



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED

HOME COMBINED INSURANCE PROPOSAL FORM

Agent :
 Policy Number

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION. PLACE AN (X) IN THE APPROPRIATE BOX

Name of Proposer (in full)
 Telephone (Home)..... (Business)
 Postal Address
 Residential Address
 Business Profession or Occupation
 (Full Description)
 Period of Insurance : From To.....

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been refused insurance or had any special terms or conditions imposed by any Insurer? If so, give details. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever suffered a loss that would have been covered under the insurance being proposed? If so, give details stating name of Insurer | <input type="checkbox"/> | <input type="checkbox"/> |

HOUSEOWNERS' AND HOUSEHOLDERS' INSURANCE

- | | | |
|--|--------------------------|--------------------------|
| 3. Name of previous Insurer..... | | |
| 4. Is the building detached from all other buildings? If not state construction and occupation of adjoining buildings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. State whether Private Dwelling House or | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you and your family the sole occupants? If not, give details. (Any change in occupancy must be advised to the Corporation immediately.) | | |
| 7. State construction of walls and roof..... | | |



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- 8. Will the premises be left unoccupied for more than 40 days in any one year? If so, give details.
9. Are you going to leave the premises unoccupied during the first period of insurance? If answer is yes, give dates of unoccupancy.
10. If roof is of thatch, is it treated? If so, state chemical used.
11. Are you an elderly person residing in a retirement home?
12. Are the premises to be Insured guarded by a 24 hour Security Guard?
13. Are your premises installed with an alarm system linked to emergency response?
14. Will alarm be maintained in proper working order?
15. State any other security at your home if none of the above apply

SECTION 1 – HOUSEOWNERS’ INSURANCE

Table with 2 columns: SITUATION OF PROPERTY, SUM INSURED. Rows for Item 1 and Item 2.

SECTION 2 – HOUSE CONTENTS

Table with 2 columns: SITUATION OF PROPERTY, SUM INSURED. Rows for Item 1 and Item 2.

*State sum insured on guests effects (if required)



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SECTION 3 – ALL RISKS

Item 1	: On Clothing and Personal Effects	K.....
Item 2	: On pair of Spectacles	K.....
Item 3	: On pair of Sunglasses.....	K.....
Item 4	: Car Radio(s).....	K.....
Item 5	: Pedal Cycle(s).....	K.....
Item 6	: Cell Phone(s).....	K.....
Item 7	: Contact Lenses.....	K.....
Item 8	: Photographic Equipment including Video Cameras as specified below	
	(i)	K.....
	(ii)	K.....
	(iii)	K.....
Item 9	:	K.....
Item 10	:	K.....
Item 11	:	K.....
Item 12	:	K.....
Item 13	:	K.....
Item 14	:	K.....
Item 15	:	K.....

SECTION 4 – PERSONAL ACCIDENT

Enter name and other details of persons to be Insured. **If any of them are involved in hazardous activities, please state this fact.**

<u>PERSON TO BE INSURED</u>	<u>OCCUPATION</u>	<u>DATE OF BIRTH</u>
1.	2.
3.

Age limit 16 – 65 years

GENERAL INFORMATION

Householders or House Contents : Electrical items

	<u>MAKE</u>	<u>SERIAL NO.</u>	<u>VALUE</u>
i)
ii)
iii)
iv)
v)
vi)
vii)



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DECLARATION

I declare that the answers in this proposal are full and true and that I have withheld no information whatever that might tend in any way to increase the Corporation's risk or to influence their decision regarding this proposal and I undertake to exercise all ordinary and reasonable precautions for the safety of the property proposed for insurance. I agree that this proposal and declaration shall be the basis of contract between me and the Corporation and I agree to accept a policy subject to the usual conditions endorsed thereon and to pay the premium when called upon to do so.

Date Name and Signature of Proposer

FOR OFFICE USE ONLY

Underwriter's name and initialsDate

Proposal accepted/declined

Premium calculation	Section 1	K.....
	Section 2	K.....
	Section 3	K.....
	Section 4	K.....