



**AXA MANSARD INSURANCE PLC** RC133276

Santa Clara Court  
Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola  
Odeku, Victoria Island, Lagos

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

## Burglary Insurance Proposal Form

### SUMMARY OF COVER

The policy covers the insured against loss or damage to his property accompanied by actual forcible and violent breaking into or out of a building or any attempt thereat. The policy covers not only goods belonging to the insured but also goods held in trust or on commission while within his premises.

**Inventory list:** It is important for the proposer to have documentary evidence and submit an inventory of all the property to be insured otherwise a single article limit would be imposed on the policy.

### Details of the Proposer

FULL NAME : .....

OCCUPATION OR BUSINESS : .....

OFFICE/ CONTACT ADDRESS: .....

TELEPHONE NO(S): .....

ACCOUNT NUMBER:..... BANK NAME:.....

BVN:..... NATIONALITY:..... PLACE OF BIRTH:.....

TAX IDENTIFICATION NUMBER:..... RESIDENT PERMIT (For Non Residents):.....

COUNTRY OF DUAL CITIZENSHIP:..... FOREIGN MAILING

ADDRESS:.....

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

ADDRESS/ LOCATION OF RISK TO BE COVERED: .....

EMAIL : ..... WEBSITE: .....

MEANS OF IDENTIFICATION:..... ID NO: .....

1. Is the above location:

Warehouse	
Office	

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Please Note "No Cash Payment":

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

Shop	
Others (Please Specify)	

2. (a) Are you the sole occupier?: (a) Yes  No   
 If not (b) what other tenants are there in the same building (b) .....

3. How long have you occupied the above premises? .....

4. Of what materials are the premises constructed?.....

5. Are the valuables secure in safe(s) outside business hours? Yes  No   
 Are glass panels in front door or is there a fanlight? Yes  No   
 Is there any security arrangement during the day and/or during the night? Yes  No

6. Is manufacturing of any kind carried on in any part of the above premises or adjoining buildings? Yes  No

If so, how is the premises cut from the business portion of the premises? : .....

7. Will the premises be at any time unoccupied? Yes  No

If so, for how long? .....

8. Are all locks bolts and fastenings in a good state of repairs? Yes  No

9. Have you ever suffered loss or damage by burglary housebreaking? Yes  No

If so, give details mentioning what precautions have been taken to avoid occurrence?.....

.....

What was the amount and against what company .....

10. Are stock and sales book maintained? Yes No

How frequently are these entered?

How often is stock taken?

Where are these books kept out of business hours?

10. Have you ever proposed for insurance in respect of burglary, theft with any company? Yes  No

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Has any such proposal been declined, withdrawn or accepted with an increased rate or special condition

Yes  No

11. Please state the properties to be insured in the schedule below or in the alternative, an inventory list could be attach to this proposal form.

S/N	Property Insured	Sum Insured ₦	Rate % (Office Use)
A	Stock in trade		
b	Goods held in trust or on commission for which the insured is responsible		
c	Furniture, fixtures, fittings and appliances used in your business.		
d	Coins and currency notes in a locked safe		
e	Valuables		
f	Others (Please specify)		
	<b>Total Sum</b>		

Expected Premium: ₦ \_\_\_\_\_ Source of Funds: \_\_\_\_\_

Bankers: \_\_\_\_\_

**DECLARATION**

I/We to the best interest of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact. I/We agree that the statements and declaration contained in this proposal form shall be the contract of insurance with the company and are deemed to be incorporated in the contract.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Proposer

**Official Use Only**

Client's Risk Category: .....

Name of Officer:.....

SBU/Hub/Spoke:.....

Any Additional Information:.....

Date: .....

Signature.....

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