



Industrial and General Insurance Plc

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BURGLARY INSURANCE PROPOSAL FORM (INDIVIDUAL)

IMPORTANT: Kindly complete this form carefully. Failure to disclose all facts likely to influence the acceptance and assessment of this proposal could affect settlement of claims or invalidate your policy. If you are aware of any fact likely to influence the proposal kindly, disclose them in the space provided at the end of this proposal. If any answer has been written by any other person(s), such person(s) shall for that purpose be regarded as the agent of the proposal and the agent(s) Insurer.

PERSONAL DETAILS

PLEASE COMPLETE IN BLOCK LETTERS

Proposer:
Surname Firstname Middlename

Please specify Title Mr Mrs Miss Others Sex: Male Female

Marital Status: Single Married Divorced Separated Widowed

Date of Birth (dd/mm/yyyy)

Occupation Are you self employed? Yes No

Resident Address: Line 1
Line 2
Line 3 Town State

Postal Address: (if different from above) Line 1
Line 2
Line 3 Town State

Telephone Nos. Home Office
Mobile / GSM Fax
Email Website
Wedding Anniversary Date (if applicable)
Insurance Required (Dates) From To

NEXT OF KIN / EMERGENCY CONTACT

Name Relationship
Contact Address: Line 1 Telephone
Line 2
Line 3 Town State

GENERAL QUESTION

1 State Address and Description of premises containing the property to be insured
(state whether House, Shop, Warehouse, Factory, etc.)

2. How long have you occupied the premises?

- | | Yes | No |
|---|---|---|
| 3. (i) Are you the only occupier of the premises? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |
| (ii) Do you live on the premises? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |
| (iii) Will the premises be occupied at all time? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |

If NO to any question in (3) (i) to (iii), please give details

4. If any part of your stock in trade consist of Valuations, e.g (Jewellery, Watches, Gold or Silver articles) state value *N(Naira)*

SECURITY MEASURES

1 Give details of anti-theft devices installed on the premises:

2. If any of the Property is contained in a locked safe, give the following information on the safe:

| Name of maker | Model | Date of Manufacture | Size | Weight | Cost | Whether fixed or free | Whether purchased new or second hand |
|---------------|-------|---------------------|------|--------|------|-----------------------|--------------------------------------|
| | | | | | | | |

- | | | | |
|---------------------------------------|---|---|---|
| | Yes | No | |
| 3. (i) Do you take Stock regularly? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> | If YES, how often? <input style="width: 150px; height: 25px;" type="text"/> |
| (ii) Are Stock books promptly posted? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> | |

INSURANCE HISTORY

- | | | |
|--|---|---|
| 1. Are there any insurance in force on any of the property embraced in this proposal with this or any other Insurance company? | Yes | No |
| | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |
| 2. (i) Has any attempt ever been made to enter these or any other premises occupied by you? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |
| (ii) Have you ever made a claim from any Insurer for by Theft or Burglar? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |

If YES what precautions have you taken to prevent a recurrence?

- | | | |
|---|---|---|
| 3. Has any Company in respect of Burglary of Theft risks ever | Yes | No |
| (a) Declined your proposal? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |
| (b) Cancelled or refused to renew your policy? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |
| (c) Imposed any special terms? | <input style="width: 40px; height: 15px;" type="checkbox"/> | <input style="width: 40px; height: 15px;" type="checkbox"/> |

If YES to any question in 3, please give details

SCHEDULE OF PROPERTY TO BE INSURED

Sum Insured

- (a) On Stock in Trade
- (b) On Goods in Trust or on Common for which the Proposer is responsible
- (c) On Trade Fixture and Utensils in Trade, Office furniture and Safes (excluding contents)
- (d) Plant & Machinery
- (e) Household Goods and Personal Effects (including property described in item (f) belonging to the propose or to members of his family permanently residing with him or to his domestic servants or being property for which he is responsible , in the proposer's dwelling Electro-plate, Clocks, China, Wines and Cigars, Articles, Picture, Print.
- (f) On Gold and Silver Plate, Jewelry, Personal, Ornaments, Watches, Trinkets and Furs
- (g) On the following articles not otherwise specified:

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No one article included items (e) or (f) in this schedule (Furniture, Pianos and Organs expected) Shall be deemed of greater value than per cent of the total sum insured under such items, unless Specifically mentioned and separately insured

Total amount for which Insurance is required

ADDITIONAL INFORMATION

Are there any additional information likely to affect the proposed Insurance which should be disclosed to the Underwriters?
 YES NO
 If YES, give details

DECLARATION

I/We declare that to the best of my/our knowledge and belief, the information supplied in this proposal form is true and complete.
 I/We understand that cover is not effective until acceptance of this proposal is confirmed.

Signature of Proposer Date Agent

IMPORTANT NOTICE

Keep a record of all information supplied to us (including copies of letters) as part of this Proposal
 A copy of the Completed Proposal form will be supplied on request.
 A copy of the policy form is also available on request for verification prior to completion of the Contact.
 No Insurance is in force until the proposal has been accepted by the Company and the Premium or Deposit paid except as provided by an official covering note issued by the Company.