



Tausi Assurance Company Limited

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BURGLARY INSURANCE PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

A. PARTICULARS OF PROPOSER

Individual Applicants:

Name of Proposer

Postal Address

P.O Box:

Code:

Town:

Physical Location(s).

Tel:

Email Address

ID/Passport Number

(Attach Copy)

PIN Number:

(Attach Copy)

Period of Insurance:

From:

To:

Corporate Applicants:

Names(s):

Contact person(s)/Designation

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Email Address

PIN Number

(Attach Copy)

Certificate of Incorporation

(Attach Copy)

Period of Insurance ((both dates inclusive)

From:

To:

B. PROFESSION/OCCUPATION:

C. FINANCIERS INTEREST (IF ANY):

D. PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building	Street/Road	Town	Plot No
2. What is the nature of construction of the following	External walls:	Height in Storey's?	
	Internal Wall:	Roof:	Ceiling:
3. Are you the sole occupant of the premises?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
	If not, which other occupants are there?		
4. How long have you occupied the premises?			
5. Will the premises be left unoccupied at any time?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
	If yes, Please explain: Why and for how long?		

E. SECURITY ARRANGEMENTS

1. Who is responsible for the security arrangements?	
2. What security arrangements are in place?	(Tick appropriate option/s) and specify.
(a) Own Watchman/Watchmen	<input type="checkbox"/> YES <input type="checkbox"/> NO
- If more than one specify number plus if day and/or night	
b) Security Guards Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(c) Burglar Alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
- give details below (d) and attach copy of Contract if any	
(d) Any other (please specify):	
3. If you engage a Security Guard Company state the name of the firm (Plus attach copy of the contract)	

4. How have you secured the following?

(a) Show windows?

(b) Front Door/s?

(c) Rear Entrance?

(d) Sky Lights?

(e) Others? Please specify.

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?

(c) What precautions have been taken to prevent another loss?

3. Have you taken out Fire Insurance cover for the proposed premises?

(It is mandatory that Burglary and Fire Policies run concurrently)

4. Do you require the following extension?

(a) Hold up Cover?

☐

YES

☐

NO

(b) 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 answer to any of the above reasons is 'YES', please give details:

G. BUSINESS RECORDS

- | | | |
|--|------------------------------|-----------------------------|
| (a) Do you keep proper books of Account record? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (b) Are the Stock books and Sales books updated regularly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (c) Can the amount of loss be ascertained from them? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| (d) When was the last physical Stock taking done? | | |

If you don't maintain stock records, describe how you would verify the amounts of goods stolen in case of a burglary.

H. SCHEDULE - PARTICULARS OF PROPERTY TO BE INSURED	
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NB - If property is contained in two or more buildings, the sum to be Insured in each building must be specified

DESCRIPTION OF PROPERTY	SUM INSURED	FIRST LOSS SUM

Declaration
I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

Declaration
I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The insurers undertake to deal with this information in strict confidence.

The insurers undertake to deal with this information in strict confidence.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Executed at this	day of	20
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For and on behalf of:

Name: _____

Signature and Official Stamp	
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Name and Designation of Contact Person:

Telephone of Contact Person:

AGENT/BROKER NAME / STAMP	SIGNATURE	DATE