



PROPOSAL FOR FIRE INSURANCE- BUSINESS PREMISES

Liability DOES NOT commence until this Proposal has been accepted by the Company

1. FULL NAME OF PROPOSER.....
2. BUSINESS OF PROPOSER.....
3. POSTAL ADDRESS
4. BUSINESS LOCATION ADDRESS.....
5. TELEPHONE : OFFICE..... MOBILE
6. FAX..... EMAIL
7. TYPE OF INTEREST IN PROPERTY TO BE INSURED (OWNER, TENANT, MORTGAGEE, OTHER)

DETAILS OF PROPOSED BUILDINGS TO BE INSURED

1. LOCATION (Plot No., Street Name, Town).....
2. Material of Construction: Walls Floor..... Roof.....
3. No of Storeys Age of Buildings (Yrs) Less than 5; 5-10; 10-20; above 20
4. Occupancy of building (Offices, Shops, Hotel, Shopping Malls/ Complex, Warehouse, Industrial/Manufacturing)?.....
5. Is the Proposer the Sole Occupier of the buildings?.....
6. Are there any adjoining buildings? If so
 - a) How are they Constructed?
.....
 - b) How are they Occupied?
.....

STOCKS AND OTHER PROPERTY

1. If you engage in any process of manufacture, state full particulars and products manufactured.....
2. What type of goods are stored on the premises?.....
3. Are goods kept in the open?.....
4. Do you keep records of stocks and sales?.....if Yes, state the form of records.....
5. Do you keep any Petroleum products / hazardous goods within the premises? If so, what type of goods/products?.....

OTHER DETAILS

1. **Period of Insurance:** From.....
to.....
 2. Basis of the proposed insurance: **Market Value****Reinstatement**
 3. Are there other insurances on the property proposed to be insured?.....If so, state the Insurance Company.....
 4. Has any company or insurer in respect of the insurance proposed?
 - a. Declined to insure?
.....
 - b. Required special terms?
.....
 - c. Cancelled or refused to renew?
.....
 - d. Increase your premium at renewal?
 5. Have you ever suffered loss or damage by fire or any other peril in these premises or elsewhere?
.....
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FIRE PROTECTION DEVICES INSTALLED

Please indicate any fire protection devices installed on the premises

- | | | | | | |
|------------------------|--------------------------|-----------------|--------------------------|------------------------------|--------------------------|
| Portable Extinguishers | <input type="checkbox"/> | Hose Reels | <input type="checkbox"/> | Anti Fire Pumps/Fire Engines | <input type="checkbox"/> |
| Wet Fire Hydrants | <input type="checkbox"/> | Sprinklers | <input type="checkbox"/> | Fixed Water Spraying System | <input type="checkbox"/> |
| Foam System | <input type="checkbox"/> | Fire Alarms | <input type="checkbox"/> | Gas Suppression System | <input type="checkbox"/> |
| Gas Detection System | <input type="checkbox"/> | Flame Detectors | <input type="checkbox"/> | | |

Distance of proposed risk from Public Fire Brigade.....

SUMS TO BE INSURED

- | | |
|--|----------|
| 1. Buildings | GH¢..... |
| Attach separate schedule if more than one building | |
| 2. On Fixtures, Fitting and Utensils in Trade | GH¢..... |
| 3. On Stock: | |
| a. (a) Raw Material consisting of | GH¢..... |
| b. (b) Semi Finished Goods / Work-in-Progress | GH¢..... |
| c. (c) Finished Goods | GH¢..... |
| 4. On plant and Machinery | GH¢..... |
| 5. Any other property to be insured | GH¢..... |
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DECLARATION BY PROPOSER

I/We hereby declare that the above particulars and statements are true and complete and contain all relevant information to the best of my/our knowledge affecting the risk to be insured and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be held to be promissory and of continuing effect, and shall form the basis of and be deemed to be incorporated in the insurance contract between me/us AND BEST Assurance Company Limited. I/We further confirm that if any additions or alterations are carried out on the risk proposed for insurance herein after the submission of this proposal form then the same shall be conveyed to the insurer immediately. I/We further agree to accept the insurance on the terms and conditions set forth in the insurance policy that is the evidence of this contract.

Signature of Proposer.....Date: