

HOME INSURANCE PROPOSAL FORM

Name: _____

Address: _____

P.O. Box: _____ Tel. No _____ Office: _____ Res: _____

E-Mail _____ Mobile: _____

Address of the location at which the insurance is required:

House/Office No. _____ Bldg. No _____ Road No _____

Block No _____ Area No _____

COVER:

Fire & Allied Perils Fire & Allied Perils including Theft

INTERESTED TO BE COVERED

Building----- BD _____

Furniture Fixtures, fittings, Contents other household items----- BD _____

Loss of rent for 3 months ---- 6 months ---- One year ----- BD _____

Total BD _____

Are the premises secured ----- YES NO

Period of Cover From _____ To _____

DECLARATION: I do hereby declare that the above answers are true, and that I have withheld no material information regarding this Proposal. I agree that this declaration, and the answer given above, as well as any further proposal or declaration and the answer given above, as well as any further proposal or declaration or statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the _____

Date: _____

Signature of Proposal _____

Faxback now on: 17 71 71 66