



SIC INSURANCE COMPANY LIMITED

P.O. Box 2363, Accra Ghana
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Ring Road West: (030) 2-228926/ 228922/228962/228987/ 230041-2, Fax (030) 228970/ 224218
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PROPOSAL FOR FIRE INSURANCE POLICY

FULL NAME OF PROPOSER.....
SURNAME.....
TELEPHONE NO..... FAX..... E-MAIL.....
POSTAL ADDRESS.....
OCCUPATION OR BUSINESS..... NATIONALITY.....

Details of the proposed insurance

SITUATION of property to be insured.....
.....
CONSTRUCTION: Built with.....
Roofed with.....

SUM TO BE
INSURED

PRIVATE PREMISES ONLY

(1) The BUILDING OF THE PRIVATE DWELLING HOUSE and domestic offices,
stables, garage and outbuildings (including landlord's fixtures and fittings) on the
same premises and used in connection there with and walls, gate and fences
around and pertaining there to.....GH¢

(2) HOUSEHOLD GOODS AND PERSONAL EFFECTS of every description, the
Property of the proposer or of permanently resident members of the family and of
servants in the above dwelling.....GH¢

Note: Any article (furniture, pianos and organs except) which exceed in value
5% of the sum insured must be specified below and insured separately.

(3) DESCRIPTION OF ANY OTHER PROPERTY TO BE INSURED (See note above)

..... GH¢

BUSINESS PREMISES ONLY

(4) Building of business premises occupied for.....

.....
N.B. Where there are more than one building a separate schedule be prepared and attached

(5) On Stock in Trade:

(i) Raw Material Consisting of..... GH¢

(ii) Semi Finished goods/Work-in progress..... GH¢

(iii) Finished Goods consisting of..... GH¢

(6) On fixture, fitting and utensils in Trade.....GH¢

(7) Other property to be insured..... GH¢

.....
TOTAL GH¢

(8) Has the Proposer ever suffered loss or damage by fire or any other peril?

If so, give details.
.....

(9) Has any Insurance company or Underwriter ever refused a Proposal from

you or cancelled or refused to renew a Policy?

If so, state name of Company concerned.
.....

(10) Is the property proposed for insurance already insured with another Company?

If so, give details.
.....

Insurance to commence the.....20..... for a period of.....months ending the.....20.....

Note: The information furnished in this replies to the above questions will constitute the basis of the Insurance and will regulate the rate of the premium. The responsibility of the Company does not commence until the proposal is accepted and cover note issued on payment of the agreed premium.

Date:.....

Signature of Proposer.....

Agent's Recommendation: I have known the proposer.....

for..... years and recommended the acceptance of the risk proposed for insurance.

Date:..... Signature of Agent..... No.....

Refer to the next page for additional Perils

ALLIED PERILS

Do you wish to extend this insurance cover loss of Damage caused by:
(Please, tick whichever is applicable)

- (a) Impact
- (b) Aircraft and /or Articles dropped there from
- (c) Explosion
- (d) Hurricane, Cyclone, Tornado, Typhoon and/or Windstorm
- (e) Bursting or Overflowing of water, Pipes, Apparatus and the like
- (f) Flood
- (g) Earthquake and volcanic Eruption (fire and Shock)
- (h) Riot and Strike, Civil Commotion and Malicious damage.

SPECIAL NOTICE AGENTS TRADE OR BUSINESS

If the building(s) forming then subject of the proposal are used for business purposes it is the necessary to have a Survey Report Form completed.

You are now insuring your property against loss or damage by fire. Have you thought about LOSS OF PROFITS Policy?

If fire seriously interrupts your business, Sales will fall and your profits will be much reduced. Protect yourself from financial loss in this way by taking a supplementary policy with **SIC INSURANCE COMPANY LIMITED.**