



# **PROPOSAL FOR BUSINESS PREMISES INSURANCE**

## **DETAILS OF THE PROPOSER**

Full Name Of Proposer:.....

Postal Address:.....

Occupation/Profession:.....

Mobile Phone No.:.....E-Mail Address:.....GPS Address.....

## **TYPE OF COVER REQUIRED**

**Kindly tick the appropriate box below:**

Commercial Fire (Covers the building and/or contents against loss caused by fire and/or its allied perils)

Burglary (Covers the contents against the risk of theft accompanied by forcible entry and/or exit of the premises)

Combined Fire and Burglary (Covers the contents against the risk of burglary, in addition to the cover offered by Commercial Fire)

Assets All Risks (Covers all perils unless specifically excluded)

## **NATURE AND VALUE OF SUBJECT MATTER (BUILDING AND/OR CONTENTS)**

1. Type of building:  Detached  Semi-detached  1 Storey  2 Storey  Other.....

2. Construction:  Cement Blocks  Metal Doors  Asbestos  Aluminum roofs  Others.....

3. Are there adjoining buildings? If yes, to what use are these buildings put?.....

4. (a) Value of the building:..... (b) Debris Removal Values.....

5. Value of the contents:  Raw Materials.....  Semi Finished Goods.....

Finished Goods.....  Fixtures & fittings.....  Plant & Machinery.....

**\*\*\*Kindly attach detailed list of contents including serial nos. and year of make with corresponding sums insured**

## **SITUATION OF SUBJECT MATTER (BUILDING AND/OR CONTENTS)**

6. Location Address of subject matter:.....

## **OTHER QUESTIONS**

7. Do you engage in any process of manufacture on the premises? If so give full details .....

8. Is there a mortgage on the subject matter? If so, provide the name and address of the Mortgagee  
.....

9. Have you ever sustained any loss or damage due to Fire, Flood or Burglary of the property?.....

10. Is there any other insurance on the building and/or contents?.....

11. Has any previous request for insurance by you been:  declined,  cancelled or  had special terms imposed?

## **DECLARATION BY PROPOSER**

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information to me/us 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 contract between Vanguard Assurance Company Limited and me/us. I/We further agree to accept the insurance on the terms and conditions set forth in the Company's Policy and to pay the premiums charged.

**Proposer's Signature:..... Date of Proposal:..... Agent/Broker Name:.....**

**Location:** No. 21 Independence Avenue, Ridge Accra

**Address:** P. O. Box 1868, Accra. **Tel:** 0302 666485, 0302 213940 **Email:** [vacmails@vanguardassurance.com](mailto:vacmails@vanguardassurance.com) **Website:** [www.vanguardassurance.com](http://www.vanguardassurance.com)