



EAGLE INSURANCE COMPANY LIMITED

PROPOSAL FOR HOME COMPREHENSIVE INSURANCE

PROPOSER'S NAME IN FULL.....

TELEPHONE

NUMBER

POSTAL ADDRESS

MOBILE

NUMBER.....

OCCUPATION.....

EMAIL ADDRESS.....

GENERAL

SITUATION OF PREMISES.....

TICK WHERE APPLICABLE

House Semi-Detached Flat

CONSTRUCTION

A) WALLS

B) ROOF

BRICK CONCRETE WOOD OTHER(Specify)

TILE ASBESTOS WOOD THATCH

OTHER(Specify)

1) WILL PREMISES BE OCCUPIED FOR MORE THAN 60 DAYS?

.....YES

.....NO

IF YES, STATE NUMBER OF DAYS.....

2) HAS ANY INSURER EVER DECLINED TO ACCEPT OR REFUSED TO RENEW YOUR INSURANCES?

.....YES

.....NO

IF SO, GIVE DETAILS.....

3) GIVE FULL PARTICULARS OF LOSSES SUSTAINED BY YOU IN RESPECT OF ALL CONTINGENCIES TO WHICH THIS PROPOSAL APPLIES.....

HOUSEOWNERS (BUILDINGS & FITTINGS)

FULL VALUE (INCLUDING POOLS, TENNIS COURT, WALLS, GATES, FENCES, BOREHOLES AND OUTBUILDINGS) US

\$.....

HOUSEHOLDERS (GENERAL CONTENTS)

FULL VALUE(EXCLUDING CONTENTS MORE SPECIFICALLY INSURED) US\$.....

NB: COVER AUTOMATICALLY INCLUDES DOMESTIC SERVANTS PROPERTY UP TO US\$500 (EXCLUDING MONEY)

DO YOU REQUIRE ADDITIONAL COVER?YES

.....NO

(PLEASE PROVIDE DETAILS OF COLOUR TELEVISIONS & VIDEOS,DVDS (INCLUDING MAKE, MODEL & SERIAL NUMBERS)

DOES THE TOTAL VALUE OF GOLD, SILVER, PLATINUM JEWELLERY AND FURS EXCEED ONE THIRD OF TOTAL SUM INSURED

.....YESNO

IF 'YES' STATE VALUE US\$.....

ALL RISKS

NOTE 1 ALL JEWELLERY VALUED IN EXCESS OF US\$1 000 MUST BE ACCOMPANIED BY A VALUATION CERTIFICATE

NOTE 2 SPECTACLES, SUNGLASSES, CONTACT LENSES MUST BE SPECIFICALLY ITEMISED

NOTE 3 ITEM 1 & 2 BELOW ONLY PROVIDE COVER AS DEFINED. ALL OTHER ITEMS TO BE LISTED

DEFINITION

ITEM 1 WEARING APPAREL, CLOTHING, PENS. PENCILS, BRIEFCASES, HANDBAGS, COMPACTS, CIGARETTE CASES, LIGHTERS, ELECTRIC RAZORS AND

OTHER ITEMS NORMALLY CARRIED ON OR ABOUT THE PERSON INCLUDING TRUNKS, BAGS AND OTHER RECEPTACLES IN WHICH THE PROPERTY

IS CONTAINED WHILST TRAVELLING (LIMIT \$200 ANY ONE ITEM)

NOTE: THIS ITEM DOES NOT INCLUDE SPECTACLES, CONTACT LENSES, HEARING AIDS, DENTURES, JEWELLERY, PERSONAL ORNAMENTS, CAMERAS, RADIOS, GOLD, SILVER ARTICLES, WATCHES, MONEY, DOCUMENTS OF ANY KIND, MEDAL COINS

TEM 2 MISCELLANEOUS JEWELLERY, PERSONAL ORNAMENTS, GOLD & SILVER ARTICLES, WATCHES (LIMIT US\$200 ANY ONE ITEM)

<u>ITEM NO</u>	<u>DESCRIPTION</u>	<u>SUM INSURED</u>
1	WEARING APPAREL (AS DEFINED)	
2	MISCELLANEOUS JEWELLERY(AS DEFINED)	

PERIOD OF INSURANCE: FRO M TO

DECLARATION

I HEREBY DECLARE THAT ALL THE INFORMATION PROVIDED IS IN ALL RESPECTS CORRECT AND THAT NO MATERIAL HAS BEEN SUPPRESSED OR WITHELD AND THAT IF SUCH INFORMATION HAS BEEN PROVIDED ON MY BEHALF, I AGREE THAT THIS DECLARATION AND THE ANSWERS GIVEN SHALL BE OF THE CONTRACT BETWEEN ME AND THE COMPANY. I FURTHER AGREE TO ACCEPT THE USUAL CONDITIONS PRESCRIBED BY THE COMPANY AND ENDORSED ON THEIR POLICY.

IT IS UNDERSTOOD THAT COVER DOES NOT COMMENCE UNTIL OFFICIALLY ACCEPTED BY THE COMPANY.

DATE.....

SIGNATURE.....

AGENCY

BRANCH

EAGLE INSURANCE COMPANY LIMITED

**QUESTIONNAIRE TO ACCOMPANY ALL HOME COMPREHENSIVE PROPOSAL FORMS
NB: PLEASE ANSWER ALL QUESTIONS IN FULL**

1.Name Of Proposer/Insured_____

2.Full Residential Address_____

3.a)Is the residence occupied during normal business hours, If so, by whom?

If occupied by domestic worker, state period of employment:_____

b) What precautions do you take for the safety of the property during absence for more than 48hrs?

c)Are the premises burglar-alarmed? (YES/NO)_____ If yes, please complete bottom section of the form

d)For what period have occupied these premises?_____

e)Construction? Walls_____Roof_____

f)Are you adequately insured(Complete inventory for assistance)?_____

g)Give details of all losses or claims_____

4)APPLICABLE TO RESIDENTIAL FLATS ONLY:

a) Is the flat on the ground floor?_____

b)Is the flat serviced?_____

c)Do you have a Domestic Worker? _____ If so, state period of employment_____

d)Are all the accessible windows protected by burglar-proofing?_____

5)APPLICABLE TO PRIVATE DWELLING HOUSES:

a)Is the property very isolated_____

b)What is the distance between your home and that of your nearest neighbor?_____

c)Do you have a Domestic Worker residing on the premises?_____

d) Are all the opening windows protected by burglar-proofing?_____

e) Do you keep watchdogs? _____ If so, please give details (breed, size, etc): _____

f) Are you a member of Neighbourhood or Block Watch, or do you employ a security company?

If so, give details: _____

6) TO BE COMPLETED ONLY IF PREMISES ARE ALARMED

i) Type and make of alarm: _____

ii) When installed and by whom? _____

ii) Is it regularly tested and maintained? _____

iv) Are all external windows and doors protected? _____

v) Does the alarm extend to outbuildings? _____

vi) Have neighbours been requested to respond to alarm? _____

vii) Is the alarm system linked to the security organization? _____

I HEREBY AGREE THAT THIS ADDITIONAL PROPOSAL SHALL FORM PART OF MY ORIGINAL PROPOSAL FOR INSURANCE

DATE: _____

SIGNATURE OF PROPOSER: _____