

Tel: 020 - 2864000

## BURGLARY INSURANCE

Fax: 020 - 2723344

Sms: 20286

Web: www.madison.co.ke

**IMPORTANT: PLEASE ANSWER ALL QUESTIONS IN BLOCK LETTERS OR TICK AS APPROPRIATE**

Agency

Code

### SECTION A. PARTICULARS OF PROPOSER

Name of Proposer (in full)

Postal Address: P.O. BOX

Code

Town

Email Address

Pin No

Period of Insurance: From

To

(both dates inclusive)

Does any organization or individual have financial interest with your insured property(s)?

If yes, give name

### SECTION B. PHYSICAL ADDRESS AND OCCUPANCY

Telephone Number(s)

ID Number (If applicable)

1. Location of premises: Building

Street/Road

Plot No

2. What is the nature of construction of the following

3. Are you the sole occupant of the Premises? If not what other occupants are there

4. How long have you occupied the Premises?

5. Will the premises be left unoccupied at any time If 

Yes	No
-----	----

 yes, give reasons

### SECTION C. SECURITY ARRANGEMENTS

1. Who is responsible for the security arrangements?

2. What security arrangements are in place (tick appropriate option/s)?

i. Own Watchman

- ii. Security Guards Firm iii. Burglar Alarm iv. Any other  
(Please specify)

3.If you engage a security guard company please state the name of the firm.

4.How have you secured:

i. Windows? ii.

Show windows?

iii. Front Door/s? iv.

Rear Entrance? v.

Sky Lights? vi. Trap

doors?

vii.

Others?

Please

specify?

#### SECTION D. INSURANCE/CLAIMS HISTORY

1. Are you now or have you been insured for this type of Insurance?

Yes	No
-----	----

If yes, please give name of Insurer and Policy Number

2. Have you ever suffered a loss by theft

Yes	No
-----	----

If yes, state

i Date of Loss

ii Extent of Loss

ii What precautions have been taken to prevent another loss?

3. Have you taken out Fire Insurance cover for the proposed premises?

Yes	No
-----	----

(It is mandatory that Burglary and Fire policies run concurrently)

4. Do you require the following extensions to your policy?

i Hold up cover i

Yes	No
-----	----

Riot and Strike

5. Has any insurance

Yes	No
-----	----

company ever i

Cancelled Your Policy?

ii Declined to insure you?

Yes	No
-----	----

Yes	No
-----	----

Has any insurance company ever i \_\_\_\_\_ Cancelled Your Policy? ii

Declined to insure you?

Yes	No
-----	----

iii Declined to renew your policy? iv 

Yes	No
-----	----

Imposed any special terms? v

Yes	No
-----	----

Repudiated any claim?

If the answer to any of the above is yes please give details.

SECTION E. BUSINESS RECORDS

i. Do you keep proper Books of Accounts records? 

Yes	No
-----	----

ii. Are the Stock books and Sales books updated regularly? 

Yes	No
-----	----

iii. Can the amount of loss be ascertained for them? 

Yes	No
-----	----

If you don't maintain stock records, describe how you would verify the amount of goods stolen incase of a burglary

SECTION F. SCHEDULE - PARTICULARS OF PROPERTY TO BE INSURED

NB- If property is insured in two or more buildings the sum to be insured in each building must be specified

Description	Sum Insured

CONSENT:

I ALLOW YOU TO USE THE DATA HAVE SUPPLIED LIMITED FOR THE PURPOSE OF PROCESSING INSURANCE

YES

<input type="checkbox"/>
<input type="checkbox"/>

**NO**

**DECLARATION**

I/We do hereby declare the above answers are true to the best of my/ our knowledge and belief and that I/ We have not withheld any information regarding the proposal. I/ We agree that the declaration and the answers given above shall be the basis of the contract between me/us and Madison Insurance

Signature of Proposer

Date

**Note: The liability of the company does not attach until the proposal has been accepted and the premium paid.**