



Direct Business .....

Order No. ....

Policy No. ....

**ATIONAL INSURANCE CORPORATION OF TANZANIA LIMITED**  
(INCORPORATED IN TANZANIA)

**PROPOSAL FOR FIRE INSURANCE**

**Serial No:**

1. Name of Proposer .....
2. Postal Address ..... Telephone No. ....
3. Profession or Occupation .....
4. Terms of Insurance From ..... 19 ..... To ..... 19 .....
5. Is the property mortgaged? If so, state the name of mortgagee .....

**DESCRIPTION OF BUILDINGS**

**NOTE:** The numbers of the buildings in the left hand column should correspond to the numbers used to Identify the buildings on the Plan on Page 3 of this Form.

| Building | Number Of Floors | Walls of | Roof of | Partitions of | Linings of | Floors of | Occupied as |
|----------|------------------|----------|---------|---------------|------------|-----------|-------------|
| No. 1    |                  |          |         |               |            |           |             |
| No. 2    |                  |          |         |               |            |           |             |
| No. 3    |                  |          |         |               |            |           |             |
| No. 4    |                  |          |         |               |            |           |             |
| No. 5    |                  |          |         |               |            |           |             |

7. Situation: Town ..... Street .....

Plot No. .... Section No. ....

**8. AMOUNT TO BE INSURED**

|  | No. 1 | No. 2 | No. 3 | No. 4 | No. 5 | Rate | Premium |
|--|-------|-------|-------|-------|-------|------|---------|
| (a) On the Building only                           |       |       |       |       |       |      |         |
| (b) On Stock – in – Trade<br>Comprising of         |       |       |       |       |       |      |         |
| (c) On Business Furniture<br>Fixture & Fittings    |       |       |       |       |       |      |         |
| (d) On Household Furniture and Personal<br>effects |       |       |       |       |       |      |         |
| (e) On Machinery and Utensils                      |       |       |       |       |       |      |         |
| (f) On ..... Month Rent                            |       |       |       |       |       |      |         |
| (g) On .....                                       |       |       |       |       |       |      |         |

|   |   |
|---|---|
| <p>9. <b>DETACHMENT:</b></p> <p>(a) Are the premises described above attached or detached more than 40 ft. from any other building?</p> <p>(b) If attached, state the nature of construction and occupation of the adjacent building.</p> <p>© If detached state the distance between the buildings.</p>  | <p>9.</p> <p>(a) .....</p> <p>(b) .....</p> <p>© .....</p>    |
| <p>10. <b>HAZARDOUS GOODS:</b></p> <p>(a) Are any of the hazardous goods mentioned On page 3 hereof kept on the above described premises</p> <p>(b) If so what are they and what quantity?</p> <p>(c) Do they exceed 5 per cent of the total value of contents in the building.</p>                       | <p>10.</p> <p>(a) .....</p> <p>(b) .....</p> <p>(c) .....</p> |
| <p>11. <b>HEATING &amp; LIGHTING:</b></p> <p>How are the premises:</p> <p>(a) Heated?</p> <p>(b) Lighted?</p>   | <p>11.</p> <p>(a) .....</p> <p>(b) .....</p>                  |
| <p>12. <b>OCCUPATION:</b></p> <p>If the building above described is not in your sole occupation who else occupies it and for what purpose?</p>  | <p>12.</p> <p>.....</p>                                       |
| <p>13. <b>OTHER INSURANCE:</b></p> <p>(a) Are there any other insurance on the Interest hereby proposed for insurance?</p> <p>(b) If so give details</p> <p>(c) Please give name of your previous Insurers</p>  | <p>13.</p> <p>(a) .....</p> <p>(b) .....</p> <p>(c) .....</p> |
| <p>14. <b>DECLINATURE:</b></p> <p>(a) Have you either individually or in Partnership or your wife, husband or partner ever had any proposal for insurance declined or renewal of a policy refused or any policy cancelled by an insurance Office?</p> <p>(b) If so give particular of all such eases.</p> | <p>14..</p> <p>(a) .....</p> <p>(b) .....</p>                 |
| <p>15. <b>BUSINESS CAREER:</b></p> <p>How long have you conducted business:</p> <p>(a) in these premises; or</p> <p>(b) elsewhere and where</p>   | <p>15.</p> <p>(a) .....</p> <p>(b) .....</p>                  |
| <p>16. <b>PREVIOUS FIRE:</b></p> <p>(a) Have you either individually or in Partnership or your wife, husband or partner ever been a claimant on a Fire Insurance Office?</p> <p>(b) If so, give particulars of such cases stating Date, place and office or offices.</p>                                  | <p>16.</p> <p>(a) .....</p> <p>(b) .....</p>                  |
| <p>17. <b>BOOKS OF ACCOUNT:</b></p> <p>(a) Do you keep a set of books showing a Complete record of business transacted and are they kept in a Fire Proof Safe?</p> <p>(b) When did you last take stock?</p>   | <p>17.</p> <p>(a) .....</p> <p>(b).....</p>                   |

