



...when real insurance matters...
 2 Rudland / R. Tangwena
 Off Samora Machel Ave
 Belvedere
 Harare

CALL NUMBERS

08677007506
 08677116513
 0772958936
 0731958936

PROPOSAL FOR COMBINED INSURANCE

(Where questions require a Yes or No answer, tick that which is appropriate)

NO COVER IS IN FORCE UNTIL THE COMPANY HAS ACCEPTED THE PROPOSAL

Proposer's Full Name			
Date Of Birth		P. O. Box	
Physical Address			
Telephone Number	Home:	Work:	E-mail: Cell. No:
Proposer's Occupation			
Period of Insurance	From:	To:	

PLEASE TICK THE INSURANCE COVER YOU WOULD REQUIRE

HOUSEOWNERS: **HOUSEHOLDERS:** **ALL RISKS:** **MOTOR VEHICLE:**

PLEASE TICK WHERE APPLICABLE

1. **CONSTRUCTION:**

WALLS

Brick Concrete Wood Other

ROOF

Tile Asbestos Wood
 Thatch Other

If "Other" please specify.....

2. Will premises be unoccupied for more than 60 days in one year? Yes No

If yes please state number of days

(N.B. Occupation of Domestic Outbuildings does not constitute occupation of the premises)

3. Has any Insurer ever declined to accept or refused to renew any of your Insurances? Yes No

If "Yes" please give details.....

4. Give full particulars of losses sustained or any convictions during the past 5 years on you or any other person living with you or cleared to drive your vehicle by you in respect of all contingencies to which this Proposal applies:

.....

5. What measures have been taken to secure the premises or vehicle to prevent similar losses occurring in future?.....

.....

.....

HOUSEOWNERS (BUILDINGS AND FITTINGS)

Including Private Garages, Outbuildings, Walls, Gates and Fences, Pools, Pool and Pond Pumps, Tennis Courts, Sauna Baths, Borehole Pumps and Motors, Satellite Dishes, Aerials and Masts, Alarm Systems and Landlord's Fixtures and Fittings therein or thereon including permanent or fitted carpets nailed or glued to the floor).

Risk Address/ Premises Address.....
.....
.....

Total Value \$.....

HOUSEHOLDERS (CONTENTS)

Full value of all the contents of the premises (excluding contents more specifically insured)

Total Value \$.....

Cover automatically includes Guests Effects up to \$500.00 and Domestic Workers property up to \$300.00 (excluding money), but if additional cover is required, please state below:

Please provide details of Audio and Visual Equipment (including Make, Model and Serial Numbers):

.....
.....

ALL RISKS

- NOTE 1. All Jewellery valued in excess of \$200 must be accompanied by a valuation certificate.
- NOTE 2. Spectacles, Sunglasses, Contact Lenses must be specifically itemised.
- NOTE 3. Item 1 and 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, Pocket Calculators 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 \$50.00 any one item)

NOTE This item does not include Spectacles, Contact Lenses, Hearing Aids, Dentures, Jewellery, Personal Ornaments, Cameras, Radios, Electronic Equipment not specified above. Gold and Silver Articles, Watches, Money, Documents of any kind, Medals, Coins.

Item 2. Miscellaneous Jewellery: Jewellery, Personal Ornaments, Gold and Silver Articles, Watches (Limit \$50.00 any one item)

Item	Description	Sum Insured
1	Wearing Apparel (as defined)	\$
2	Miscellaneous Jewellery (as defined)	\$
3		\$
4		\$
5		\$

MOTOR VEHICLES

Name of Registered Owner	Year and Make of vehicle or Trailer	Type of Body	Cubic Capacity	Reg. No.	Engine & Chassis No.	Estimate of Present Value	Sum Insured
					Eng. Chas		
					Eng. Chas		
					Eng. Chas		
					Eng. Chas		
					Eng. Chas		

1. Will it/they be used

(a) solely for domestic pleasure and normal business purposes Yes No

(b) For any other purpose not mentioned above Yes No

If "Yes", describe such purpose.....

2. Do you or any other person who to your knowledge will drive suffer from defective vision or hearing or from any physical infirmity or mental illness or are or any other person who will drive over the age of 70years. Yes No

3. The policy limit for Car Radio/Tape/CD Audio Systems is maximum 5% of vehicle sum insured, do you wish to insure your Audio System separately? Yes No

Make/Serial No. Value USD

4. Have any Insurers verbally or otherwise in respect of the Proposer and his/her spouse and employees who will drive the vehicle: -

(a) Declined his or her Proposal? Yes No

(b) Required you specially to carry a portion of any. Yes No

(c) Required an increased premium or imposed special terms. Yes No

(d) Cancelled his or her Policy? Yes No

(e) Refused to renew his or her Policy? Yes No

(f) Is the vehicle kept in a locked garaged at night? Yes No If not, where is it kept?.....

5. Have you or has any other person who to your knowledge will drive, during the past five years been convicted, or paid an admission of guilt fine or is any prosecution pending or has any driver had their licence endorsed or suspended? If so, give details

6. Have there been any accidents or losses during the past 24 months, or any driver who to your knowledge might drive your vehicle has been involved in an accident in the same period. Yes No If yes give details.....

COVER REQUIRED:- **Comprehensive** **FTPF & T** **FTP**

THIRD PARTY PROPERTY DAMAGE LIMIT REQUIRED **The limit as per the ROAD TRAFFIC ACT is USD5,000.00 and should you require a higher limit please do not hesitate to call us**

DECLARATION

I hereby declare that all the information provided is in all respects correct and that no material fact has been suppressed or withheld and that if such information has been provided on my behalf I agree that this declaration and the answers given shall be the basis of the contract between the Company and me. I further agree to accept the usual conditions prescribed by the Company and endorsed on their policy.

Proposer's Signature		Date	
Agent/Broker		Branch	