

MAYFAIR INSURANCE COMPANY RWANDA LIMITED

Kigali Heights, Ground Floor
KG 7 AVE, Kigali, Rwanda
P.O Box 1380 Kigali, Rwanda
Tel: +250 788 381 844
Email: info@mayfair.co.rw



PROPOSAL FORM

All questions must be answered in full. Please use block letters or tick as appropriate.

A. PARTICULARS OF PROPOSER

Individual Applicants:

Name of Proposer: _____

Surname: _____ Middle Name: _____ Other: _____

Corporate Applicants:

Name/s: _____

Contact Persons: _____

B. PROFESSION /OCCUPATION

Postal Address: P.O. Box _____ Code _____

Town _____

Contact:

Telephone Number/s _____

Fax Number _____

Email Address _____

PIN Number _____

Period of Insurance: From: _____ To _____ (both dates inclusive)

C. FINANCIERS INTEREST IF ANY

D. PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building _____

Street/Road _____ Plot No. _____ Town _____

2. What is the nature of construction of the following? _____

a. External walls _____ b. Internal walls _____

c. Roof _____ d. Ceiling _____

3. Are you the sole occupant of the Premises? Yes/No

If not, what other occupants are there? _____

4. How long have you occupied the Premises? _____

5. Will the premises be left unoccupied at any time? Yes/No

If yes, please explain

E. SECURITY ARRANGEMENTS

1. Who is responsible for the security arrangements? _____
2. What security arrangements are in place? (Tick appropriate option/s)
 - a) Own Watchman
 - b) Security Guards Firm
 - c) Burglar Alarm
 - d) Any other (Please specify)
3. If you engage a Security Guard Company state the name of the firm. _____
4. How have you secured:
 - a) Windows? _____
 - b) Show windows? _____
 - c) Front Doors? _____
 - d) Rear Entrance? _____
 - e) SkyLights? _____
 - D) Trapdoors? _____
 - g) Others? Please specify _____

F. INSURANCE/CLAIMS HISTORY

1. Are you now or have you been Insured for this type of Insurance? YES/NO
If yes, please give name of Insurer and Policy Number _____
2. Have you ever suffered a loss by theft? YES/NO
If yes state;
 - a) Date of Loss? _____
 - b) Extent of Loss? _____
 - c) What precautions have been taken to prevent another loss? _____
3. Have you taken out Fire Insurance cover for the proposed premises? Yes/No
(It is mandatory that Burglary and Fire policies run concurrently)
4. Do you require the following extensions to your Policy?
 1. Hold up cover YES/NO
 2. Riot and strike YES/NO
5. Has any Insurance Company ever;
 - a) Cancelled your Policy? YES/NO
 - b) Declined to insure you? YES/NO
 - c) Declined to renew your Policy? YES/NO
 - d) Imposed any special terms? YES/NO
 - e) Repudiated any claim? YES/NO

If the answer for any of the above reasons is 'YES', please give details.

G. BUSINESS RECORDS

- a) Do you keep proper Books of Accounts records?
- b) Are the Stock books and Sales books updated regularly
- c) Can the amount of loss be ascertained from them? Yes/No
- d) When was the last physical Stock taking done? _____

If you don't maintain stock records, describe how you would verify the amounts of goods stolen in case of a burglary. _____

H. SCHEDULE - PARTICULARS OF PROPERTY TO BE INSURED

NB - If property is contained in two or more buildings the sum to be Insured in each building must be specified.

Description	Sum Insured

DECLARATION

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between Me/Us and Mayfair Insurance Company Rwanda Limited.

Signature of Proposer: _____ Date: _____

(Note: This proposal shall be completed and signed by the proposer.)

