

## HOUSE OWNERS AND HOUSEHOLD CONTENTS PROPOSAL FORM

1. Name and address.....  
.....
2. NRC/Diplomatic ID Number/Business Registration Number.....
3. Contact details (Telephone/Email) .....
4. Details of Building:
  - a) Location..... Sum Insured.....
  - b) Construction: Walls..... Roof.....
  - c) Nature of occupancy.....
  - d) State of repair of the buildings.....
  - e) Name of Bank/Employer that has financial interest in the building.....
5. Details of Contents:
  1. Household goods (furniture/carpets etc.) ..... Sum Insured.....
  2. Kitchen appliances..... Sum Insured.....
  3. Television, Personal Computer, Audio/Video equipment..... Sum Insured.....
  4. Personal effects (Clothing/shoes etc.) ..... Sum Insured.....

TOTAL SUM INSURED .....

6. Please specify below if any article (other than furniture, Pianos, Organs, Household Appliances, Radios, Television Sets, Video Recorder Sets, Hi-Fi Equipment) is of value greater than five per cent (5%) of the Total Sum Insured:

<u>Item</u>	<u>Sum Insured</u>
a) .....	.....
b) .....	.....
c) .....	.....

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- d) .....
- e) .....
- f) .....

- 7. Please supply on a separate sheet a list of all essential valuables such as jewellery, watches, video/audio equipment that you want to insure against any loss or damage occurring within the territorial limit stated in the policy (Zambia) or Worldwide.
- 8. Personal Liability Limit, if any required.....
- 9. Other Options (Please specify the sum insured if you would like to take any of the following coverages):
  - a) Additional Personal Accident cover for Insured/Spouse.....
  - b) Visitors Personal Effects .....
  - c) Golf Equipment .....
  - d) Garden Furniture .....
- 10. Previous Insurers, policy number and period: .....
- 11. Losses suffered by you during last 5 years in respect of building or household contents.....

**DECLARATION**

I/we declare to the best of my/our knowledge and belief that the information given on this form is true and complete in every respect and that the Proposal and Declaration shall form the basis of the Contract between me/us and Advantage Insurance Limited. I/we undertake to inform Advantage Insurance Limited should any facts in the Proposal, or additional information rendered, alter in any way.

This insurance will not be in force until Advantage Insurance Limited has processed and accepted the Proposal.

I understand and agree that the cover provided by Advantage Insurance Limited will be void ab initio, if premium is not paid in full at inception. If an installment payment agreement is signed between me/us and Advantage Insurance Limited, I undertake to make payment as per the agreement. If I default in payment of any installment and there is any claim during the period of default, the same will be considered by Advantage Insurance ONLY if the following conditions are met:

- 1.) Premium paid so far by me/us is sufficient to cover the period during which the accident giving rise to claim occurred 2.) I/we will pay the balance of premium outstanding in full

Signature: ----- Date:..... Place:.....