



A member of  LIBERTY

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Proposal form for Domestic Package Insurance

NB. All questions must be answered in full. Dashes are not acceptable. Please use BLOCK letters or tick as applicable

PARTICULARS OF THE PROPOSER

Name of the Proposer (in full).....
Postal Address.....
Profession or Occupation..... Telephone.....
Period of Insurance From.....to.....

INSURANCE REQUIRED

Please tick the covers you require

BUILDINGS	<input type="checkbox"/>	WORKERS COMPENSATION	<input type="checkbox"/>
CONTENTS	<input type="checkbox"/>	OWNER'S LIABILITY	<input type="checkbox"/>
ALL RISKS	<input type="checkbox"/>	OCCUPIER'S LIABILITY	<input type="checkbox"/>

GENERAL INFORMATION

1. Situation of Premises
 - (a) Plot Number
 - (b) Street.....
 - (c) Town.....
2. Are you
 - (a) The owner occupier.....
 - (b) The Landlord.....
 - (c) The Tenant.....
3. Construction of Main Buildings
 - (a) What is the height of the buildings in storeys including the ground floor.....
 - (b) Construction of walls. Stone/Concrete/Bricks/Wood. If others please specify.....
 - (c) Construction of roof. Concrete/Iron or Asbestos sheets/tiles. If others please specify.....
 - (d) Construction of floor. Concrete/ Timber. If others please specify.....
4. Are there any outbuildings?
If yes what are they used as.....
(Staff quarters, garage. If others specify)
5. Is any business, profession or trade carried on in any portion of the premises
of which dwelling forms a part?.....
If yes, give full particulars of the trade, profession or business carried out.....
6. Is the dwelling house
 - (a) A private Dwelling House?.....
 - (b) A Self Contained flat with separate entrance exclusively under your control?.....
 - (c) Rented rooms not self contained?.....

7. Is the dwelling house solely in your occupation?.....
 (including your family and servants)
8. If no, do you
 (a) Let apartments?.....
 (b) Receive boarders?.....
9. Are the buildings in good state of repair and will they be so maintained?.....
10. Will the dwelling house be left without inhabitant for
 (a) More than seven consecutive days?.....
 If yes, for how long.....
 (b) More than 30 consecutive days?.....
 If yes, for how long.....

PROPERTY TO BE INSURED

SECTION A – The Buildings

	SUM TO BE INSURED
	(See Note Below)
The proposers residence being a private dwelling house or private flat and all the domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including landlord’s fixtures and fittings in the said buildings all situated as above. (All the said buildings are brick, stone or concrete built, with slate, tile, concrete, asbestos or metal roofs except as below)	Ushs.....
	Ushs.
TOTAL SUM INSURED ON BUILDINGS	Ushs.....

Note The sum insured for the buildings should be the full reinstatement value i.e. The cost of rebuilding the house including walls and outbuildings, making allowance for architects. and surveyors fees and cost of removing debris.

SECTION B – Contents

- Note 1. The sum insured should be the full replacement value of the property less a deduction for wear and tear and depreciation.
- Note 2. No one article (furniture, household appliances, pianos and organs excepted) shall be deemed of greater value than 5% of the total sum insured on the contents unless such article is specifically insured.
- Note 3. The total value of platinum, gold and silver articles, Jewellery and furs will be deemed not to exceed one-third of the total sum insured on the said contents unless specifically agreed. If the said value exceeds this portion the total value of such property should be specified.

Please do not include the value of any items which are separately declared under the all risks section.

Schedule of Items to be insured

On furniture, household goods and personal effects of every description the property of the proposer or of any member of the proposer’s family normally residing with the proposer, and fixtures and fittings, the proposer’s own or for which the proposer is legally responsible, not being landlord’s fixtures and fittings in the building of the proposer’s residence.

Furniture, soft furnishings & curtains.....
 Kitchen -Cooker.....

-Refrigerator.....
 - Other appliances (please specify).....

Personal Clothing & Effects

Household linen
 Carpets
 Cutlery, Glass and Crockery
 Decorations and Paintings
 Sports Equipment
 Kitchen Appliances
 Children's Toys and Bicycles
 Video Cassettes, Audio Cassettes
 Records and CD's

Please indicate	Make	Model	Serial No.
(a) Television	.....	.....	.....
(b) Video Cassette Recorder/DVD.....	.....	.....	.....
© Photographic Equipment.....	.....	.....	.....
(d) Musical Equipment.....	.....	.....	.....
(e) Electronic Equipment.....	.....	.....	.....

Jewellery and Valuable: (Please attach list with details)

Others – Please specify

 Total.....

SECTION C – All Risks

Note The sum insured should be the full replacement value of the property less a deduction for wear and tear and depreciation.

Please give detailed description and state separately the full value of each item. (A recent valuation report or receipt is required for each item insured for more than Ushs. 100,000)

(Please state the make and the serial number of any TV, VCR, Radio, Cassette Player or Camera insured under this section)

Description of Article	Make	Model	Serial Number	Value
			Total Value	

SECTION D – Workers Compensation

Please state the number of servants employed

Earnings(Ushs)	Number	Estimated Annual
Indoor Servants		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

SECTION E – Owner's Liability

Limit of indemnity.....Ushs. 1,000,000 Is this cover required?.....

SECTION F– Occupiers and Personal Liability

Limit of indemnity.....Ushs. 1,000,000 Is this cover required?.....

SECURITY ARRANGEMENTS

- (1) Do you have a radio alarm system?.....
- (2) Do you employ 24 hours security guard?.....
- (3) Are all the windows protected by burglar-proof bars?.....

PARTICULARS OF INSURANCE

- (1) Are you currently or have you ever been insured for the type of cover proposed?.....
If yes, please give the name of insurers and policy No.....
- (2) Have any office of Insurance Company or Underwriter ever
 - (a) Cancelled your policy?.....
 - (b) Declined to insure you?.....
 - (c) Refused to renew your policy?.....
 - (d) Imposed any special terms?.....
 - (e) Repudiated any claim?.....

If the answer to any of the above questions is yes, please give details.

CLAIM EXPERIENCE

Have you ever suffered a loss in connection with the type of insurance now proposed? If yes, give details of last loss as under

- (a) Date of loss.....
- (b) Amount of loss.....
- (c) Cause of loss.....
- (d) Name of Insurance Company with which the claim was made.....
- (e) If you have more than one loss, give details of each loss.....

DECLARATION

We hereby declare that the statement made by us in the proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Proposal forms the basis and is part of any policy issued in connection with the above risk(s).

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claim of whatsoever nature.

The Insurer undertakes to deal with this information in strict confidence.

PROPOSER'S SIGNATURE..... **DATE**.....

STAMP AND SIGNATURE OF AGENT/BROKER **DATE**.....

The liability of the Company does not commence until the proposal has been accepted and premium paid.

IMPORTANT

Note 1. The insurance will be subject to the terms and conditions of the Company's usual form of policy, a specimen copy of which is available on request. The insurance on both buildings and contents is based on the fact that the buildings are occupied as private dwellings only, and are subject to no abnormal hazard.

Please ensure that you consult us prior to leaving the house for longer than eight days in order that you may obtain advice on restrictions and cover.