



Cover is available for all the listed classes of insurance. Please tick () the class(es) you require insurance cover on, complete the General Information and the relevant section(s) in the proposal form.

Fire	<input type="checkbox"/>	Goods in Transit	<input type="checkbox"/>
Buildings Combined	<input type="checkbox"/>	Stated Benefits	<input type="checkbox"/>
Office Contents	<input type="checkbox"/>	Group Personal Accident	<input type="checkbox"/>
Business Interruptions	<input type="checkbox"/>	Business All Risks	<input type="checkbox"/>
Accounts Receivable	<input type="checkbox"/>	Public Liability	<input type="checkbox"/>
Theft	<input type="checkbox"/>	Employer's Liability	<input type="checkbox"/>
Money	<input type="checkbox"/>	Accidental damage	<input type="checkbox"/>
Fidelity	<input type="checkbox"/>	Workmen's Compensations Act (WCA)	<input type="checkbox"/>
Glass	<input type="checkbox"/>	Electronic Equipment	<input type="checkbox"/>

I. General Data

1. Name of proposer in full

2. Address

Tel: no.

Fax: no.

FOR OFFICIAL USE ONLY	
Policy Number	<input type="text"/>
Premium	<input type="text"/>
Agent's name	<input type="text"/>
Period of insurance: From	<input type="text"/>
to	<input type="text"/>
Renewal date	<input type="text"/>

Trade or Business

How long have you been in Business?

In your current premises?

In any other premises and where?

Are you at present, or have you been, insured by this insurer, or any other insurer for the risks not proposed for insurance?

No

If 'Yes' state particulars

Has any insurer ever:

declined any proposal? No

If 'Yes' give details

refused to renew any policy? No

If 'Yes' give details

cancelled any policy? No

If 'Yes' give details

Have you ever sustained loss in the past three (3) years, whether insured or not, by any of the perils proposed for insurance? No

If 'Yes' state particulars

Are the buildings otherwise occupied? No

If 'Yes' state particulars of other occupancy

Location of Premises: NB: If there are several locations state location, occupation and construction of each.

Occupation of Premises:

Construction of Building(s): Walls

Roof

Insurance Cover Required

Fire

Please indicate the sums insured required:

(i) On Buildings	P	<input type="text"/>
(ii) On Machinery, Plant and All Other Contents	P	<input type="text"/>
(iii) On Stock and Materials in Trade	P	<input type="text"/>
(iv) On <input type="text"/> (number of) Months' Rent	P	<input type="text"/>
(v) On Tenant's Improvements (if tenant in the building)	P	<input type="text"/>
Total Sum Insured	P	<input type="text"/>

Do you wish to insure the above property against

Earthquake	No	<input type="text"/>	Yes	<input type="text"/>
Special Perils	No	<input type="text"/>	Yes	<input type="text"/>
Riot and Strike	No	<input type="text"/>	Yes	<input type="text"/>
Malicious Damage	No	<input type="text"/>	Yes	<input type="text"/>
Leakage	No	<input type="text"/>	Yes. Sum Insured	<input type="text"/>

Do you require cover for specified items?

No Yes (Provide a separate schedule indicating item, description and sum insured)

Do you require the following Extensions and Clauses?

Disposal of salvage	No	<input type="text"/>	Yes	<input type="text"/>		
Escalation Clause	No	<input type="text"/>	Yes	<input type="text"/>		
Escalation <input type="text"/> %			Sum Insured P	<input type="text"/>		
Additional claims preparation costs?	No	<input type="text"/>	Yes	<input type="text"/>	Sum Insured P	<input type="text"/>

Buildings Combined

Buildings Sum Insured P

Do you require cover for specified items?

No Yes (Provide separate schedule indicating property description and sum insured)

Do you require the following Extensions and Clauses?

Subsidence and landslip extension No Yes

Prevention of access extension No Yes

Riot and strike extension No Yes

Escalation Clause No Yes

Escalation % Sum Insured P

Additional claims preparation costs? No Yes Sum Insured P

Office Contents

Total Contents Sum Insured P

Do you wish to insure against

Loss of Documents No Yes Sum Insured P

Liability for Loss of Documents No Yes Sum Insured P

Do you require cover for specified items?

No Yes (Provide separate schedule indicating item description and sum insured)

Do you require cover in respect of Additional Claims preparation costs?

No Yes Sum Insured P

Business Interruption

Do you require to insure against Business Interruption (Consequential Loss)?

No Yes If 'Yes' our representative will contact you to arrange appropriate cover

Accounts Receivable

Outstanding debit balances sum insured P

Do you have a fire proof safe? No Yes (givr details)

Do you retain duplicate records? No Yes

Do you require transit cover? No Yes

Do you require cover in respect of Riot and strike extension clause? No Yes

Do you require cover in respect of Additional claims preparation costs?

No Yes Sum Insured P

Theft

Sum insured P

Basis of Cover Full Value or First Loss

What physical protections have been implemented to protect the premises and the contents from theft?

Are the premises alarmed No Yes

If the answer is 'Yes', do you subscribe to an armed response or security company?

No Yes Company

Do you have a maintenance Contract with this Company? No Yes

When was the alarm installed?

Are there opening and closing signals ? No Yes

Do you require the following Extensions and Clauses?

