

DOMESTIC PACKAGE INSURANCE PROPOSAL FORM

| Period of insurance required from | | | | |
|---|--|--|--|--|
| Title Surname | | | | |
| First names | | | | |
| Postal address | | | | |
| Plot number Street, Road, Avenue, etc | | | | |
| Continued | | | | |
| Profession or trade | | | | |
| Day Time Telephone Contact Code | | | | |
| In respect of any type of policy proposed has any previous insurer cancelled or refused to renew or impose any special terms or conditions? If yes, give name and address of insurer and details | | | | |
| In respect of any type of policy proposed, give details of any previous accidents, losses, damage or claim during the past three years | | | | |
| Name and address of previous insurer | | | | |
| Policy number and date of claim | | | | |
| Has any Insurer in respect of the Proposer or any partner or Director of the proposer ever:- | | | | |
| a) Declined a proposal? Yes No | | | | |

| b) | Cancelled or refused to | |
|----|-------------------------|--|
| | renew a Policy? | |

c) Imposed special conditions?

| Yes | |
|-----|--|
| Yes | |
| Yes | |

No No

DETAILS OF THE PREMISES

| 1 | Are your premises built of brick, stone or concrete and roofs | Γ | |
|---|---|-----|----|
| | with slates, tiles, metal, asbestos or concrete? | Yes | No |

| 2 | Are the premises curren | tly in a good state of repair | Yes No | Yes | |
|----|--|--|-------------------|------|--|
| 3 | Type of property | HOUSE | SEMI- DETACHED | | |
| SE | SECTION A : DOMESTIC BUILDINGS | | | | |
| 1 | Current reinstatement valu out-buildings, boundary wa | e of the private dwelling house in alls, gates and fences | cluding Tshs | 0 | |
| 2 | Water tank, tower, pump a | nd pipes of borehole | Tshs | Tshs | |
| 3 | Architects' and other fees i (normally 10% of the full va | e building Tshs | U U | | |
| 4 | Loss of rent due to an insu | ired peril | Tshs | Tshs | |

SECTION B : DOMESTIC CONTENTS

| Sub- | Description of item and serial | Date and place of | Estimated value | |
|-------------------|--|--------------------------------|---|--|
| section 1 | number | purchase | ant fan itema welve die evenee of Tabe 450,000 | |
| Item No | The details in respect of photographic, audio and visual equipment for items valued in excess of Tshs 150,000 | | | |
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| Sub- section 2 | The details in respect of jewellery, 150,000 | furs, precious stones, platinu | m, gold and silver items valued in excess of Tshs | |
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| Sub- section 3 | The details in respect of works of art i.e. paintings, carvings, curios, ornaments, etc, valued in excess of Tshs 150,000 | | | |
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| Sub- section 4 | The details in respect of carpets, fridges, deep freezers, cookers, lounge, dining room and bedroom suites etc in excess of Tshs 150,000 | | | |
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| | | SUM INSURED FOR SUB-S | | |

Total value of other contents for the dwelling not included in Subsections above (personal effects, clothing, linen, crockery, cutlery, kitchen utensils, furniture, carpet etc.)

| On personal effects belonging to visitors (if required) | |
|---|--|
| TOTAL SUM INSURED | |

SECTION C : ALL RISKS INDICATE BELOW REQUIRED DETAILS OF ALL ITEMS TO BE COVERED FOR ALL RISKS

| ltem number | Description of item and serial number | Date and place of purchase | Estimated value |
|----------------|---------------------------------------|----------------------------|-----------------|
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| | | TOTAL SUM INSURED | |

DECLARATION

I/We hereby declare that the above answers and statements are true and that I/we have not with held any material fact or information, and I/we agree that this proposal shall form the basis of the contract between me/us and Madampesa Insurance Agency and I/we further agree to accept the terms and conditions appertaining to the policy and will pay the Premium when called upon to do so.

Date

Signature

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