

Give details of the construction Walls Roof Height in storeys

Is the building in your sole occupation? Yes No

If the premises are attached give details of nature, occupancy of adjoining buildings.

Give details of any hazardous goods or petroleum products stored on the premises.

Give details of any manufacturing process carried on in the premises?

Give details of any stove or apparatus for producing heat or any artificial heat used in any process of trade.

How are the premises lighted?

Are there other insurances on the property insured? Yes No

If yes, give name and address of the insurers and sum insured?

Have you previously insured against fire and additional perils? Yes No

If yes, give name and address of the insurers.

How long have you been in business? In these premises Elsewhere

Have you ever suffered loss by fire at any premises occupied? Yes No

If yes, give details of loss

Have you proposed for fire insurance and been declined or renewal refused, or any special terms of condition imposed by any insurer? Yes No

If yes, give details of the insurer concerned.

Is the policy to be assigned to or held by any creditor as collateral Yes No

If yes, give name in full

Do you keep a set of books showing a complete record of business transacted including all purchases Yes No

Are such books and records kept in a locked fireproof safe or removed to another building at night or when the premises are closed for business? Yes No

OPTIONAL EXTRA PERILS ONES REQUIRED Bush fire Earthquake, fire and shock

Riot, strike and malicious Explosion Storm Tempest or flood
Damage

Impact by road vehicles, horses Subterranean fire
or cattle

Bursting or overflowing of water tanks, apparatus or pipes

GIVE DETAILS OF FIRE FIGHTING EQUIPMENT INSTALLED

Give below the number of units for each

Water extinguishers CO2 extinguishers Hose reels

Dry powder extinguishers Fire blankets Sprinkler system

Smoke detecting equipment Fire alarm system

Details of any staff who are trained in fire fighting

Are your premises guarded outside normal working hours? Yes No

BUSINESS INTERRUPTION

Indemnity period months

Gross profit computed as follows:

Annual turnover less bad debts Closing stock Tshs

Less Opening stock Tshs

Purchases (less discount received) Tshs

Payroll Tshs

List any other items which vary directly with turnover Tshs

Details

Annual gross profit Tshs

Margin for expansion Tshs

Proportionate increase for indemnity exceeding 12 months Tshs

Sum insured Tshs

Payroll : i.e. the remuneration (including salaries, related insurance contributions, bonuses, overtime, holiday pay and all other payments relating to wages), of all employees, computed as follows:

Annual payroll Tshs

Margin for expansion Tshs

Proportionate increase for indemnity exceeding 12 months	<input type="text" value="Tshs"/>
Total sum insured	<input type="text" value="Tshs"/>
Auditors fees incurred in connection with a claim	<input type="text" value="Tshs"/>

Extensions. Many businesses can also be interrupted by damage elsewhere than at their own premises. Cover can be included on the same basis as for your own premises and we will be pleased to discuss with you any of the extensions listed below.

Please indicate with a X those you are interested in or for which you require cover.

- a) Premises from which components, goods or materials are obtained or where they are manufactured, processed or other work done.
- b) Property stored on the premises other than your own.
- c) Prevention of access, even though your own premises are not damaged.
- d) The electricity station or water works of the public supply undertaking.
- e) Property in transit.
- f) Premises where you may be carrying out a contract.
- g) Important customers

Give details of your auditors

Name	<input type="text"/>
Address	<input type="text"/>

Date of the last report on your accounts	<input type="text"/>	Are your books and accounts Regularly balanced and audited	<input type="text" value="Yes"/>	<input type="text" value="No"/>
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If you have previous or existing insurance in respect of this class, give details of insurer

If you carry on any other business or occupy other premises not indicated in this proposal, give details.

DECLARATION

I,We the undersigned hereby declare that all the above statements and particulars are complete and true and that no material fact has been withheld and that this declaration shall be the basis of the contract between me/us and Madampesa Insurance Agency, whose policy, subject to the terms and conditions thereof I/we, am/are willing to accept and I/we undertake to pay the premium when called upon to do so.

Date

Signature

FOR OFFICE USE ONLY

Policy number

Certificate

Agency