



SIC INSURANCE COMPANY LIMITED

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PROPOSAL FORM HOTEL AND LEISURE INSURANCE

Please answer all the questions for each of the relevant sections as fully as possible. Incorrect answers or failure to disclose all materials facts may render the insurance inoperative. Material facts are those which would influence acceptance or assessment of the insurance risk. If you are in doubt please disclose or seek assistance from your insurance representative.

Name of proposer(s)

Location of premises

Postal Address

Fax No.

Tel No

Email

Sections and Sum insured

SECTION 1a: Fire & Allied Perils (Buildings)

Building of business premises occupied for.....

Total sum insured..... **GHC**.....

- (a) On stock in trade consisting of..... **GHC**.....
 - (b) Furniture..... **GHC**.....
 - (c) Fixtures and fittings..... **GHC**.....
 - (d) Office equipment..... **GHC**.....
 - (e) Specially declared items..... **GHC**.....
- (please attach list and values)

SECTION 2: Burglary Contents

- (a) Stock in trade consisting of..... **GHC**.....
 - (b) Furniture..... **GHC**.....
 - (c) Office equipment..... **GHC**.....
 - (d) Fixtures and Fittings..... **GHC**.....
 - (e) Specially declared items..... **GHC**.....
- (Please see attached and values)

SECTION 3: Fidelity Guarantee

Name of employees

Amount of Guarantee

- 1. **GHC**.....
- 2. **GHC**.....
- 3. **GHC**.....
- 4. **GHC**.....
- 5. **GHC**.....
- 6. **GHC**.....

Total Amount Guaranteed

GHC.....

SECTION 4: Cash-in-Transit/Safe

- (a) Estimated annual cash carrying/sendings **GHC**.....
- (b) Highest amount of cash drawn from bank to premises **GHC**.....
- (c) Highest amount of cash for payment into bank **GHC**.....
- (d) Cash-in-Safe **GHC**.....
(maximum amount of cash kept in safe overnight)

SECTION 5: Machinery breakdown & stock deterioration (list machinery values)

- Machinery breakdown (attach list machinery & values) **GHC**.....
- Stock deterioration **GHC**.....

Do you have an annual maintenance contract for plant? Yes No

SECTION 6: Workmen’s compensation and/or group personal accident

Estimated total annual wages/salaries of employee **GHC**.....

(Attach list of employees and each person’s annual salary)

SECTION 7: Public Liability

Limit of indemnity

- (a) General third party liability **GHC**.....
- (b) Guest property **GHC**.....
- (c) Guest property in hotel laundry **GHC**.....
- (d) Operations in restaurant, conference
Parking and Swimming **GHC**.....
- (e) Food & drink (product liability) **GHC**.....
Please state the annual turnover of hotel **GHC**.....

SECTION 8: Plate Glass

Damage to tainted glass windows/doors

GENERAL QUESTIONS APPLICABLE TO ALL SECTIONS:

- 1. (i) Are fire extinguishing appliances installed and are they maintained under contract? Yes No
- (ii) Are smoke detectors installed in the rooms? Yes No

- 2. (i) Are the premises or any part of them Exposed o storms or strong winds? Yes No
- (ii) Is there any history of flooding in the area or any other exposure Yes No

3. Is food or drink provided in any part of the premises? Yes No

4. Is any disclaimer notice clearly displayed? Yes No

5. (i) Do you operate a discotheque, nightclub, hairdressing saloon etc?

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(ii) Is it operated by you or by a third party under contract, franchise or other arrangement specifying which?

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6. (i) Is there an intruder alarm?

Yes No

(ii) Main entrances/Doors:

(i) How are they constructed? E.g. solid, timber or metal framed steel plated, glazed

(ii) What locks or other devices are they fitted with:

(iii)

7. Has any of your property during the last three years been destroyed or damaged by any of the risks against which you now wish to insure?

If yes, give details

Yes No

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.....

8. Has any claim been made against you during the past three years by any person for damage to their property or personal injuries? If yes give details

Yes No

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9. Have any of your insurances (or those of any of the directors partners or principles of the proposer) ever been declined, special terms required, policies cancelled or renewals

Refused? If yes, full details must be supplied

Yes No

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10. Have you or any director, partner or principal of the proposer during the last 5 years been charged with or convicted or any criminal offences/ If yes, please provide full details

Yes No

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I/We declare that the above statements are true and that to the best of our knowledge and belief nothing materially affecting the risk has been concealed, and that the amount proposed for insurance represents the full value of the property to be insured and I/Will agree that the proposal shall be the basis of the contract between me/us and the Underwriters.

Date.....

Signature of proposer.....