

Full name of Proposer(s): _____ PIN No: _____

Postal Address: _____ Postal Code: _____ Town: _____

Telephone No. - Office: _____ Mobile Phone: _____ Fax No.: _____

Email Address: _____ Website: _____

Business or Profession: _____

Period of Insurance: From Date: _____ To Date: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) a) State whether address is a Private House, Flat or Boarding House _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Will it be left unattended regularly during any time. If "Yes" when and for how long _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c) For what period do you estimate the premises to be left unattended during any one year? _____ | | |
| 2) Have you ever had a proposal for Householders, Fire, Theft or "All Risks" declined or the renewal of a policy refused or terminated or an increased premium required in respect thereof?
If "Yes" give particulars, the name of the Company or Underwriter _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you or any member of your family permanently residing with you ever sustained a loss which was or could have been covered by any All Risks policy?
If "Yes" give particulars, the name of the Company or Underwriter _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you or any member of your family who is to be included in this Proposal ever previously proposed for Householders, Fire, Theft or All Risks Insurance?
If "Yes" give particulars, the name of the Company or Underwriter _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Is property belonging to members of your family permanently residing with you to be insured?
If "Yes" give names and relationship _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Are you at present insured under a Householders, Fire, Theft or All Risks policy in respect of the contents of your residence? If "Yes" please state:
a) Name of Company _____
b) Type of Policy _____
c) Amount Insured _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Has your jewellery been examined recently by a jeweller?
If "Yes" please state:
a) Name and address of jeweller _____
b) Date when last examined _____
c) Where are the articles kept while not in use _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Is photographic equipment to be insured?
If "Yes" is this used for business or professional purposes? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

