

HOME INSURANCE PROPOSAL FORM

1. Details of Proposer

Name: Address:
Contact Nos: Email Address:
D.O.B: Gender:
Marital Status: NIN:
Occupation: Employer's Business:

2. Details of Joint Proposer/Partner

Name: Address:
Contact Nos: Email Address:
D.O.B: Gender:
Marital Status: NIN:
Occupation: Employer's Business:

3. Details of the Property

Address of Property to be Insured:

Do you own the Property to be Insured: Yes/No Year the Property was built:

Does any person or firm e.g. Financial Institution have an interest in the Property? Yes/No

If yes, please state name:

Land or Parcel No.:

Please indicate with a tick which of the following fits the description of your property:

Flat () Detached House () Semi-Detached House () Terraced House ()

Self-contained rooms in a:

Private Dwelling House () Office Block () Shop Premises ()

Is the dwelling solely in your occupation? (including your family and servants) Yes/No

If not solely in your own occupation, do you let apartments or receive boarders? Yes/No

Are the buildings in a good state of repair and will they be so maintained? Yes/No

Please indicate the construction of property with a tick against the materials listed below:

WALLS

Cement Blocks () Stone () Timber () Corrugated Iron Sheets ()
Asbestos Sheets () Other Materials ()

ROOF

Harvey Tiles () Asbestos Sheets() Corrugated Iron Sheets ()
Roofing Felt () Other Materials ()

What percentage of the roof is flat?

Have you any out-building?

Store () Garage () Kitchen () Toilet () Bathroom () Others ()

Please indicate the construction of the above property with a tick against the material listed below:

WALLS

Cement Blocks () Stone () Timber () Corrugated Iron Sheets ()
Asbestos Sheets () Other Materials ()

ROOF

Harvey Tiles () Asbestos Sheets() Corrugated Iron Sheets ()
Roofing Felt () Other Materials ()

What percentage of the roof is flat?

Do you have a: NO

Retaining Wall () Boundary Wall () Gate () Fence ()

If so, of what material are they built (a)..... (b).....
(c)..... (d).....

Do you have any trees near or around your property? Yes/No

If so, what kind and how far are they located from the house?

How would you describe the location of your property (Tick as applicable)

On a hill slope () At the bottom of a slope ()
On or near the beach () At the top of a hill ()
Neat the river () On s flat surface ()
Near the main road ()

Will your house be left unoccupied for more than 7 consecutive days? Yes/No

Do you leave your house unattended other than during working hours? Yes/No

If so, please state period of time unattended:

Do you have: (Tick as applicable)

- | | | | |
|-----------------------|-----|-------------------------|-----|
| Air Conditioners | () | Alarm system | () |
| Burglars Bars | () | Open verandah | () |
| Louvre blade windows | () | Sliding doors | () |
| Wooden Louvre windows | () | Sliding windows | () |
| Wooden Louvre doors | () | Firefighting appliances | () |
| Watchmen | () | | |

Is any business, profession or trade, carried out in any portion of the premises of which the dwelling/out-building forms a part? Yes/No

If so, give particulars

Do you wish to include subsidence and landslip cover as a direct result of storm tempest and flood? Yes/No

(Please note that this will be subject to additional premium)

Is there any additional information affecting the proposed Insurance which should be disclosed to the Company? Yes/No

If so, please specify:

4. Buildings

The sum to be insured should be in respect of the cost of replacement of the Buildings including Foundation, Electricity Wiring, Plumbing, Fixtures and Fittings like Steps, verandah, Balustrades, Baths, Toilets, Built-in Wardrobes, Cupboards, Kitchen cabinets, Sinks and the like but excluding Drives and Swimming Pools, Retaining walls, Boundary walls, Gates and Fences which may be Insured separately.

SUM INSURED Scr.

Private Dwelling House including Fixtures and Fittings

Out Buildings such as Store, Garage etc... ..

Air Conditioners

Alarms Systems

Retaining Wall

Boundary Wall

Gates and Fences

Swimming Pool

Architects and Surveyors Fees

Cost of Debris removal

TOTAL Scr:

5. Contents

NOTE 1: This section is in respect of Household Contents contained in the Buildings but excludes burglary or theft Cover in respect of Household goods, furnishing and personal effects on the verandah, in the garden and clothes on the line or around the premises outside the Buildings.

NOTE 2: The Sum to be insured should be in respect of all Contents of the Buildings to be insured and to assist you we have an Evaluation Form which you should complete to arrive at the value of your Content.

TOTAL SUM INSURED Scr:

6. Liability to the Public

The Company provides free Legal Liability Cover to the public up to **Scr. 300,000.00**. Cover in excess of **Scr 300,000.00** will attract an additional premium.

Is any additional Cover required? Yes/No

If so, state limit:

7. Jewellery, Furs & Personal Effects

Please note that the following documents/information are required and should be attached to your Household Contents Evaluation Form when requesting Insurance Cover in respect of items as detailed hereunder to support the value of your personal effects.

All items under this section must be listed separately on the attached Evaluation Form with evidence of purchase or valuations

Jewellery & watches including gold and/or silver plated articles such as rings, earrings, pendants, bracelets, etc... (Receipts/Invoices or Evaluation Certificate from a Competent Jeweler)

Video apparatus, televisions, video Cameras, binoculars, hi-fi equipment and personal computers (Receipts/Invoices showing make, model and serial numbers)

All items over Scr. 500.00 each must be specified separately.

Please bear in mind that no Insurance Cover will be granted unless we received the above supporting documents.

	SUM INSURED Scr
Personal jewelry, furs, watches and other similar items of value
Cameras, Video Cameras, Transistor Radio, Walkman
T.V, Hi-Fi and such items
TOTAL SCR

8. Other Insurances

Have you had any other policies covering any of the perils to be insured under this policy? Yes/No

If yes, state the name of the previous insurer

Have you ever sustained loss from any of the herein mentioned perils? Yes/No

If so, give full particulars

7. Declaration

I/We in effecting insurance in accordance with the information provided in this proposal, declare and warrant:

- The statements in this proposal form are true.
- I/We have disclosed all matters which to my/our knowledge you should be aware of.
- In signing this form it does not bind the proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued.
- No insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- That I/We agree to accept the terms, exclusions, conditions and limitations of the Alliance Home Insurance Policy.

Signature:

Date: