

Obal INSURANCE ALL RISK INSURANCE PROPOSAL FORM

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

Agent/Broker:										
1.	Name & Posta	al Address	of Propos	er		2. Telephone	e/Fax N	umber		
						Home				
						Business				
						Fax				
3.	Address of p	emises if	different fr	om postal address		E-Mail				
•						Date of Birth				
						Occupation				
						Occupation				
Мо	rtgagee:									
If ye	our property is m	ortgaged,	olease indic	ate the mortgagee banl	k or final	ncial institution				
		ORMAT	<u>ION:</u>							
	erior Walls									
Roo	of:									
1.	Please tick the Private Hous			pes your accommodatio	n					
]Other -	If Other, please s	tate the	type of a	accommod	lation
2.	Is any part of yo	our residen	ce rented o	r let?			Yes	□No		
	lf yes, please gi	ve details								
3.	Please state ho	w the wind	lows and do	oors of your residence a	ire secui	ed.				
4.	Are there burgla	ar hars or s	imilar prote	ction on all:						
	a) (i) Window	S				l	□Yes	□No		
5.	b) (ii) External Doors Is your residence fitted with a Burglar Alarm System? Yes No									
6.	-		-	during your holidays o	r when c		∐Yes			
7.	•			regularly during the da			□Yes			
-	•				•					
8. 9.		•		be left unattended durir e valuables were last ov	• •					
	competent pers	on or firm								
10.	10. Please state the name of the person or firm who carried out the last overhauling or valuation of the articles being proposed for insurance									
11	The value of the	orticles to	ha inquirad	ara ta hai						
11.	the purchase			latest valuation						
12.	When the article	es are not	in use they	are kept:						
	☐at home in a ☐in bank's saf			☐at home in a locke ☐other - If other, ple		e details				
			DOX		cuse giv					
13.	Are the articles	proposed	for insuranc	e worn or used solely b	y the pro	oposer?		□Yes	□No	
	If no, are they v your spouse	vorn or use ⊡Yes		your daughter	∏Ye	s 🗌 No				
	your son			other	□Ye		other, p	lease giv	ve details	
	-		_				, F	0.1	-	
	INSURANCE HISTORY: 14 Are you now or have you previously been insured against Fire Theft or All Risk Insurance? Yes No									
•	If yes please state name of previous insurer									
15.	Have you ever			Theft or any risk now to	o be ins	ured?		□Yes	□No	
	n yes, piease p									

16. Has any Insurer ever:			
a) declined your proposal?	□Yes □No		
b) refused to renew or cancelled your policy?	□Yes □No		
c) imposed special conditions?	□Yes □No		
17. Do you wish to have cover whilst traveling to other to	□Yes □No		
If yes, please state the countries you intend to visit and for what period			

18.	Do you wish to have cover on a Worldwide basis?	□Yes	□No	
	If yes, please state the countries you intend to visit and for what period			

SUMS TO BE INSURED:

Item No.	Separate description of each article to be insured, including the No. of each watch, the number and kind of stones in each article of Jewellery and in regard to furs, the kind of skin	Sum to be Insured (Full Value)
Insurance pe	eriod required:	

From Date:

To Date:

TO BE COMPLETED IN ALL CASES

Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.

I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to EC Global Insurance Company Limited.

II/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.

I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between EC Global Insurance Company Limited and Myself/Ourselves.

Date.....

Proposer's Signature.....

COVERAGE WILL NOT COMMENCE UNTIL EC GLOBAL ACCEPTS THIS PROPOSAL.

OFFICE USE ONLY

POLICY NO.:	
COVERAGE PERIOD:	
PREMIUM:	