

Hotels And Guest Houses Insurance Proposal Form

1. Proposer's Full Name.....

2. Postal Address.....

3. Please indicate with a tick, if your premises are:

- | | |
|-----------------------------------------------------------------|--------------------------|
| a. Guest or Boarding House | <input type="checkbox"/> |
| b. Hotel offering facilities to non-residents | <input type="checkbox"/> |
| c. Hotel offering facilities for the exclusive use of residents | <input type="checkbox"/> |
| d. Motel | <input type="checkbox"/> |
| e. Others | <input type="checkbox"/> |

If "Others", please give details.....

4. No. of years established.....

5. Premises to which this proposal relates [If other than above].....

6. Are the buildings in which your premises are situated in your sole occupation? Yes ☐ No ☐

If "NO", please give details of other occupants and specify if any part is unoccupied.....

7. Do your Premises offer accommodation? Yes ☐ No ☐

If "YES" please answer the questions below;

a. i. Are the Premises a hotel within the meaning of the accommodation and Catering Enterprise Regulations (L.I.1205)?

Yes ☐ No ☐

ii. Has license been issued for the Premises by the Ghana Tourist Board? Yes ☐ No ☐

iii If "YES" please state date of issue

b. Do you provide accommodation for any of the following?

i. Long Term Residential Yes ☐ No ☐

ii. Long-stay Students Yes ☐ No ☐

If "Yes" to [i] or [ii] above, please give details:

8. Is your business seasonally operated – i.e closed for at least four months in a year? Yes ☐ No ☐



Hotels And Guest Houses Insurance Proposal Form

SECTION 1 - BUILDINGS-OPTIONAL SECTION IF REQUIRED

1. Do you require cover for Buildings? Yes ☐ No ☐

If "YES" please complete the following:

a. Please state Sum Insured being the estimated cost or rebuilding together with an allowance for removal debris, architects' and surveyors' fees and the extra cost of complying with building regulations following loss destruction or damage (usually 10% for each). GH¢.....

Average -

If the Sums Insured by Sections 1,2,3, and 4 do not represent the full cost of replacement of property / income any claims settlement will be proportionately reduced.

SECTION 2 - CONTENTS

1. Please state your Sums Insured for each of the following:

a. Stock and stock held in trust	¢.....
b. Land lord's fixtures and fittings and interior decorations for which you are responsible	¢.....
c. Tenants Improvements	¢.....
d. All Other Trade Contents (Including employees' personal effects)	¢.....
TOTAL SUM INSURED – SECTION 2	¢.....

2. Is Theft cover required for Contents in Outbuildings? Yes ☐ No ☐

If "YES" please specify items

Description

Sum Insured

a.....
b.....
c.....
d.....
e.....

SECTION 3 - GLASS

1. Is the standard policy limit of ¢2 million for lettering and decoration sufficient for your requirements? Yes ☐ No ☐

If "NO", please indicate your requirements GH¢.....

SECTION 4 - BUSINESS INTERRUPTION

1. Is the standard Maximum Indemnity Period of 12 months sufficient for your requirements? Yes ☐ No ☐

If "NO" please tick the box to indicate the Maximum Indemnity Period you require 18mths ☐ 24mths ☐ 36mths ☐

2. Please state Sum Insured on Income

(i.e. money paid or payable to you for products sold(less net purchase price) and services rendered)

GH¢.....



Hotels And Guest Houses Insurance Proposal Form

SECTION 5 – MONEY

1. Do you wish to vary the standard limits in respect of either of the under mentioned limits? Yes ☐ No ☐

If “YES” please state your requirements:

a. Loss of money from locked safe(s) outside licensed hours* £.....

If you require more than £.....please give details of your safe(s)

Make	Model
1.....
2.....
3.....

b. Loss of money in transit on the Premises during business hours or in a bank night safe £.....

SECTION 6 – LIABILITY TO OTHERS (Public/Product Liability)

ANSWER QUESTION 1 IF YOUR PREMISES IS A PUBLIC HOUSE

1. (i) Do you provide a restaurant service(other than bar snacks)? Yes ☐ No ☐

If “YES”, please indicate maximum seating capacity.....

(ii) Do you provide, or intend to provide entertainment? Yes ☐ No ☐

If “YES” state the following:

a. type of entertainment provided? (Discotheque, dancing etc).....
.....

b. No. of events per month?.....

c. maximum attendance permitted?.....

d. what hours do you intend to keep for the entertainment?.....

e. is a separate charge made/ to be made for the entertainment? Yes ☐ No ☐

f. where does the entertainment take place?.....

2. Do you, or your partner, director or employees carry out work away from the premises? Yes ☐ No ☐

If “YES”,

(i), please give details.....
.....

(ii) Estimate the number of occasion each year.....

SECTION 7-PERSONAL ACCIDENT- OPTIONAL SECTION IF REQUIRED

1. Do you require cover for Personal Accident? Yes ☐ No ☐

If “YES”, please complete the following:

a. List of named persons



Hotels And Guest Houses Insurance Proposal Form

1.	TITLE	INITIALS & SURNAME	
	OCCUPATION	DATE OF BIRTH	
2.	TITLE	INITIALS & SURNAME	
	OCCUPATION	DATE OF BIRTH	
3.	TITLE	INITIALS & SURNAME	
	OCCUPATION	DATE OF BIRTH	
4.	TITLE	INITIALS & SURNAME	
	OCCUPATION	DATE OF BIRTH	
5.	TITLE	INITIALS & SURNAME	
	OCCUPATION	DATE OF BIRTH	

b. Please give details of any accident or illness preventing any person to be insured (name) from attending to his or her occupation for at least three weeks during the past three years.....

.....

.....

.....

.....

c. Has any person to be insured suffered physical defect, infirmity or ill health of any sort? Yes ☐ No ☐

If "YES", please give name(s) and details.....

.....

.....

.....

.....



Hotels And Guest Houses Insurance Proposal Form

GENERAL – TO BE COMPLETED BY ALL PROPOSERS

1. Are you currently insured against any of the risks proposed? Yes ☐ No ☐

If "YES" please state name of insurer

.....

2. From what date do you wish this insurance to commence?.....

N.B Cover is not operative until confirmed by the Company

3. Are the premises and outbuildings;

a. constructed of brick, stone or concrete and roofed with slates tiles, asbestos, metal, concrete or asphalt and in good repairs? Yes ☐ No ☐

b. occupied solely by you for the purposes of the business described on the front page? Yes ☐ No ☐

4. Are the keys of the safe and record of combination numbers

a. kept on your person or on the person of an employee by you to hold them? or

b. kept in a room in which you or an employee authorised by you to hold them

and are physically present at all times whilst the keys and records are therein? or Yes ☐ No ☐

c. removed from the premises

5. Are stock and sales books regularly entered up? Yes ☐ No ☐

6. Are all protections maintained in proper working order and put into operations whenever the premises are closed for business? Yes ☐ No ☐

If the answers to any of the questions 3-6 is "NO", please give details here

.....
.....
.....
.....
.....
.....
.....

7. Do you accept items for safe keeping from guests or customers? Yes ☐ No ☐

If "YES" are all jewellery, articles of gold silver or other precious metals, watches, cameras, binoculars, money and securities deposited by guests or customers kept in a locked safe? Yes ☐ No ☐



Hotels And Guest Houses Insurance Proposal Form

8. Has there been a history of flooding at the premises? Yes ☐ No ☐

9. In last 5 years have you or any director or partner (in this or any other name under which you may have been trading) suffered any loss or had any claims made against you in respect of any of the covers you are now applying for?
Yes ☐ No ☐

10. Has any insurer declined or required special terms to insure you or any director or partner (in this or any other name under which You may have been trading) cancelled or refused to renew any insurance of a type you are now applying for? Yes ☐ No ☐

11. Have you or any director or partner been declared bankrupt, been a director of any company which went into liquidation, or been convicted of arson, fraud robbery or handling or with these or with any other offence against property?
Yes ☐ No ☐

If the answer to any of the questions 8 -11 is "YES", please give details here

.....

.....

.....

.....

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(s) of Proposer's(s).....

Agency.....

Signature(s) of Proposer's(s).....

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

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
0302634730

Kumasi Office (Ahodwo)
Opposite Ahodwo Melcom Building
0302634749

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

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

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

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

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

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