**DECLARATION**

**I/WE DO HEREBY DECLARE AND WARRANT** that the answers given above are in every respect true a correct, and I/we have not withheld any information likely to affect the acceptance of this proposal; and I/we agree that this Proposal and Declaration shall be the basis of the Contract between the Corporation and my/ourselves, and I/we agree that the person filling up this proposal Form wholly or in part so as my/our agent and not that of the Corporation and further that neither facts within the knowledge of nor statements made to any agent of the Corporation shall be binding on the Corporation unless embodied in writing on this Proposal Form, and I/we further agree to accept the Corporation's Policy subject to the terms and conditions contained therein.

Any question not answered in this Proposal will be taken as replied to in the negative.

Signature of Proponent. ....  
Or his/their authorised Agent .....

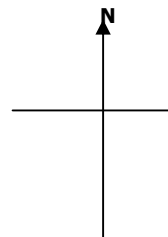
DATED, at ..... this ..... Day of ..... 19 .....

## HAZARDOUS GOODS

|  |  |   |
|--|--|---|
| Acetylene (liquid)                                 | Cotton whether in fully pressed bales or otherwise   | Petroleum and/or its liquid products  |
| Barium Sulphide                                    | Craclers   | Petrol  |
| Benzine  | Explosives of all kinds                              | Phosphorus  |
| Benzoline  | Fireworks  | Picrid Acid   |
| Busulphide of Carbon                               | Fulminating Powder                                   | Pitch   |
| Bitumen  | Ghee   | Potassium Sulphate  |
| Brimstone (Sulphur)                                | Glass of all kinds                                   | Rags  |
| Calcium Carbide                                    | Gunny bags other than fully pressed iron-bound bales | Resin   |
| Calcium Sulphide                                   | Gunpowder  | Rockets   |
| Camphine   | Hey  | Rock Oil  |
| Camphor  | Hemp   | Saltpetre   |
| Candles  | Hessians, other than fully pressed iron bound bales  | Shoddy  |
| Cartridges   | Kerosene   | Sisal bags and Sisal cloth other than in full pressed iron or rope bound bales. |
| Celluloid and Xyloite and other similar substances | Lampblack  | Spirits of any kind not in bottles  |
| Charcoal (Powdered)                                | Lime   | Stearine  |
| Chlorate of Soda                                   | Matches of any kind                                  | Straw   |
| Chlorate of Potash                                 | Mungo  | Sulphuric Acid  |
| Chloride of Lime                                   | Naphtha  | Sulphur Dyes  |
| Cinematograph Films                                | Nitric Acid  | Tallow (manufactured and unmanufactured)  |
| Coconut and other Vegetables Oils                  | Nitrate of Soda                                      | Tar and/or Tarred ropes and/or Tarred Canvas                                    |
| Coir   | Nitro-Glycerine                                      | Turpentine  |
| Coir Yarn  | Oils and/or Oils Paints                              | Varnish   |
| Copper Sulphide                                    | Paraffin   | Vegetable Fibres of any kind  |
| Copra Cake   | Percussion Caps                                      | Waste of any kind   |
| Copra Meal   |  |   |
| Cordite  |  |   |

### PLAN

**NOTE:** The reference numbers of the various buildings should correspond to those used on Page 1.





**FIRE**

**INSURANCE**



**NATIONAL INSURANCE CORPOTION  
OF TANZANIA LIMITED  
P.O.BOX 9264  
DAR ES SALAAM**