

AUREOL INSURANCE COMPANY LIMITED

INCORPORATED IN SIERRA LEONE
KISSY HOUSE, 54 SIAKA STEVENS STREET, FREETOWN

Tel : 223435/223441/225290
Fax : 229336
email : aic@sierratel.sl
website : aureolinsurance.gq.nu

BRANCH OFFICES:

(1) Aureol House
22 Wallace-Johnson Street
Freetown
Tel: 222918/226857/228290

(2) 7 Bojon Street
Bo
Tel: 032-320108

Policy No.....

THEFT PROPOSAL (BUSINESS PREMISES ONLY)

NAME OF PROPOSER IN FULL.....

(If an unlimited company or partnership include full names of all parties)

PROFESSION OR OCCUPATION.....

ADDRESS.....

TEL. NO.....FAX.....EMAIL.....

NAME IN WHICH THE POLICY IS TO BE ISSUED.....

TERM OF INSURANCE: FROM.....20..... TO.....20.....

1	(a) Situation of the property to be insured (b) Description of your premises (e.g. warehouse, shop, factory, office, showroom or store). Please state Annual Rent. (c) If only a part of the building be occupied by you, which part? (d) Are there any outside show cases or display windows which open?	(a) _____ (b) Annual Rent (c) _____ (d) _____										
2.	To what extent will your Premises be left unoccupied?	(a) By day (b) By night										
3.	How long have you carried on business (a) in these premises? (b) elsewhere?	(a) _____ (b) _____										
4.	During your occupancy of the premises has there been an entry or attempted entry by thieves? If so, state when and how access was obtained or attempted.	_____										
5.	Give full particulars of all losses sustained by you and claims made by you in respect of Burglary, Theft or fire at this or any other address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Losses</td> <td>Dates</td> </tr> <tr> <td>Claims</td> <td>Address</td> </tr> </table>	Losses	Dates	Claims	Address						
Losses	Dates											
Claims	Address											
6.	State amount for which the contents of your premises are insured against Fire and with whom insured.	Insured with _____										
7.	(a) Do you keep Stock books and Safe books? (b) Will these be posted promptly?	(a) _____ (b) _____										
8.	If any money (I.e. cash, bank notes, currency notes, cheque, postal orders money orders, and postage, insurance and national savings stamps) is to be insured whilst secured in locked safe, please complete particulars opposite.	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Maker's name and number of safe</th> <th style="width: 15%;">When new</th> <th style="width: 15%;">Cost</th> <th style="width: 15%;">Size and weight</th> <th style="width: 25%;">Whether marked thief-resisting</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Maker's name and number of safe	When new	Cost	Size and weight	Whether marked thief-resisting					
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9.	Have any Insurers in respect of any Burglary, Theft or fire Insurance (a) declined to insure you? (b) required special terms to insure you? (c) cancelled or refused to renew your insurance? (d) increased your premium on renewal?	(a) _____ (b) _____ (c) _____ (d) _____										

(Name of all Insurers to be given)

A COPY OF THE POLICY IS AVAILABLE UPON REQUEST.

