



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED

PROPOSAL FORM FOR OFFICE COMPREHENSIVE POLICY

Please answer all questions fully. If a negative is intended, state no or none.

NAME OF PROPOSER (in full).....

PROFESSION OR OCCUPATION.....

ADDRESS

SITUATION:.....

PERIOD OF INSURANCE: FROM:..... TO:.....

1. OFFICE CONTENTS

SECTION A.

Sum to be Insured

- i. On Office Furniture, Tenants Fixtures and Fittings K.....
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 Landlords, Fixtures and Fittings. K.....

SECTION

On All Risks for all Office Equipment including Typewriters, Office Machinery and other contents as specifically declared in the schedule

K.....

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?

3. (a) Do you occupy the premises otherwise than as Office/consulting rooms e.g. Stock Room?

(b) What quantity of Stock-in-Trade, Samples etc. do you keep on the premises?

4. Do you maintain a proper set of account books and Inventory of Property?

5. How long have you conducted business:
- i. In these premises (i).....
 - ii. Elsewhere (ii).....
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6. **LOSS OF MONEY:**

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

Not contained in locked safe or strongroom:

- (a)
 - i) In your premises when they are open or Closed for business up to a limit of K25, 000.00 (i).....
 - ii) Temporarily in your residence or of any Partners, director or employee up to a limit of K25, 000.00 (ii).....
 - iii) In Transit between the Insured's premises and Bank, Post Office or Revenue Office up to a limit of K500, 000.00 (iii).....
 - (b) In locked safe or strongroom on your premises when closed for business up to a limit of K500,000.00 (b) K.....
 - (c) i) Have you in force any other insurance against loss of money? (i) (ii) K.....
 - ii) If so what is the sum insured?
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7. **LOSS OF DOCUMENTS:**

If cover is required please state sum insured

K.....

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 K.....
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9. Have you or any of your partners or directors ever

- i) been refused insurance or had a policy cancelled or been subject 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 particulars.....
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SCHEDULE REFERRED TO IN SECTION B.

SCHEDULE OF OFFICE EQUIPMENT INCLUDING TYPEWRITERS, OFFICE MACHINES AND OTHER CONTENTS			
ITEM NO.	DESCRIPTION AND SERIAL NUMBER	DATE AND PLACE OF PURCHASE	ESTIMATED VALUE

N.B THE CORPORATION'S MAXIMUM LIABILITY IS LIMITED TO THE 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 has been withheld and that this declaration shall be the basis of the contract between me/us and MAYFAIR INSURANCE CORPORATION LIMITED, whose policy, subject to the terms and conditions thereof, I/We are willing to accept and I/We undertake to pay the premium when called upon to do so.

Date.....Signature of Proposer(s).....

Agency/Broker.....

PLEASE NOTE:

The insurance requested by this Proposal is subject to the terms and conditions of the Policy and relevant Endorsements which you are requested to read upon receipt.