Buildings Increased Limit No Yes Sum Insured P

Additional Claims preparation costs No Yes Sum Insured P

Specified items No Yes (Provide separate schedule indicating item description and sum insured)

Accidental Damage

Defined Events (i)

Property total value P First Loss sum insured P

Defined Events (ii)

Leakage (Oil/Chemicals) No Yes

Memoranda

Excluded Property Yes No List description in space below

No.	Description	Sum insured (Pula)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional claim preparation costs No Yes Sum Insured P

Money

Major Limit 1) Seasonal increase from to 2) Seasonal increase from to

Sum Insured Sum Insured P Sum Insured P

Special Limit

	Description	Limit of Indemnity
1. (i)	Outside business hours	P1 500
1. (ii)	Residence of Directors/Employees	P1 500
1. (iii)	Petrol Attendant(s)	P <input type="text"/>
1. (iv) (a)	Transit - Collectors/Roundsmen	P <input type="text"/>
1. (iv) (b)	Transit - Business Trip	P1 500
2. (i)	Safe/Strongroom description <small>((a) and/or (b) as reflected below)</small>	P <input type="text"/>
2. (i) (a)	<input type="text"/>	P <input type="text"/>
2. (ii) (b)	<input type="text"/>	P <input type="text"/>
4.	Crossed cheques	P100 000

Specified Items

No.	Description	Limit of Indemnity (Pula)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional claim preparation costs No Yes Sum Insured P

Personal Accident Assault No Yes If required, please provide the following

Capital Sum P Weekly Sum P Medical Expenses P No of Employees

Glass

Sum insured per premises P No of premises

Do you require Special Reinstatement? No Yes

Additional claim preparation costs No Yes Sum Insured P

Fidelity Guarantee

Basis of Cover: Blanket or Name/Position

Do you require the following Extensions and Clauses?

Retroactive cover No Yes

Reduction/Reinstatement No Yes

Cost of recovery No Yes amount P

24 month discovery No Yes

36 month discovery No Yes

Superseded policy No Yes No. of years

Policy number Insurer Sum insured P

Basis of cover - If Blanket Basis, State "All employees". If Named or Position basis, list position of persons of persons to be insured or name persons individually in the space below.

Additional claim preparation costs No Yes Sum Insured P

Goods in Transit

Limit of indemnity P Limit per Load P

Period of Insurance

Means of conveyance Goods carried

Estimated annual carry P or No. of vehicles

Do you require the following Extensions and Clauses?

Restricted cover No Yes

Debris removal No Yes debris limit P

Fire extinguishing costs No Yes fire costs limit P

Additional claim preparation costs No Yes Sum Insured P

Specified Items

No.	Description	Sum insured (Pula)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business All Risks

Schedule of items to be insured

No.	Description	Sum insured (Pula)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require the following Extensions and Clauses?

Replacement value No Yes

Increased cost of working No Yes Sum Insured P

Public Liability

Basis: Claims Made or Claims Occurring

Retroactive date Limit of liability P

Turnover P Other limit P

Products liability No Yes Limit of liability P

Territories No Yes State amended territories if other than standard required:

Territorial limits description (Excluding the USA) and Canada) Republic of Botswana, South Africa, Namibia,

Lesotho, Swaziland, Zimbabwe, Malawi, Mozambique and Zambia. Other:

Defective Workmanship No Yes

Wages limit of liability P

Legal Defence No Yes

No of persons: Limit of liability per person P

Wrongful Arrest No Yes

No of persons: Limit of liability per person P

E.C. Liability No Yes

Employers Liability

Limit of liability P Retroactive date Estimate annual earnings P

Category of employee
All employees or

Specified list of employees

If "Specified" list names:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Group Personal Accident

Earnings Related

Personal (individual) Occupation

or No. of persons (Group) Estimated annual earnings P

Occupation

Compensation Payable

Death no of years PTD P no of years TDD percentage %

TTD Franchise (cover to start after) week(s) TTD payable to a max of week(s)

Medical expenses P

Do you require the following Extensions and Clauses?

Business hours limitation No Yes

Estimated Annual Earnings - Top 5 earners P

Stated Benefits

Personal (or number of persons) Occupation

Compensation payable

Death P [] PTD P [] TDD amount per week []

TTD Franchise (to start from) [] week(s) TTD payable to a max of [] week(s)

Medical expenses P []

Do you require the following Extensions and Clauses?

Business hours limitation No [] Yes []

WCA

Personal (individual) [] Occupation []

or No. of persons (Group) [] Estimated annual earnings P []

Occupation []

Compensation payable

Death no of years [] PTD no of years [] TDD percentage [] %

TTD Franchise (cover to start after) [] week(s) TTD percentage [] week(s)

Medical expenses P []

Estimated Annual Earnings - Top 3 earners P []

Any other facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to tell us or your insurance adviser. This is for your protection, as failure to disclose may mean that you policy will not provide you with the cover you require, or perhaps invalidate the policy altogether.

DECLARATION

I declare that the statements and particulars given in this proposal are, to the best of my knowledge and belief, true and complete, and this proposal shall form the basis of my contract with General Insurance Botswana (Pty) Limited.

I agree that the Insurance will not be in force until the proposal has been accepted by the Company except to the extent of any official cover note which may be issued.

Date

For and on behalf of (insert name of firm)

Signature of partner or principal

Please attach a brochure concerning your firm