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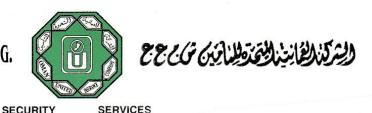
## Householder's Comprehensive Insurance Proposal Form

1. Full Name (Mr./Mrs/Miss) :	
2. Address:	
3. Phone Number:	,
4. Occupation :	
5. Location of Property:	0
6. Type of Residence (e.g. Villa, Flat etc.)	
7. BUILDING COVER: (Obligatory for all borrowers)	
i) Sum Insured (MUST be rebuilding cost)RO	
ii) Construction;	
a) Walls (e.g. brick/concrete blocks) :	
b) Roof (e.g. Tiles/Flat Concrete) :	
c) Number of Storeys	
iii) Age of BuildingYears	
If under construction state:	
a) Commencement date of construction	
b) Anticipated Completion Date:	
iv) Please answer all of the following questions:	
If any answers are "incorrect" give full details in the space provided at the end of this form.	
a) The buildings are in a good state of repair and maintenance	Correct /Incorrect
b) The buildings (and any compound walls) are NOT situated in low lying areas	Correct /Incorrect
c) The building is located in area that has NOT flooded in the past 5 years	Correct /Incorrect
d) The property will not be left unoccupied for any period beyond 4 weeks	Correct / Incorrect
8. CONTENTS AND VALUABLES: Voluntary Cover	
i) I would to like to cover my household contents and valuables under the same policy	Yes / No
ii) Sums Insured (All based on replacement-with-new values)	
a) Household furniture and general contents:RO	
b) Personal Effects (Clothing etc.) RO	

## OMAN UNITED INSURANCE CO. S.A.O.G.

Date .....

Signature of Proposer



c) Valuables, Gold, Silver, Jewellery, works of art etc. (to be supported by valuation certificates)......RO ..... iii) Security: State how the following are secured: a) Front Door(s):.... b) Other Door(s): c) Windows: iv) Are the premises left unoccupied for regular daily periods? Yes / No If yes, give details..... v) Have you suffered any previous loss relating to contents I valuables? Yes / No If yes, give details..... I/ We warrant that the above statements made by me or on my lour behalf are true and complete and that nothing materially affecting the risk has been concealed by me I us and that the amounts above stated are FULL VALUES. I/We agree that this proposal shall be the basis of the contract between me I us and Company and I/We agree to accept a Policy used for class of Insurance by the Company. I/We understand that if I/We cancel the policy or reduce the sum insured mid-term (i.e during any annual period) there will be no refund of premium.