

MAYFAIR INSURANCE COMPANY TANZANIA LIMITED

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BURGLARY PROPOSAL FORM

Scope of Cover:

The Policy provides indemnity against loss of or damage to contents occasioned by theft following actual, visible violent and forcible entry in to or exit from the premises. If the contents are insured for their full value, the Policy extends to cover damage caused to the premises also due to such entry/exit or any attempt thereat other than damage insurable under a standard Fire or Plate Glass Policy.

Definition of Premises:

"Premises for the purpose of this insurance shall not include any Verandah, Yard, Open Space, Stable, Garage, outbuilding, or other building not communicating with the main premises unless specifically mentioned and agreed to by the insurers.

Please note that the above is for illustrative purpose only and for full details, terms and conditions reference should be made to the Policy Document.

Broker			Policy	Number				
Please ans	swer the	following questions carefully a	and completely. Please c	lo not leave any question unanswe	ered.			
1.	Propos	er's Name /Financer Name:						
2.	Postal Address:							
3.	Occupation/Business/Profession.							
4.	Period of Insurance:							
5.	5. Physical Location:							
	a. Situation (Physical Address)							
	b.	Occupancy of the Building: (s		Hotel, Shop, Godown or Manufactu	ring			
	c.	How long are you occupying	g the premises?					
	d.	Are you the Sole occupant of the Premises? If not, who are the other occupants? Are the Premises Occupied by you at night? If not, by whom?						
	e.							
	f.	Will the premises be left uninhabited at any time?						
	g.	Will the premises by guarde						
	h. i.	If so, by how many and duri Construction of Building:	ing which time?					
		a. Walls:	b. Roof:	C. Ceiling:				
6.	How a	re the Windows, doors and ot	her openings secured?					
7.	Is the p	remises protected by Electric	Fencing?					

8. Is any Bur	Is any Burglar alarm system installed?							
9. Past Theft/	Past Theft/ Burglary details: .If yes, give the following details.							
b. Ex c. W	ctent of Loss : hat steps take arrate the eve	of Losssuffered?en to prevent such an occurrerent:	nce?					
10. Previous In	. Previous Insurance details: if any							
11. Has any Co	ompany refus	ed to insure or renew the prop	osal or imposed conditions?.					
If yes, give	details							
12. Details of p	oroperties to I	oe Insured:						
	SI No	Description of Goods	Total Value at Risk	Sum Insured				
	1							
	2							
	3							
	4							
	-	facts for circumstances affecting eration of this risk						
		ished above are true to the be						
ne terms, exception	s and conditi	ons prescribed by the Mayfair tween Mayfair Insurance Cor						
he terms, exception	s and conditi e Contract bet	tween Mayfair Insurance Cor		ne/us.				

- 1.
- 2. ep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract
- A copy of the completed proposal form will be supplied to the proposer on request after its completion