



**PROPOSAL FORM FOR BURGLARY & HOUSE BREAKING INSURANCE
 (BUSINESS / PRIVATE PREMISES)**

Proposal No..... Agent Code.....

Name of Proposer (in full)
 Postal Address
 Trade (or) Business.....
 Contact No. (Phone/Mobile): Trade (or) Business.....
 Fax No.: E-mail (if any)

1. Address of the premises to be insured
 - a. Whether ware house, Godown shop or office
 - b. How long have you been an occupant of premises.....
 - c. Are you the sole owner yes/No
 - d. if not who are the other occupants.....

2. What materials are used for construction? E.g. 1. Concrete, bricks, hollow blocks, iron sheet, mud rammed or timber etc. (a) walls(b)Flooring.....©Roof.....
3. What protection is provided to:-
 - a. Doors(b) windows.....© Skylights..... (d) Lights.....
 - (e) Ventilators(f) Exhaust Fans(g)Air conditioners1.....
 - (h) Traps doors etc.....(i) any other opening

4. Mention any special precautions you have adopted for safeguarding your property

 - a. Is the policy to cover larceny, including theft by servants? yes/No
 - b. Do you wish the property of visitors included? Yes/No

5. Are the premises occupied by you at night? yes/ No
 - a. If not, by whom.....
 - b. will the premises be guarded by watchman yes/ No
 - c. will the premises at any time left un-occupied yes/ No

 - d. If so how often and how long.....

6. Are the valuables secured in safe (s) outside business hrs? yes/ No
a. Give (1) Maker name(2) Height(3).weight
(4) Dimensions.....(5) Reference Number.....

7. Do safes have an anti-explosive device in the door? yes/No

8. Are there alarm system against Burglary ? yes/No

9. Address of the premise where safe/ ATM cash machines are kept?.....
a. Is it fixed to the walls or floor?.....
b. How many keys are there to the safe (s).....
c. By whom are the keys of the safe (S) & /or strong room Held.....
d. Can the safe(s) be opened by a single key or by a combination of two or more keys?
e. Are all such keys removed from the premises outside business hrs.....
f. Will the premises guarded whilst they are closed for business? If so , by whom.....

10. Are stock & sales books ATM cash maintained? yes/ No

11. How frequently are these entered?.....

12. How often the stock / cash taken?

13. Have any premises occupied by you been entered by thieves? Yes/No

14. If so, give full particulars stating when & how access was obtained & the extent of the loss.....

15. AUTOMATED TELLER MACHINES

a. How many "ATM" are there?

b. State the location?

c. Are they stand alone, if not are they on the Assureds premises.....

d. What security measure do they have?

e. Does the assured or service company carry out the stocking & collection procedures?.....

16. Is the risk currently insured against Burglary? if so

a. Name of the company(b)Policy number
(c)Sum Insured(d) period of insurance.....

b. Any other special terms and conditions imposed.....

17. Do you need cover against Riot & Strike, terrorist activities on payment of additional premium? Yes /No.

PROPERTY TO BE INSURED (GIVE FULL DETAILS)

PROPERTY TO BE INSURED	SUM TO INSURED (Nu)	PREMIUM
<ul style="list-style-type: none"> a. Stock –in- trade (as described in 12 above) b. ATM Machines, furniture , fixture , house hold goods & personal effects belonging to insured or to any of the insured’s family & residing on the premises , only c. Bonds / bills, stamps, cheques , coins and /or currency notes in locked safe etc. d. Gold, silver, jewellery , watches & ornaments e. Good held by insured in Trust or on commission for which he is responsible. f. Others (to be specified) 		

N.B to obtain full indemnity it is necessary to insure for the full value of the property in the premises

Period of Insurance fromto

I/ We hereby declare and warrant that the above statements are true and completed, I/ we have not withhold any information whatsoever regarding the proposal . I / we agree that this proposal and the declaration shall be the basis of the contract between me/us and the Bhutan Insurance Ltd whose policy for the Insurance proposed is acceptable to me/us. I /we undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place :-

Signature of the Proposer
Date.....

Note : 1. The liability of the company does not commence until the proposal has been accepted by the company and the premium paid.

YOUR INSURER OF CHOICE

Chorten Lam, Post Box no.779, Ph.339893/339894/ Fax no.339895