

**PROPERTY PROTECTION POLICY- FIRE**

**PROPOSAL FORM**

Property protection policy is ideal for Owners, Trustee/ Managers and Mortgagees

Features: The policy covers loss or damage caused by fire and special perils such as  Lightning,

Explosion, Aircraft and Articles dropped from there  Impact damage due to rail, road or animal  Subsidence and landslide (including rockslide)  Natural disasters including storms, cyclones, typhoons, tempest, hurricanes, tornado, floods and inundation  Damage caused by sprinkler leakage, over flow, leakage of water tanks, pipes etc

Kindly complete this form in CAPITAL LETER and return it together with the proof of premium payment to J.AKIN-GEORGE INSURANCE BROKERS LTD. Your insurance will only be provided only after which your proposal form has been approved, premium paid.

Any special terms or conditions will be communicated in writing.

NAME OF PROPOSER……………………………………………………………………………………………………………........

PERMANENT ADDRESS………………………………………………………………………………………………………………….

MOBILE PHONE NUMBER………………………………………………………………………………………………………………..

E-MAIL ADDRESS……………………………………………………………………………………………………………………………..

ADDRESS OF THE RISK………………………………………………………………………………………………………………………

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BRIEF DESCRIPTIONOF THE RISK……………………………………………………………………………………………………… ………………………………………………………………………………………………………………………………………………………

APPROXIMATE VALUE OF THE PROPERTY……………………………………………………………………..

Do you own the House? Yes/ No ……………………………..

Is your House insured? Yes/No………..…………….; if insured , when is renewal date……………………………

What is the building being used for? Private/Commercial………………………………

What is the house made of? Timber/ Concrete/ Block/ Stone………………………………………

What is the roof of the house made of: Iron Sheet/ Aluminum roof?.......................................

Is hazardous goods e,g kerosene, petrol, chemical etc. stored in the premises? Yes……………No…….

Is cooking carried out in the building? If yes, is it with stove, gas or electricity?…………………………..

Do you have fire extinguisher appliance? Yes/ No ……………………………..

**NEXT OF KIN DETAILS**

Name of next of Kin……………………………………………………………………………………………………… Relationship…………………………………………………………………………………………………………………..

Phone number…………………………………………………………………………………………………..

Email…………………………………………………………………………………………………………………..

**Declaration:**

I/we hereby declare that to the best of my knowledge and belief the answers given are true and complete in every aspect and all material particulars which may affect the assessment of the risk have been disclosed. I understand and agree that my personal information provided may be used for insurance purposes by insurance company, broker, agent and sub- contractors; and shared with other insurance companies as required for the purposes of my insurance.

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Signature/date