



Householder's Comprehensive Insurance Proposal Form

1. Full Name (Mr./Mrs/Miss) :

2. Address:

3. Phone Number:

4. Occupation :

5. Location of Property: Way No. : Plot No. : Bldg No.

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 Building..... Years

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 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



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.....

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v) Have you suffered any previous loss relating to contents / valuables? Yes / No

If yes, give details.....

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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 / 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 / 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.

Date

Signature of Proposer