



# ALL RISK INSURANCE PROPOSAL FORM

**PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY**

**Agent/Broker:**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;"><b>1. Name &amp; Postal Address of Proposer</b></td> </tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr> <td style="background-color: #cccccc;"><b>3. Address of premises if different from postal address</b></td> </tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>	<b>1. Name &amp; Postal Address of Proposer</b>				<b>3. Address of premises if different from postal address</b>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;"><b>2. Telephone/Fax Number</b></td> </tr> <tr> <td style="background-color: #cccccc;"><b>Home</b></td> <td> </td> </tr> <tr> <td style="background-color: #cccccc;"><b>Business</b></td> <td> </td> </tr> <tr> <td style="background-color: #cccccc;"><b>Fax</b></td> <td> </td> </tr> <tr> <td style="background-color: #cccccc;"><b>E-Mail</b></td> <td> </td> </tr> <tr> <td style="background-color: #cccccc;"><b>Date of Birth</b></td> <td> </td> </tr> <tr> <td style="background-color: #cccccc;"><b>Occupation</b></td> <td> </td> </tr> </table>	<b>2. Telephone/Fax Number</b>	<b>Home</b>		<b>Business</b>		<b>Fax</b>		<b>E-Mail</b>		<b>Date of Birth</b>		<b>Occupation</b>	
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Mortgagee:
<i>If your property is mortgaged, please indicate the mortgagee bank or financial institution</i>

**PROPERTY INFORMATION:**

Exterior Walls	
Roof:	

1. Please tick the box which best describes your accommodation

<input type="checkbox"/> Private House	<input type="checkbox"/> Apartment	<input type="checkbox"/> Other - If Other, please state the type of accommodation
<input type="checkbox"/> Condominium	<input type="checkbox"/> Hotel	

2. Is any part of your residence rented or let?  Yes  No  
 If yes, please give details

3. Please state how the windows and doors of your residence are secured.

4. Are there burglar bars or similar protection on all;

a) (i) Windows	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) (ii) External Doors	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Is your residence fitted with a Burglar Alarm System?  Yes  No

6. Will your residence be left unattended during your holidays or when overseas?  Yes  No

7. Will your residence be left unattended regularly during the daytime?  Yes  No

8. How many days do you estimate it will be left unattended during any one Year

9. Please state the last date on which the valuables were last overhauled and/or valued by a competent person or firm

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 articles to be insured are to be:

the purchase price       the latest valuation

12. When the articles are not in use they are kept:

<input type="checkbox"/> at home in a drawer/cupboard	<input type="checkbox"/> at home in a locked safe
<input type="checkbox"/> in bank's safety deposit box	<input type="checkbox"/> other - If other, please give details

13. Are the articles proposed for insurance worn or used solely by the proposer?  Yes  No

If no, are they worn or used by:

your spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	your daughter	<input type="checkbox"/> Yes <input type="checkbox"/> No
your son	<input type="checkbox"/> Yes <input type="checkbox"/> No	other	<input type="checkbox"/> Yes <input type="checkbox"/> No - If other, please give details

**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 sustained loss by Fire, Theft or any risk now to be insured?  Yes  No  
 If yes, please provide details

