

## COMBINED FIRE & BURGLARY INSURANCE BUSINESS PROTECTION BUNDLE

### PROPOSAL FORM

#### GUIDELINES TO FILL THE FORM

1. Please fill the form in **BLOCK LETTERS** and leave one blank box between two words.  
Note that all sections of the proposal form must be completed particularly the ones marked (\*) using ink. Do not sign any blank or partially completed proposal form.
2. Kindly provide copies of all basic requirements These include: Evidence of payment, KYC documentation, photos of items to be insured
3. Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.
4. Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

#### NOTE:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

#### ▼ Proposer's details

Proposer's Name:

Postal Address:

Tel No.:  Email:  Date of Birth:  /  /

Trade and/or Occupancy: Please describe your Business and Operations for which this insurance is required

Location and Address of Property to be Insured:

#### ▼ Description of Property to be Insured

| S/N | Description  | Sum Insured (GHS) |
|-----|--|-------------------|
| 1   | Stock (Items to be insured). Please attach list of stock.                                |                   |
| 2   | Office Equipment, Furniture, Trade Fixtures & Fittings therein                           |                   |
| 3   | Personal Accident Limit (State the number of employees to be covered under this section) |                   |
| 4   | Others (Please attach list)  |                   |
|     | <b>Total Sum Assured</b>   |                   |

#### ▼ Policy questions

1. Next of Kin:  Tel. No.:

2. Has any Insurance Company in respect of the Insurance proposed:

a) declined to insure? YES  NO  b) required special terms YES  NO

c) cancelled or refused to renew? YES  NO  d) increased your premium at renewal? YES  NO

3. Have you ever sustained any loss in respect of the Risk(s) proposed? If so, please state type

4. What security systems are put in place to ensure the safety of the property being proposed for insurance?

5. Period of Insurance: From  /  /     To  /  /

#### ▼ Declaration

We, the undersigned, desire to effect an insurance as above stated in terms of the Policy to be issued by Coronation Insurance Ghana LTD. I/we hereby declare that all the above statements and particulars which I/we have read and checked are true, and I/we have not suppressed, misrepresented or mis-stated any material fact, I/We agree that this declaration shall be the basis of the contract between me/us and Coronation Insurance Ghana LTD.

Date:  /  /

Signature of Proposer

Agency