



REGENCY ALLIANCE INSURANCE LIMITED
65 Patrice Lumumba Road. Airport Residential Area
P. O. Box CT 6342 Cantonments, Accra Tel: +233-302-778106, Fax+233-302-782871

**COMBINED FIRE & BURGLARY/ASSETS ALL RISK
PROPOSAL FORM**

Please answer all the questions for each of the relevant sections as fully as possible. Incorrect answers or failure to disclose all material facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt, please disclose them or seek assistance from your insurance representative.

Name of Proposer(s):.....

Location of Premises:.....

Postal Address:.....

Tel/Fax No..... Email:.....

Type of Cover: Combine Fire & Burglary Assets All Risk **(Please tick)**

Building occupied as

Sections **Sum Insured (GHC)**

SECTION 1 a: **Fire & Allied Perils - (Buildings, Fixtures and Fittings)**

SECTION 1b: **Fire & Allied Perils – (Contents)**

(a) On Stock in Trade consisting of:

(i) Raw Material consisting:

(ii) Semi Finished Goods/Works in progress:

(iii) Finished Goods consisting of:

(b) Furniture:

(c) Office Equipment:

(d) Others:

(Please attach list and values)



Sum Insured (GHC)

SECTION 2: PLANT AND MACHINERY (Please attach list & values)

SECTION 3: Burglary: Contents:

(a) Stock in Trade consisting of:

(b) Furniture:

(c) Office Equipment:

(d) Others:

(Please attach list and values)

Total Sum Insured

DESCRIPTION OF THE PREMISES AND OTHER PARTICULARS

1. Construction of Walls: Brick & Concrete Brick & Timber or Corrugated Iron
 Timber Only

2. Construction of Roof: Tiles/Concrete/Asbestos Metal/Aluminum Sheets
 Others

3. Type of Building: Detached Non-Detached No. of Storeys ()

4. Are there any other insurance held on the same premises? Yes No
if 'Yes', please give details.

5. Have you ever suffered loss or damage by fire? Yes No

6. Has any insurer declined to insure your property? Yes No

7. Are any highly combustible or inflammable goods stored in the premises? Yes No

8. Are the adjoining or nearby premises of similar construction? Yes No

9. Fire Fighting Facilities? Yes No

10. Are you the sole occupier? Yes No

If 'No', please give details of other occupants.

12. Please state business/trade carried on in the adjacent premises.

On the LEFT:

On the RIGHT:



GENERAL QUESTIONS APPLICABLE TO ALL SECTIONS:

1. (a) Are fire extinguishing appliances installed and are they maintained under contract? Yes No

(b) Are smoke detectors installed in the rooms? Yes No

2. (a) Are the premises or any part of them exposed to storms or strong winds? Yes No

(b) Is there any history of flooding in the area or any other exposure? Yes No

3.a) Is there an intruder alarm? Yes No

b) Main Entrances/Doors:

(i) How are they constructed? E.g. Solid, timber or metal framed steel plated, glaze

(ii) What locks or other devices are they fitted with:

4. Has any of your property during the last three years been destroyed or damaged by Fire? Yes No

If yes, give details

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.....

8. Has any claim been made against you during the past three years by any person for damage to their property or personal injuries? Yes No

If yes, give details

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I/We declare that the above statements are true and that to the best of our knowledge and belief nothing materially affecting the risk has been concealed, and that the amount proposed for Insurance represents the full value of the property to be insured and I/We agree that this proposal shall be the basis of the contract between me/us and the Underwriters.

Date..... Signature of Proposer.....

Broker/Agent:

NB: ALLIED PERILS: (1) Impact (2) Aircraft and/or Articles dropped there from (3) Explosion (4) Tornado/Windstorm (5) Bursting or overflowing of water pipes (6) Floods (7) Earthquakes and Volcanic Eruption (8) Riot and Strikes, Civil Commotion and Malicious Damage