



Sun
insurance
Company Limited

BURGLARY POLICY PROPOSAL

BRANCH
AGENT NO
CLIENT REFERENCE NUMBER

INSURED..... PHONE.....

POSTAL ADDRESS.....

SITUATION OF THE PREMISES TO BE INSURED:

1.....

2.....

PERIOD OF INSURANCE FROM / / TO / / AT 4p.m.

BUSINESS OF THE INSURED

BUSINESS ASSETS	SUMS INSURED
(a) Stock trade owned by You or for which You are legally liable	
(b) Business & Office Furniture, Fixtures, Fittings & Equipment, Plant and Machinery owned by You or for which You are legally liable.	
(c) Safe Made by.....	
TOTAL AMOUNT INSURED	

GIVE PARTICULARS OF PREMISES -

(a) Are the premises occupied only by You.....

(b) If there are other people occupying the premises what are their occupations?.....

(c) How long have You occupied these premises?.....

(d) Have burglars entered or attempted to enter Your premises?.....

(e) Are the premises occupied at night?.....

(f) Are all windows and doors barred or protected by security grilles?.....

(g) Do the premises have a burglar alarm system installed?.....

GIVE PARTICULARS ON THE FOLLOWING

(a) Are the records kept of stock received and sold?.....

(b) Is there any gold, silver, jewellery or precious stones on the premises?

(c) What is the highest individual value of any one item not kept in a safe when the business is closed?.....

COMPANY	GOVT. STAMP DUTY	TOTAL PREMIUM
PREMIUMS		

DECLARATION

We declare and warrant that

No information has been withheld which is likely to affect the acceptance of this insurance.
 I/We have not suffered loss of or damage to property anywhere within the last five (5) years.
 No insurance company has ever declined to insure me/us refused renewal, or cancelled any Policy
 The sums insured represent the value I/We wish to insure for and I/we understand and acknowledge that Sun Insurance representative is not qualified to effect valuations but I/we accept the sums insured for the purpose of this insurance.

ACCEPTIONS TO THIS DECLARATION

We agree and accept the terms conditions of this insurance and acknowledge that this Proposal shall be the basis of this contact of Insurance.

Insured's Signature..... Date.....