



# MAYFAIR INSURANCE COMPANY TANZANIA LIMITED

2<sup>nd</sup> Floor, TAN-RE House, Plot No.406, Longido Street, Upanga, Dar Es Salaam, Tanzania.

P.O.Box 38353, Tel: +255 22 2922337/338, Fax +255 22 2922339.

Email: info@mayfair.co.tz

## ALL RISKS INSURANCE PROPOSAL FORM

N.B. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable.

Name of Agent/Broker \_\_\_\_\_

### PARTICULARS OF THE PROPOSER

Name of the proposer (in full) \_\_\_\_\_

Postal Address P.O. Box \_\_\_\_\_ Town \_\_\_\_\_

Telephone \_\_\_\_\_

Period of Insurance: From \_\_\_\_\_ To \_\_\_\_\_

PIN Number (Attach copy of certificate) \_\_\_\_\_

### PARTICULARS OF INSURANCE

(i) Have you in the past been insured for Domestic Package, Fire Theft or "All Risks"?  YES  NO  
If YES, please give nameS of insurers \_\_\_\_\_

(ii) Are you currently insured for Domestic Package, Fire, Theft or "All Risks"?  YES  NO  
If YES, please give name of insurers \_\_\_\_\_

iii) Has any office of Insurance Company, or underwriter ever in respect of Domestic Package, Fire, Theft, or "All Risks" Insurance:

a) Cancelled your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Refused to renew your policy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d) Impose any special terms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e) Repudiated any claim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If the answer to any of the above is YES, please give details. \_\_\_\_\_

### CLAIMS EXPERIENCE

(i) Have you ever suffered a loss in connection with the type of insurance now proposed?  YES  NO  
If YES, give details of last loss as under.

- a) Date of loss \_\_\_\_\_
- b) Amount of loss \_\_\_\_\_
- c) Cause of loss \_\_\_\_\_

Name of Insurance Company with which the claim was made \_\_\_\_\_

If you suffered more than one loss give brief particulars of each loss \_\_\_\_\_

\_\_\_\_\_

## SCHEDULE

EACH ARTICLE MUST BE SEPERATELY SPECIFIED AND VALUE STATED

**Important Note:**

If cover for the jewellery is required under the policy a current valuation report from a reputable jewellery dealer must be submitted. In the absence of specific sum insured for both jewellery and other valuables, the company's liability shall not exceed 5% of the total sum insured under that section.

PLEASE GIVE A DETAILED DESCRIPTION	VALUE

If the property is subject to mortgage of lien clause, state the name and address of Bank / Company interested

\_\_\_\_\_

## DECLARATION

I/WE do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.

Date of proposal \_\_\_\_\_ Signature and stamp of proposer \_\_\_\_\_

## THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

**FOR OFFICIAL USE ONLY**

Authorised Person(s) Signature \_\_\_\_\_

Date \_\_\_\_\_