SIERRA LEONE INSURANCE COMPANY LIMITED

 P.O. Box: 836 ( **Telephones: 232-30552379 232-76611010) Email: slicoaeb@gmail.com)**

 68 Sanders Street

 Freetown, Sierra Leone

Name if Fulll\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postal Address in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E mail Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Profession of Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Property\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance required from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(It should be noted that unless an Interim Protection Note is issued no liability attaches until this proposal is accepted by the Company)

**Property to be insured**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Building Number** |  |  |  |  |
| **Number of Floors** |  |  |  |  |
| **Construction Walls** |  |  |  |  |
| **Roof** |  |  |  |  |
| **Partition** |  |  |  |  |
| **Linings** |  |  |  |  |
| **Floors** |  |  |  |  |
| **Occupied as** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **S/No.** | **Details Insured Property** | **Building Number** |
|  |  |  |
| **a.** | **On the Building** |  |  |  |
| **b.** | On household Goods and Personal Effects:Note that no article of jewelry, curiosity or work of art will in case of loss be deemed to be of greater value than 5% of the sum assured under this heading unless specifically insured in a separate sum. |  |  |  |
| **c.** | **On Trade and Office Fixtures, Fittings**: Moveable utensils and unused Stationery, Bullion or unset precious stones, Manuscripts, Plans, Drawings, Designs, Patterns, Models, Molds, Securities, Obligations or documents of any kind, Stamps, Coined or paper money., Cheques, Books of Accounts or other business books and Explosives are not included in item (b) and (c) and are only Covered if specifically accepted and separately insured. |  |  |  |
| **d.** | **On stock in trade consisting principally of**……………………………………………………………………………………….. |  |  |  |
| **e.** | **On Goods held in trust or on commission for which the proposer is responsible…………………………………….....****…………………………………………………………………...** |  |  |  |
| **f.** | On Plant, Machinery, mounted and in use. |  |  |  |
| **g.** | ………………..month(s) rent. |  |  |  |
| **h.** | **On…………………………………………………….** |  |  |  |

**8. Sums to be insured**

**9. Do the sums proposed for insurance represent the full value of the property?**

**10. Is any process of manufacture carried on in the premises? Yes No**

 **a. If Yes, the nature of the process\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Are any oils, spirits, Explosives, Cottons, or Vegetables, Fibers or other goods of hazardous or inflammable nature stored on the premises? Yes No**

 **a. If so state variety, quantity and how and where stored\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Are the premises proposed for insurance occupied solely by yourself? Yes No**

 **a. If not, state the nature of other tenants or occupants.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. How are the premises lighted? Lighted Heated**

**14(a) What is the comnstruction and occupation of any adjoining premises?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**b. What is the construction of the dividing wall?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. Does the dividing wall go up to the Roof? goes up to the roof goes through the roof**

**d. What type of opening exists in the dividing wall?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e. Are the openings protected in any way? Yes No G. If yes, give details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**f. If the premises proposed for insurance do not adjoin any other building, what is the distance from the nearest building?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15. How long have you conducted business at these premises?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. How long have you conducted business in any former premises and where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**17. Have you ever suffered from Fire Loss at these premises or elsewhere? Yes No**

 **a. If so, state whether insured and with which Company or underwriter?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18. Has any Company or Underwriters:**

 **a. Declined to accept your Proposal for insurance? Yes No**

 **b. Cancelled or refused to renew your policy? Yes No**

 **c. Increased your rate or premium at renewal? Yes No**

**19. Are you at present insured against Fire with this or any other Company or underwriter? Yes No**

 **a. If yes, please give particulars\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**20. If stock is to be stored please state:**

 **a. Whether books of accounts are kept in respect of your business? Yes No**

 **b. Where these books are kept when the premises are unoccupied?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**21(a) How often do you take stock?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **b. What was the date of your last stock taking?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**22. Do you wish to be insured against:**

 **a. Loss of profits following fire? Yes No b. Explosion? Yes No**

 **C. Any other perils? Yes No If Yes, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I/We declare that the above mentioned answers are true and correct to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall be the basis of the contract between the Sierra Leoene Insurance Company Limited and and myself/ourselves.**

**Signature of Proposer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**