



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED

FIRE AND PERILS INSURANCE PROPOSAL FORM

PERIOD OF INSURANCE: From..... To.....

NAME OF THE PROPOSER:

ADDRESS:.....

TELEPHONE NUMBER: Home..... Office.....

SITUATION OF PROPERTY:.....

(If the Property to be insured is at more than one situation, please give separate amounts and descriptions in respect of Buildings and Contents per Situation as here below)

DESCRIPTION OF PROPERTY PROPOSED FOR INSURANCE

DESCRIPTION	DETAILS OF PROPERTY & SITUATION	SUM INSURED
On the Buildings (including landlord's Fixtures, and Fittings)		
On Plant and Machinery (excluding landlord's Fixtures and Fittings) the Property of the Insured only held in the Building(s) described		
On Stock-In-Trade the Property of the Insured only held in the Building(s) described		
On Property held in trust or on commission for which the Insured is legally responsible only, held in the Building(s) described		
On Trade Fixtures and Fittings and Utensils the Property of the Insured		
ON RENT Payable/Receivable Delete type of rent not to be insured	Number of Months	
	Monthly rent	
On Building(s), Walls, Gates and Fences around and pertaining to the aforesaid Situations		
On Property in the open, please give full description of type and location		
On any other Property, give full details		
TOTAL SUM INSURED		

CONSTRUCTION OF SITUATIONS PROPOSED



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TYPE OF CONSTRUCTION	BUILDING 1	BUILDING 2	BUILDING 3	BUILDING 4
WALL				
ROOFS				
FLOORS				
HEIGHT IN STOREYS				
NATURE OF POWER SUPPLY				
USE OF PREMISES: Office, Factory, Shop, Warehouse etc				

SCOPE OF COVER REQUIRED (Please tick cover required)

EXPLOSION		EARTHQUAKE		RIOT & STRIKE		MALICIOUS DAMAGE	
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SPECIAL PERILS

Storm, Tempest, Flood and Bursting or Overflowing of water Tanks or Pipes		If this Extension is required, please indicate percentage of cover ie 50%, 75% or 100% liability	
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INFLATION EXTENSION

To compensate for the effects of inflation on the values, the cover can be extended to provide automatic increase. Indicate below the type you wish to include.

Day One Clause		Percentage required		Escalator Clause		Percentage Required	
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DETAILS OF THE OCCUPANCY OF THE PREMISES

Are any mineral oils, spirits or any other goods of a hazardous nature stored on the premises by you or any tenant. If yes, give nature and quantity of goods stored	
Do you or any tenants carry on any process of manufacture or repair at the premises? If so, give details of process and by whom carried out	



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If any power driven machinery is used on the premises by you or any tenants, give details	
Please give occupancy and construction of adjoining or adjacent property or use of land, situation within 10 metres of your premises.	
If any part of the premises is occupied by tenants, give details of the occupants and their occupation	

DETAILS OF FIRE FIGHTING APPLIANCES INSTALLED (How many)

Water Extinguishers		Smoke Detecting Equip.	
CO2 Extinguishers		Fire Alarm System	
Dry Power Extinguishers		Sprinkler System	
Fire Blankets Horse Reels		Details of Staff trained in Fire fighting	

GENERAL INFORMATION

Indicate how long you have carried out your business at the premises	
Indicate how long you have carried out your business at any other premises	
To what extent are the premises left unoccupied during the year?	
Are you the sole owners of the premises? If not, state owners	
If there is any other insurance on the property other than this proposal, give details of the Insurer and Policy number	
If there has been any previous loss or damage to your property due to any of the perils insured, give details of type of loss or damage	
Has any proposal, Policy or renewal in respect of Fire & allied Perils insurance been declined, cancelled, refused or increased terms applied. If yes, give details.	
Describe in full what your premises are used for (retailing, wholesaling, manufacturing etc)	

DECLARATION



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I/We the undersigned hereby declare that all the above statements and particulars are complete and true and that no material facts have been withheld and that this declaration shall be the basis of the Contract between me/us and the Cavmont Capital Insurance Corporation 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 so.

Date:..... Signature:.....

Agency:.....