

INSURER:

Home Insurance PROPOSAL FORM

1. Personal Details

Full Name of Proposer.....
Postal Address.....
Tel. No.: E-mail
Profession/Occupation.....

2. Building Insurance

i. Location Address of Property to be Insured.....				
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ii. Sum Insured (representing full rebuilding cost, debris removal, architect's fee, etc.).....				
iii. (a) Is the House a	<input type="checkbox"/> Bungalow	<input type="checkbox"/> House	<input type="checkbox"/> Flat	<input type="checkbox"/> Others
(b) If a House or Bungalow, is it	<input type="checkbox"/> Detached	<input type="checkbox"/>	<input type="checkbox"/> Others	
(c) Is the House	<input type="checkbox"/> Rented	Semi-Detached	<input type="checkbox"/> Others	
	<input type="checkbox"/> Owner	<input type="checkbox"/> Part-Rented	<input type="checkbox"/> Part-Rented	
	occupied	<input type="checkbox"/> Rented		
If you ticked Others for any of Q. iii, Please give full details				
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.....				
iv. The House for which insurance is required is				YES/NO
(a) Built of Brick, Stone or Concrete				<input type="checkbox"/> <input type="checkbox"/>
(b) The Roof Constructed of Slate, Concrete, Metal, Asbestos				<input type="checkbox"/> <input type="checkbox"/>
(c) Wood Panel Outer Doors, Burglar Prevention Bars on Windows				<input type="checkbox"/> <input type="checkbox"/>
If you have answered NO to any question above please give details				
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v. Is the House				YES/NO
(a) Always Occupied				<input type="checkbox"/> <input type="checkbox"/>
(b) Guarded by Watchman				<input type="checkbox"/> <input type="checkbox"/>
If you have answered NO to any question above, please give details				
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3. Contents Insurance

Please specify items and their replacement values as per attached schedule

4. Employers Liability

Do you intend to insure these categories of your domestic employees	YES/NO	HOW MANY
Indoor Servants	★ ★	
Outdoor Servants	★ ★	
Drivers	★ ★	
Others	★ ★	

5. Optional Covers

	YES/NO
i. Do you wish to extend the Insurance to cover Personal Accident to other members of the family	★ ★
ii. Pedal Cycle	★ ★
iii. Use of parts of the premises for Business use	★ ★
If you have answered YES to any question above, please give details	
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6. Insurance History

	YES/NO
i. Are any of the proportion Proposed for this insurance already insured	★ ★
ii. Have you ever sustained loss through any of the contingencies against which you now propose to insure	★ ★
iii. Has any Company or Underwriter declined any proposal for Insurance by you or cancelled or declined to continue insurance at these premises or elsewhere	★ ★
If you have answered YES to any question above, please give details	
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DECLARATION

I am aware of the need to disclose any facts, which are likely to influence the acceptance or assessment of this Proposal by the Company. I agree that failure to disclose all relevant facts may invalidate cover or may result in cover not operating fully. And I agree that the above proposal shall be the basis of the contract between and me and I agree to abide by the terms and condition of the policy.

Signature of Proposer _____ Date _____

Agency No. _____