



**The Monarch Insurance**  
A friend for life.

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## BURGLARY PROPOSAL FORM

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### A. PARTICULARS OF PROPOSER

Name of the Proposer (full): \_\_\_\_\_

P.O. Box: \_\_\_\_\_

Email Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Town: \_\_\_\_\_ County \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Alternative Mobile Number: \_\_\_\_\_

ID/Passport Number/ Cert of Incorporation: \_\_\_\_\_ (Attach a copy)

PIN No: \_\_\_\_\_ (Attach a copy)

Profession or occupation: \_\_\_\_\_

Location of premises: Building \_\_\_\_\_ Street/Road \_\_\_\_\_ Plot No. \_\_\_\_\_

Town \_\_\_\_\_

Geographical cover: \_\_\_\_\_

### B. PARTICULARS OF INSURANCE

1. Period of Insurance. From: \_\_\_\_\_ To: \_\_\_\_\_ (both dates inclusive)

2. Financiers interest if any \_\_\_\_\_

3. What is the nature of construction of the following?

4. External walls \_\_\_\_\_ Internal walls \_\_\_\_\_

5. Roof \_\_\_\_\_ Ceiling \_\_\_\_\_

6. Are you the sole occupant of the Premises? **YES** **NO** If not, what other occupants are there?

\_\_\_\_\_

7. How long have you occupied the Premises?

\_\_\_\_\_

8. Will the premises be left unoccupied at any time?    **YES**    **NO**

9. If yes, please explain when and for how long \_\_\_\_\_

**C. SECURITY ARRANGEMENTS**

1. Who is responsible for the security arrangements?

\_\_\_\_\_

2. What security arrangements are in place? (Tick appropriate option/s)

Own Watchman

Security Guards Firm

Burglar Alarm

Any other (please specify) \_\_\_\_\_

3. If you engage a Security Guard Company state the name of the firm.

\_\_\_\_\_

4. How have you secured:

Windows? \_\_\_\_\_

Show windows? \_\_\_\_\_

Front Door/s? \_\_\_\_\_

Rear Entrance? \_\_\_\_\_

Sky Lights? \_\_\_\_\_

Trap doors? \_\_\_\_\_

Others? Please specify \_\_\_\_\_

**D. INSURANCE/CLAIMS HISTORY**

1. Are you now or have you been Insured for this type of Insurance?    **YES**    **NO**    If  
yes, please give name of Insurer and Policy Number

\_\_\_\_\_

2. Have you ever suffered a loss by theft?    **YES**    **NO**    If yes state.

a) Date of Loss? \_\_\_\_\_

b) Extent of Loss? \_\_\_\_\_

c) What precautions have been taken to prevent another loss?

\_\_\_\_\_

3. Have you taken out Fire Insurance cover for the proposed premises? **YES NO** (It is mandatory that Burglary and Fire policies run concurrently)

4. Select policy extensions required?

- Hold up cover
- Riot and strike

5. Has any Insurance Company ever;

- a) Cancelled your Policy? **YES NO**
- b) Declined to insure you? **YES NO**
- c) Declined to renew your Policy? **YES NO**
- d) Imposed any special terms? **YES NO**
- e) Repudiated any claim? **YES NO**

If the answer for any of the above reasons is 'YES', please give details.

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**E. BUSINESS RECORDS**

1. Do you keep proper Books of Accounts records? **YES NO**
2. Are the Stock books and Sales books updated regularly **YES NO**
3. Can the amount of loss be ascertained from them? **YES NO**
4. When was the last physical Stock taking done?  
\_\_\_\_\_
5. If you don't maintain stock records, describe how you would verify the amounts of goods stolen in case of a burglary. \_\_\_\_\_

**F. SCHEDULE - PARTICULARS OF PROPERTY TO BE INSURED**

**NB-** If property is contained in two or more buildings the sum to be Insured in each building must be specified. Use separate sheet if

Item No.	Description of Property	Specify location (if multiple)	Sum Insured

