



SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier
P.O. Box PMB CO 90, Tema, Ghana Telephone No.
0302-917444/6/7

FIRE INSURANCE PROPOSAL FORM

Proposer's Name: _____

Address: _____

Post Office: _____

Tel No: _____ Alt. Tel No.: _____

Email: _____

Occupation Or Business _____ Nationality (If not Ghanaian) _____

Details of the proposed insurance

SITUATION of property to be insured: _____

CONSTRUCTION: Built with _____ Roofed with _____

TOTAL 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 the property of the insured.

Sum Insured GH¢ _____

Description (Breakdown)	Value	Currency
Building		



Outbuilding		
Wall/Fence		
Other, Please Specify		

(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

Sum Insured 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.

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

Description (Breakdown)	Value	Currency

BUSINESS PREMISES ONLY

(3) Building of business premises occupied for _____

Description (Breakdown)	Value	Currency
Building		



Outbuilding		
Wall/Fence		
Other, Please Specify		

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

- (4) On Stock in Trade:
- (i) Raw Material Consisting of: _____
 - (ii) Semi Finished goods/Work-in progress: _____
 - (iii) Finished Goods consisting of: _____
- (5) On fixture, fitting and utensils in Trade: _____
- (6) Other property to be insured: _____

TOTAL SUM INSURED _____

(7) Has the Proposer ever suffered loss or damage by fire or any other peril? If so, give details:

(8) 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: _____

(9) Is the property proposed for insurance already insured with another Company? If so, give details.

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.



Declaration:

I/WE hereby declare the truth and correctness of the above statements and particulars and agree that the statements represent the true position at the date shown in accordance with the information made available to me/us.

Period of Insurance: From _____ To: _____

Signature of Proposer: _____ Name: _____ Date: _____



Agent/Broker Name: _____ No: _____ Signature: _____

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 *lor* Articles dropped there from
- (c) Explosion
- (d) Hurricane, Cyclone, Tornado, Typhoon *andlor* 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 part of the subject of the proposal are used for business purposes it is 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 form financial loss in this way by taking a supplementary policy with the **SERENE INSURANCE COMPANY LTD.**

If you have any reason to contact our Regulator, you may reach them at the address below:

**Insurance Place
Independence Avenue
P. O. Box CT 3456
Cantonments, Accra
Ghan**

Tel: +233 302 238300 / 238301

Fax: +233 302 237248 / 246369

E-mail: info@nicgh.org

Websites: www.nicgh.org

