

BURGLARY INSURANCE PROPOSAL FORM

	Account	Number	Clien
No	ng kananawan jing kipang kang kibang marana noora anto no cora	an e en con escribir de contra de mandre de companya de contra de	ti kramini kra
All questions must be	answered in full. P	lease use block	letters or tick as
appropriate.			
A. PARTICULARS			
Individual Applica	ants:		
Name of Propose	r: Surname	saulanene val	
Middle Name:			Was appropriate
Other			
Corporate Applica	ants:	NUEWENLE	ANDER TRIBULTE
Name/s JETX	IN (KENYA)	COMPANY	LIMITED
B. PROFESSION /	OCCUPATION_	MANWEATOR	rer
Postal Address: P	. O Box 7769	_Code 902	00
Town_NAI		eng Guards l'item	5308 (0
Contact: Telepho	one Number/s		
	ımber		26.5 (6
Email 2	Address		
	P051650		a sergins upy 11 - k
	e : From: .10 APR		APR/2021
dates inclusive)			,, (bour
C. FINANCIERS INT	TEREST IF ANY	NILL	
D. PHYSICAL ADDR			Winds, Fr.
	mises: Building		
Street/Road	Plot No.	Euranigi	TENE DE LA SE
			L VSE
TOWII	41-1-1-1		

	Roof_			Cei	ling		
3. A	re you the	sole occupa	nt of the	Premis	es? Yes/No)	
					occupants		there
ł. H	low long ha	ave you occ	upied the	Premis	es?		
5. W	vill the prer	nises be left	unoccup	ied at a	ny time? Yo	es/No	g to smal
	If yes, ple	ease explain					
SE	CURITY	ARRANGE	EMENT	S			
1.	Who is re	esponsible fo	or the sec	urity ar	rangements?		
2.	What sec	urity arrange	ements as	e in pla	ce? (Tick ap	propriate o	option/s)
) Own Wa					
	b) Security (Guards F				
	c) Burglar A	llarm				
	d) Any other	r (Please	specify	1		
	-						
3.	If you eng	gage a Secur	ity Guard	Comp	any state the	name of t	he firm.
	The state of	A SA VA	3000				
4.	How have	e you secure	d:				
	a)	Windows?					
	b)	Show wind	dows?				
	c)	Front Doo	or/s?	ari anaro			
	d)	Rear Entra	ance?		16.2.1	and the same of the same	
	e)	Sky Lights	?				
	f)	Trap doors	s?		1-25110000000000000000000000000000000000		

F. 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;
	a) Date of Loss? b) Extent of Loss?
	b) Extent of Loss?
	c) What precautions have been taken to prevent another loss?
5. Sanuari	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?
	1. Hold up cover YES/NO
	2. Riot and strike YES/NO
5.	Has any Insurance Company ever;
a)	Cancelled your Policy? YES NO
b)	Declined to insure you? YES NO
c)	Declined to renew your Policy? YES/NO
d)	Imposed any special terms? YES/NO
e)	Repudiated any claim? YES NO
If the an	swer for any of the above reasons is YES', please give details.

a) Do you keep proper Books of Accounts records?	Yes/No
b) Are the Stock books and Sales books updated regularly	Yes/No
c) Can the amount of loss be ascertained from them?	Yes/No
d) When was the last physical Stock taking done?	
31-MAR-2020	
If you don't maintain stock records, describe how you wo	uld verify the
amounts of goods stolen in case of a burglary.	

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

Description	Sum Insured
See attached risk note.	10.75
2. Run red artice YVS/NO	
insurana (tempany ever	vna aukli oč
ed your Policy) YESSAND)	(knost) (s
The contract of the state of th	Associated and the state of the

DECLARATION

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever 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 _____Insurance Company.

(Note: This proposal shall be completed and signed by the proposer.)