

## HOME COMPREHENSIVE INSURANCE PROPOSAL FORM

**Important Note**

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this proposal) will render the insurance void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until Credsure has accepted this proposal and the premium paid, except as any Office Certificate issued on behalf of the company.

**GENERAL INFORMATION OF THE PROPOSER**

|   |      |                    |   |
|---|------|--------------------|---|
| <b>SURNAME</b><br>(Mr./Mrs./Ms/Mrs./Dr/Prof.) |      | <b>FORENAME(S)</b> |   |
| <b>Postal Address</b>                         |      |                    | <b>E-Mail Address</b>                                   |
| <b>Residential Address</b>                    |      |                    |   |
| <b>Occupation</b>                             |      |                    | <b>Date Of Birth</b>                                    |
| <b>Phone Number</b>                           | Home | Business           | Mobile Phone Number                                     |
| <b>Period Of Cover :</b>                      | From | To                 | <b>Renewable:</b> Annually/Biannually/Quarterly/Monthly |

1. Is your residence (Tick Applicable) Provide details if "No"
  - a) built of brick, concrete, or stone with asbestos, asphalt, concrete, metal slate or tile roof and will be maintained in good state of repair?  No  Yes .....
  - b) occupied solely by you and your family as permanent residence?  No  Yes .....
2. Have you or any member of your family living with you (Tick Applicable) Provide details if "YES"
  - a) ever been refused insurance cover?  No  Yes .....
  - b) had any property or possessions stolen, lost or damaged?  No  Yes .....
  - c) had any claim made against any of you in the last three (3) years?  No  Yes .....
3. Is the building (Tick Applicable) Provide details if "YES"
  - a) likely to be left unoccupied for more than sixty (60) consecutive days?  No  Yes .....
  - b) suffered damage by flood, heave, landslip or subsidence or is there a history of such damage in the area?  No  Yes .....

**SECTIONS OF COVER**

**I. Houseowners ( Buildings of a Private Dwelling House including outbuildings)**

| Item | Physical Address of Property To Be Insured                            | Sum to insure (US\$) |
|------|---|----------------------|
|      |   |                      |
|      |   |                      |
|      | Electric Gate Motor (if included please provide separate Sum Insured) |                      |

**II. Householders (Contents of a Private Dwelling House )**

| Item | Physical Address of Property To Be Insured | Sum to insure (US\$) |
|------|--|----------------------|
|      |  |                      |
|      |  |                      |

Please provide on a separate sheet the full details of Make/Model and Serial Numbers of electronic items such as Televisions, VCRs, Audio, Equipment, Satellite Decoders, Personal Computers etc. if included in the above sum insured.

**III. All Risks (Portable Personal Effects and Valuables )**

| Item | Description   | Sum to insure (US\$) |
|------|---|----------------------|
|      | Clothing and Personal Effects (Limit any One item: \$ _____ ) |                      |
|      |   |                      |
|      |   |                      |

**IV. Personal Accident**

| Item | Name of person to be insured | Date of birth | Occupation | Benefits required (US\$) |                       |                  |
|------|------------------------------|---------------|------------|--------------------------|-----------------------|------------------|
|      |                              |               |            | Death                    | Permanent disablement | Medical expenses |
|      |                              |               |            |                          |                       |                  |
|      |                              |               |            |                          |                       |                  |

(Tick Applicable) Provide details if "YES"

- Is each person to be insured in good health and free from any physical or mental defect or infirmity?  No  Yes .....
- Is any to be insured not exposed to any special risk or hazard not otherwise disclosed in this form?  No  Yes .....

I/we agree that this proposal shall be the basis of the contract between me/us and Credsure Insurance Company. I/we declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the Credsure Insurance Company's form of policy for the risks now proposed.

**Signature of Proposer** ..... **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time** \_\_\_\_AM/PM

**Name of Agent/ Underwriter** ..... **Signature** .....