

Enterprise Fire Insurance Proposal Form

Insured's Details

1. Name of Proposer (Mr/Ms/Mrs/Dr/Prof).....Surname.....
Other Names.....
2. Date of Birth.....3. Sex: Male ☐ Female ☐
4. Postal Address.....
5. Occupation.....
6. E-mail address.....
7. Insured's mobile No: Landline:.....
8. Location and Address of Property to be Insured.....
9. Description of Premises (Factory, Shop, Warehouse, Offices, etc).....
10. Details of construction a. walls..... b. roof.....
11. Amount proposed for insurance

Description

Sum to be Insured (¢)

- a. Building situated at above address
- b. On fence wall surrounding the building
- c. On Household Furniture and effects the property of insured
- d. On stock of Wholesale Merchandise therein
- e. On stock of Retail Merchandise therein
- f. On Trade Fittings and Fixtures therein
12. Of how many storeys, including the basement and attic or loft in the roof.....
13. Is there any artificial heating or lighting use? Yes ☐ No ☐ If so, of what nature?.....
14. Is there any process of manufacturing carried out? Yes ☐ No ☐ If so, of what nature?.....
15. If oils are dealt in, give full particulars as to class, quantity and where kept.....
16. Is merchandise of a hazardous description stored in the building(s) proposed to be insured, such as
(kindly underline if applicable):

Anthracine	Albo carbon	Disulphide of Carbon	Brimestone	Calcium Carbide
Camphine	Celluloid	Fire	Lighters	Fireworks
Gunpowder	Explosives	Lampolack	Liquid Acetylene	Matches (store wholesale)
Mineral Oil	Liquid Products	Mungo	Naphitha	Nitrates & Potash
Chlorates of Soda	Pitch	Rags	Resin	Robber in Gutta Percha
Solution	Saltpetre	Shoddy Spirits	Sulphur	Vegetable Black
Tallow	Tar	(not rectified)	Varnish	
Vegetable bres & Grasses	Waste (textile mill) of all kinds	Turpentine		
		Wood Spirit		

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17. Are there any adjoining buildings? Yes ☐ No ☐

If yes, answer questions A - E

- a. How are they constructed and roofed?.....
- b. How are they occupied?.....
- c. What kind of goods are stored therein?.....
- d. Of what materials do the separation walls consist and are they carried up and above the roof?.....

e. Are there any openings in each separation walls? Yes ☐ No ☐

If so, of what nature and how protected?.....

18. Is the risk detached from all other buildings? Yes ☐ No ☐

If yes, answer questions A - C

- a. What is the construction of the nearest building?.....
- b. How are they occupied?.....
- c. By what distance are they separated from the risk proposed?.....

19. Do you

- a. Take stock at least once a year?.....
- b. Keep a proper set of Accounting Books?.....
- c. Keep said Account Books in a Fire-proof Safe?.....
- d. Remove said Account Books to another building when the above premises are closed?.....

20. Are you at present insured in this or any other office? Yes ☐ No ☐

If yes state Policy Number and Name of Office.....

21. Have you proposed for Fire or any other class of Insurance and been refused? Yes No

If yes, give name of the Office or Offices and full particulars.....

22. Have you ever made a claim in respect of Fire or any other Insurance either on these premises or elsewhere?

Yes ☐ No ☐ If yes, give name of the Office or Offices and full particulars.....

This is a Standard Fire Policy only. Do you wish to extend this insurance to cover loss or damage caused by:

- | | | | |
|---|---|--|---|
| a. Earthquake <input type="checkbox"/> | b. Windstorm/Tornado <input type="checkbox"/> | c. Explosion <input type="checkbox"/> | d. Aircraft <input type="checkbox"/> |
| e. Impact <input type="checkbox"/> | f. Flood <input type="checkbox"/> | g. Burst Pipe <input type="checkbox"/> | h. Riot & Strike <input type="checkbox"/> |
| i. Civil Commotion <input type="checkbox"/> | j. Malicious Damage <input type="checkbox"/> | k. Bush Fire <input type="checkbox"/> | |

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DECLARATION

I warrant that the above statements and particulars are true and I hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me and the ENTERPRISE INSURANCE and I am willing to accept a policy subject to the Terms prescribed by the Company herein, and to pay the Premium thereon.

Date.....

Signature.....

Agency.....

Contact Details

Head Office

Advantage Place,
7th Avenue Mayor Road, Accra, Ghana
Telephone: 0302634777
Info.insurance@enterprisegroup.net.gh
www.enterprisegroup.net.gh

Branches:

Enterprise Market, Advantage Place.
Ridge West, Accra
Tel: 0302634777 EXT. 1060

Enterprise Market, High Street.
No. 11 High Street
Tel: 0302634777

Airport Office
No. 47 Patrice Lumumba Street
Airport Residential Area, Accra
0302634738

Tema Office
Lodestar Heights,
in front of Melcom Plus Community 1, Tema
0302634747

Odorkor Office

1st Floor, Obrapa House
Kaneshie-Mallam Motorway, Accra
0302634742

Takoradi Office

Room 316, 2nd Floor, SSNIT House
Plot 39, Accra Road
0302634752

Tamale Office

Hospital Road
0302634752

Achimota Office

Sonnidom House 365
Achimota-Nsawam Rd
Mile Seven-Achimota
0302634739

Kumasi Office (Mbrom)

Former Internal Revenue Building
Opposite Shell Filling Station, Mbrom
0302634750

Kumasi Office (Ahodwo)

Opposite Ahodwo Melcom Building
0302634749

Spintex Office

1st Floor, Takyi Plaza
Plot no. 40, Accra (Near Papaye Fast Food)
0302634741

Weija Office

Genesis Mall, Adjacent SilverBird 3D Cinema
House no. 8, MILE 81/210, Winneba Road, Weija
0302634744

Lapaz Office

Ground Floor
House no. 104/23
Abeashie Street, Nyamekye, Lapaz, Accra
0302634746

Trade Fair Office

1st Floor, Number 37
Trade Fair Road, La, Accra.
0302634744

South Industrial Office

1st Floor opposite, Barclays building near
St. Theresa's school, North Kaneshie, Accra
0302634745