

Enterprise Fire Insurance Proposal Form

1. Full Name of Proposer

2. Date of Birth

3. Address

4. Occupation

5. Telephone

6. Address of Property to be Insured

7. Description of Property (Shop, Factory, etc)

8. Details of Construction -

a. Walls

b. Roof

9. Amount proposed for insurance

a. Building situated at above address

₹

b. On fence wall surrounding the building

₹

c. On Household Furniture and effects the property of insured

₹

d. On stock of Wholesale Merchandise therein

₹

e. On stock of Retail Merchandise therein

₹

f. On Trade Fittings and Fixtures therein

₹

10. Of how many storeys, including the basement and attic or loft in the roof

11. Is there any artificial heating or lighting use?

Yes

No

If so, of what nature?

12. Is there any process of manufacturing carried out?

Yes

No

If so, of what nature?

13. If oils are dealt in, give full particulars as to class, quantity and where kept

14. Is merchandise of a hazardous description stored in the building(s) proposed to be insured, such as (kindly underline if applicable):

<i>Anthracine</i>	<i>Albo carbon</i>	<i>Disulphide of Carbon</i>	<i>Brimestone</i>	<i>Calcium Carbide</i>
<i>Camphine</i>	<i>Celluloid</i>	<i>Fire</i>	<i>Lighters</i>	<i>Fireworks</i>
<i>Gunpowder</i>	<i>Explosives</i>	<i>Lampolack</i>	<i>Liquid Acetylene</i>	<i>Matches (store wholesale)</i>
<i>Mineral Oil</i>	<i>Liquid Products</i>	<i>Mungo</i>	<i>Naphitha</i>	<i>Nitrates & Potash</i>
<i>Chlorates of Soda</i>	<i>Pitch</i>	<i>Rags</i>	<i>Resin</i>	<i>Robber in Gutta Percha</i>
<i>Solution</i>	<i>Saltpetre</i>	<i>Shoddy Spirits (not rectied)</i>	<i>Sulphur</i>	<i>Vegetable Black</i>
<i>Tallow</i>	<i>Tar</i>	<i>Turpentine</i>	<i>Varnish</i>	
<i>Vegetable bres & Grasses</i>	<i>Waste (textile mill)of all kinds</i>	<i>Wood Spirit</i>		



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15. Are there any adjoining buildings? Yes No

If yes, answer questions A - E

a. How are they constructed and roofed?

b. How are they occupied?

c. What kind of goods are stored therein?

d. Of what materials do the separation walls consist and are they carried up and above the roof?

e. Are there any openings in each separation walls? Yes No

If so, of what nature and how protected?

16. Is the risk detached from all other buildings? Yes No

If yes, answer questions A - C

a. What is the construction of the nearest building?

b. How are they occupied?

c. By what distance are they separated from the risk proposed?

17. Do you

a. Take stock at least once a year?

b. Keep a proper set of Accounting Books?

c. Keep said Account Books in a Fire-proof Safe?

d. Remove said Account Books to another building when the above premises are closed?

18. Are you at present insured in this or any other office? Yes No

If yes state Policy Number and Name of Ofce

19. Have you proposed for Fire or any other class of Insurance and been refused? Yes No

If yes, give name of the Ofce or Ofces and full particulars

20. Have you ever made a claim in respect of Fire or any other Insurance either on these premises or elsewhere? Yes No

If yes, give name of the Ofce or Ofces and full particulars

This is a Standard Fire Policy only. Do you wish to extend this insurance to cover loss or damage caused by:

a. Earthquake	<input type="checkbox"/>	b. Windstorm/Tornado	<input type="checkbox"/>	c. Explosion	<input type="checkbox"/>	d. Aircraft	<input type="checkbox"/>
e. Impact	<input type="checkbox"/>	f. Flood	<input type="checkbox"/>	g. Burst Pipe	<input type="checkbox"/>	h. Riot & Strike	<input type="checkbox"/>
i. Civil Commotion	<input type="checkbox"/>	j. Malicious Damage	<input type="checkbox"/>	k. Bush Fire	<input type="checkbox"/>		

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Declaration

I/We warrant that the above Statements and Particulars are true and I/We hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me/us and the **ENTERPRISE INSURANCE** and I/We are willing to accept a policy subject to the Terms prescribed by the Company therein, and so pay the premiums thereon.

Date

Signature of Proposer

Agency

Contact Details

Head Office

Enterprise House, High Street
P.O. Box GP50, Accra, Ghana
T: 0302 666847-9/666856-8
F: 0302 677677
E: customerservice.insurance@enterprisegroup.com.gh
www.enterprisegroup.com.gh

Odorkor Office

1st Floor, Obrapa House
Kaneshie-Malam Motorway, Accra
T: 0302 320292-3
F: 0302 320293
E: odorkor.insurance@enterprisegroup.com.gh

Airport Office

No. 47 Patrice Lumumba Street
Airport Residential Area, Accra
T: 0302 764030/769710 & 4
F: 0302 764020
E: airport.insurance@enterprisegroup.com.gh

Tema Office

1st Floor Meridian Plaza
Community 1, Tema
P.O. Box CO 863, Tema
T: 0302 211466/7
F: 0302 211467
E: tema.insurance@enterprisegroup.com.gh

Kumasi Office

Pentecost House, Asokwa
P.O. Box 1000, Adum, Kumasi
T: 03220 33117
E: kumasi.insurance@enterprisegroup.com.gh

Takoradi Office

2nd Floor, SSNIT House
P.O. Box 500, Takoradi
T: 03120 21653
F: 03120 21653
E: takoradi.insurance@enterprisegroup.com.gh

Achimota Office

Gorund Floor, MAK-GOERS House
Plot No. 209, Achimota (Nsawam Rd)
T: 0312 291971

Weija Office

HOP No. A&/20-21 Gicel
Vehicle Valuation Centre
T: 0302 972860

Spintex Office

1st Floor, Takyi Plaza
Plot No. 40 Accra (Near Papaye Fast Food)
T: 0312 291972

Tamale Office

Hse No NR 5, Hospital Road
P.O. Box 895, Tamale
T: 03720 22362
F: 03720 22362
E: tamale.insurance@enterprisegroup.com.gh

Kumasi 2 Office

Former Internal Revenue Building
Opp. Shell Filling Station, Mbrom
T: 024 463 1560/027 761 0337

Koforidua Office

1st Floor, Construction House
Opp. SSNIT Regional Office
T: 0342 196684

