



BURGLARY AND HOUSEBREAKING PROPOSAL FORM

Instruction: Use (✓) where appropriate.

PART A: PROPOSER DETAILS

FULLNAME:

OFFICE/CONTACT ADDRESS:

OCCUPATION/BUSINESS: TELEPHONE:

MEANS OF IDENTIFICATION: ID NO:

WEBSITE : EMAIL:

PERIOD OF COVER: FROM __/__/____ TO __/__/____ format dd/mm/yyyy

PART B: LOCATION DETAILS

i- Address/Location Of Risk To Be Covered:

ii- What is the above location? Warehouse Office Shop Others(please specify):

iii- Are you the sole occupier? YES NO
If no, what other tenants are there in the same building:

iv- How long have you occupied the above premises?

v- Of what materials are the premises constructed?

vi- Is manufacturing of any kind carried on in any part of the above premises or adjoining buildings? YES NO
If yes, how is the premises cut from the business portion of the premises?

vii- Will the premises be at any time unoccupied? YES NO
If yes, for how long?

Authorized and Regulated by:



Member of:



PART C: OTHER DETAILS

- i- Are the valuables secure in safe(s) outside business hours? YES NO
- ii- Are glass panels in front door or is there a fanlight? YES NO
- iii- Is there any security arrangement during the day and/or during the night? YES NO
- iv- Are all locks bolts and fastenings in a good state of repairs? YES NO
- v- Have you ever suffered loss or damage by burglary housebreaking? YES NO

(a) If yes, give details mentioning what precautions have been taken to avoid occurrence?

(b) What was the amount?

(c) Against what company?

vi- Are stock and sales book maintained? YES NO

(a) How frequently are these entered?

(b) How often is stock taken?

(c) Where are these books kept out of business hours?

PART D: PROPERTIES COVERAGE

Please state the properties to be covered in the schedule below or in the alternative, an inventory list could be attach to this proposal form.

S/N	Property covered	Sum Insured ₦	Rate % (Office Use)
A	Stock in trade		
B	Goods held in trust or on commission for which the Participant is responsible		
C	Furniture, fixtures, fittings and appliances used in your business.		
D	Coins and currency notes in a locked safe		
E	Valuables		
F	Others (Please specify)		
	Total Sum		

Expected Contribution: ₦

Source of Funds:

Bankers:

Authorized and Regulated by:



Member of:



PART E: OTHER TAKAFUL/ INSURANCE DETAILS

- i- Have you ever proposed for insurance/Takaful in respect of burglary, theft with any company? YES NO
- ii- Has any such proposal been declined, withdrawn or accepted with an increased rate or special condition? YES NO

PART F: OUR TAKAFUL AND PROFIT SHARING MODEL

- a) Participant has paid the contribution based on the principle of Al-Tabarru (gratuitous Contribution).
- b) The Operator shall deduct 50% of the Takaful contribution stated in the Schedule that the Participant has paid based on the principle of Al-Wakallah (Agency) and the balance thereof shall be credited into the General Takaful Fund (Participants A/C) managed by the Operator.
- c) The Operator is to manage the Fund including its investment, in a manner deemed fit by the Operator and in line with Shariah approved guidelines.
- d) In accordance with the principle of Al-Mudharabah, 20% of the return on investing the funds will be for the Operator and the balance shall be credited to the Participants pool (Participants Account).
- e) After paying Re-Takaful, claims, commissions and reserves from the Participants Account any remaining surplus shall be distributed to Participants proportionally
- f) Surplus distribution shall be limited to only Participants who have not incurred any claims or received any Takaful benefits under their policy for the period of consideration.

PART F: DECLARATION

I/We to the best interest of my/our knowledge hereby confirm that:

- 1- the statements contained in this proposal form are true and correct and,
- 2- I/We have not concealed, misrepresented or misstated any material fact.
- 3- I/We agree that the statements and declaration contained in this proposal form shall be the contract of Takaful insurance with SALAM TAKAFUL INSURANCE and are deemed to be incorporated in the contract.
- 4- I/We have agreed to the above Takaful clause.

_____ **Date**

_____ **Signature of Proposer**

Please note that the total contribution due must be paid and received in full, otherwise the policy is not effective and the contribution paid will be returned.

AGENCY NOTE: "An insurance agent who assist an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant".

<u>Official Use Only</u>	
Client's Risk Category:	
Name of Officer:	
Any Additional Information:	
Date:	Signature:

Authorized and Regulated by:



Member of:

