIDENTIAL PREMISES**

Descriptive details and identification number (wherever possible)  
are required for items 3,4,5,6,11,12,14,21, & 25

1. WEARING APPAREL and Personal Effects but  
excluding all types of articles mentioned here-

under Birr \_\_\_\_\_

2. TRUNKS, SUIT CASES and other receptacles

Birr \_\_\_\_\_

3. JEWELLER, PLATE, SILVER WARE and the  
like Birr \_\_\_\_\_

4. CIGARETTE CASES; FOUNTAIN PENS;  
GOLD AND SILVER PENCILS and the like

Birr \_\_\_\_\_

5. WATCHES AND CLOCKS

Birr \_\_\_\_\_

6. CAMERAS, Projectors, binocular and the

like Birr \_\_\_\_\_

7. SPECTACLES (excluding breakage)

Birr \_\_\_\_\_

8. DENTURES Birr \_\_\_\_\_

9. FURNITURE, Carpets, camp equipment, bed  
and table linen and the like

Birr \_\_\_\_\_

10. CUTLERY, crockery and glass ware

Birr \_\_\_\_\_

11. GRAMOPHONES and gramo phone records,

tape recorders Birr \_\_\_\_\_

12. MUSIC INSTRUMENTS

Birr \_\_\_\_\_

13. RADIO EQUIPMENT

Birr \_\_\_\_\_

14. (a) SEWING MACHINES

Birr \_\_\_\_\_

(b) TYPEWRITERS

Birr \_\_\_\_\_

15. REFRIGERATORS

Birr \_\_\_\_\_

16. PICTURES AND MIRRORS

Birr \_\_\_\_\_

17. BOOKS against total loss only (Books of

special value) Birr \_\_\_\_\_

18. STAMP COLLECTION (against total loss of  
collection only estimated at two-thirds of  
Stanely Gibbons catalogue values)

Birr \_\_\_\_\_

19. PROVISIONS, drinks, cigarettes and tobacco

Birr \_\_\_\_\_

20. ON SPORTS EQUIPMENT

Birr \_\_\_\_\_

21. SURVEYING INSTRUMENTS

Birr \_\_\_\_\_

22. MEDICAL AND SURGICAL INSTRUMENTS

Birr \_\_\_\_\_

23. SADDLERY

Birr \_\_\_\_\_

24. FIREARMS AND AMMUNITION

Birr \_\_\_\_\_

25. OTHER ARTICLES of exceptional value

(eg. Furs) Birr \_\_\_\_\_

26. ANY OTHER ITEMS NOT INCLUDED ABOVE.

Please specify Birr \_\_\_\_\_

The total sum to be insured

Birr \_\_\_\_\_

No one article above (furniture and pianos excepted) shall be deemed to be of greater value than 5% of the total sum insured, unless specially mentioned	..... ..... .....
..... ..... .....	..... ..... .....

DECLARATION

I/We HEREBY DECLARE THAT the above particulars and answers are true and complete in every respect, and that no material fact has been suppressed or withheld, and I/We undertake to exercise all ordinary and reasonable precautions for the safety of the said property, and I/We further declare that if such statements and particulars are in the writing of any person other than myself/ourselves such person shall be deemed to have been my/our Agent for the purpose of filling in the same, and I/We agree that this declaration and the answers above given shall be the basis of the contract between me/us and the Company and I/We further agree to accept a Policy subject to the usual conditions prescribed by the Company and endorsed in their Policy, and to pay the first premium thereunder.

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_

Witnesses \_\_\_\_\_

1. CAMERAS, Projectors, binocular and the like Bit \_\_\_\_\_

2. SPECTACLES (excluding breakage) Bit \_\_\_\_\_

3. DENTURES Bit \_\_\_\_\_

4. FURNITURE, Carpets, camp equipment, bed and table linen and the like Bit \_\_\_\_\_

5. SURVEYING INSTRUMENTS Bit \_\_\_\_\_

6. MEDICAL AND SURGICAL INSTRUMENTS Bit \_\_\_\_\_

7. CUTLERY, crockery and glass ware Bit \_\_\_\_\_

8. GRAMOPHONES and gramophone records Bit \_\_\_\_\_

9. FIREARMS AND AMMUNITION Bit \_\_\_\_\_

10. OTHER ARTICLES of exceptional value Bit \_\_\_\_\_

11. ANY OTHER ITEMS NOT INCLUDED ABOVE Bit \_\_\_\_\_

Please specify Bit \_\_\_\_\_

The total sum to be insured Bit \_\_\_\_\_