



**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

**FIRE INSURANCE PROPOSAL FORM**  
**(Commercial Property)**

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:.....

**PROPERTY TO BE INSURED**

Building occupied as

Is the Building completed.....uncompleted.....

<b>Sections</b>	<b>Sum Insured (GHC)</b>
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**SECTION 1a: Fire & Allied Perils including collapse**  
**- (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)

**Total Sum Insured**

- SECTION 4: Public Liability  
i) Bodily Injury/Death  
ii) Property Damage

**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 insurances 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

.....  
.....

***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 therefrom (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