

# PROPOSAL FORM FOR OFFICE COMPREHENSIVE POLICY

**NOTE**  
PLEASE ANSWER ALL QUESTIONS FULLY. IF A NEGATIVE IS INTENDED, STATE NO OR NONE.

FULL NAME OF PROPOSER:

POSTAL ADDRESS:

PROFESSION OR OCCUPATION:

SITUATION:

PERIOD OF INSURANCE: From:           To:

<b>OFFICE CONTENTS</b>	<b>Sum Insured</b>
<p><b>Section A</b></p> <p>1. (i) On Office Furniture, Tenants Fixtures and Fittings</p> <p style="text-align: right;">GH¢ <input style="width: 150px;" type="text"/></p> <p>(ii) On all other Office Contents including office utensils directly relating to the Profession or Occupation other than samples, stocks and materials in Trade or Landlord's Fixtures and Fittings</p> <p style="text-align: right;">GH¢ <input style="width: 150px;" type="text"/></p> <p><b>Section B</b></p> <p>On all risks for all office equipment including Typewriters office machines other contents as specifically declared in the Schedule</p> <p style="text-align: right;">GH¢ <input style="width: 150px;" type="text"/></p>	
<p>2. (a) Is the Property to be insured contained in the Building constructed of Bricks, Stone or Concrete, and roofed with Concrete, Asphalt, Metal, Asbestos or Tiles?</p> <p style="text-align: right;">(a) <input style="width: 150px;" type="text"/></p> <p>If not give full details:</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p>	
<p>3. (a) Do you occupy the premises otherwise than as office/ consulting rooms. e.g. Stock Room?</p> <p style="text-align: right;">(a) <input style="width: 150px;" type="text"/></p> <p>If so give full details:</p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p><input style="width: 100%;" type="text"/></p> <p>(b) What quantity of Stock-In-Trade, samples etc, do you keep on the Premises?</p> <p style="text-align: right;">(b) <input style="width: 150px;" type="text"/></p>	
<p>4. Do you maintain a proper set of account books and inventory of Property?</p> <p style="text-align: right;"><input style="width: 150px;" type="text"/></p>	
<p><b>5. How long have you conducted business:</b></p> <p>(i) In these premises <input style="width: 150px;" type="text"/></p> <p>(ii) Elsewhere <input style="width: 150px;" type="text"/></p>	

## 6. LOSS OF MONEY

Please insert the maximum amounts of money for which cover is required at any one time.

- (i) In your premises when they are open or closed for business up to a limit of GH¢500.00 (i)
- (ii) Temporarily in your residence or of any partners, directors or employee up to a limit of GH¢500.00 (ii)
- (ii) In transit between the Insured's premises and Bank, Post Office or Revenue Office up to a limit of GH¢500.00 (iii)
- (b) In Locked safe or Strong room on your premises when closed for business up to a limit of GH¢500.00 (b)
- (c) (i) Have you in force any other insurance against loss of money? (i)
- (ii) If so, what is the sum insured? (ii) GH¢

## 7. LOSS OF DOCUMENTS

If cover is required please state sum to be insured

GH¢

## 8. PUBLIC LIABILITY

(i) Have you in force any other public liability insurance? (i)

(ii) If so what is the sum insured? (ii)

If cover is required please state sum to be insured (not exceeding GH¢500.00) GH¢

## 9. Have you or any of your partners or directors ever:

(i) been refused insurance or had a Policy cancelled or been subjected to special terms? (i)

(ii) suffered any loss or had any claim made against you arising from perils or liabilities covered by this proposal? (ii)

(iii) been bankrupt or made a compromise with creditors? (iii)

If so give full details:

**SCHEDULE REFERRED TO IN SECTION B**

<b>SCHEDULE OF OFFICE EQUIPMENT INCLUDING TYPEWRITERS, OFFICE MACHINES AND OTHER CONTENTS</b>			
<b>Item No</b>	<b>Description &amp; Serial Number</b>	<b>Date &amp; Place of Purchase</b>	<b>Estimated Value</b>

**NB:**  
**THE COMPANY'S MAXIMUM LIABILITY IS LIMITED TO VALUES DECLARED**

**DECLARATION**

I/we, the undersigned hereby declare that all the above statements and particulars are complete and true and that no material fact had been withheld and that this declaration shall be the basis of the contract between me/us and the HOLLARD INSURANCE GHANA LIMITED, 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:

Agency: