



# PROPOSAL FOR SHOPOWNERS' INSURANCE

## **DETAILS OF THE PROPOSER**

Full Name Of The Shop:.....

Full Name Of Owner:.....

Postal Address:.....

Mobile Number:..... E-Mail Address: .....GPS Address:.....

## **LOCATION ADDRESS AND DESCRIPTION OF THE SHOP**

1. Location of the shop / shop number .....
2. What type of business or trade is carried on in the shop? .....
3. Is the shop operated by the owner?  Yes  No
4. Is the building owned by the shop owner?  Yes  No
5. Type of building:  Detached  Semi-detached  1 Storey  2 Storey  Other.....
6. Construction:  Cement Blocks  Metal Doors  Asbestos  Aluminum roofs  Others.....
7. Are there adjoining buildings? If yes, to what use are these buildings put?.....

## **OTHER QUESTIONS**

8. Is there a mortgage on any of the items to be insured? 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?

## **PROPERTY TO BE INSURED**

- (A) Value of the shop: (i) Building ..... (ii) Fixtures & Fittings .....
- (B) Contents and values: Kindly describe the nature of contents in the shop (e.g. provisions, hair products, cement etc.) and provide their respective values below **(please attach list if space is insufficient)** :
  - i. .... ii. ....
  - iii. Other Contents (e.g. Fridges, televisions etc.), Please specify .....
- (C) i. Do you want a Public liability cover greater than the GHC 1,000.00 which comes with this policy  Yes  No
  - ii. If Yes, kindly indicate value of cover required .....

## **DECLARATION BY PROPOSER**

I/We warrant that the above statements and particulars completed by me/us or on my/our behalf, are true, correct and complete, and contain all information known to me/us as affecting the risk to be insured. I/We declare that no information has been withheld that might influence acceptance of the insurance, and I/We agree that this proposal signed by or caused to be signed by me/us, 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 me/us and VANGUARD ASSURANCE. I/We further agree to accept the insurance Policy on the terms and conditions set forth in the relevant Policy document and to pay the premiums charged.

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