



NICO GENERAL INSURANCE COMPANY LIMITED

Homesure Personal Insurance Policy Proposal

(kindly complete only the relevant sections applicable to the cover required)

Underwritten by:

NICO General Insurance Company Limited

Surname: Title :

First Name(s) :

Postal address :

Occupation :

Telephone (Work): (House) (Cell)

E-mail address :

Date of birth :

Commencement date of cover: Annual

General questions:

1. Have you ever had a civil judgement taken against you? Yes / No
2. Has the judgement been satisfied? Yes / No
If not, give reasons:
3. Have you ever been convicted of any offence? Yes / No
If yes, give details:

SECTIONS INSURED

HOUSEOWNERS - BUILDINGS

The private dwelling belonging to you, its domestic outbuildings, fixtures and fittings should be covered for replacement value excluding the land:

First Residence:	Second address/Plot No.
Address/Plot No.:
Sum Insured : K.....	K.....
Construction: Walls	Walls
Roof	Roof
Mortgage, if any	

HOUSEOWNERS - CONTENTS

First Residence:

Address/Plot No.:
.....
.....

Sum Insured : K.....
Construction: Walls
Roof

Second address/Plot No.

.....
.....
.....

K.....
Walls
Roof

- P** Accidental damage required. (see policy for full details) Yes/No
1. Are the buildings occupied, furnished and solely for domestic use? Yes/No
If No, please provide details:
2. Is the residence occupied during normal business hours? Yes/No
If Yes, by whom?
3. Do burglar bars protect all accessible opening windows? Yes/No
4. Do you have grill gates on doors and windows? Yes/No
5. Is a burglar alarm installed, used and maintained regularly? Yes/No
If Yes, state make and type (e.g. Radio, Siren, Telephone, and Police)
.....
6. Are there any other security features reducing the risk of theft?
.....
7. Will you be going on holiday in the next 30 days? Yes/No
8. Is the dwelling occupied as a commune? Yes/No
9. Do you run a business from home? Yes/No
If Yes, please specify:
.....

ALL RISKS

Cover provided for items carried on you away from home and insured at replacement cost.

- 1. General All Risks – Minimum amount K..... Yes/No K.....
- 2. Please list items you wish to specify at an additional premium
 - A. K.....
 - B. K.....
 - C. K.....
 - D. K.....
 - E. K.....
- 3. Stamp, coin, and medal collections?..... K.....
- 4. Contact lenses?..... K.....
- 5. Pedal cycles?..... K.....
- 6. Golfing equipment?..... K.....
- 7. Car radio? Make and model..... K.....
- 8. Cellular phone? Make..... K.....
- 9. Caravan contents? K.....
- 10. Fire arm? Make..... K.....

Motor

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Vehicle Type – see note below				
Make and Model				
Year of Manufacture				
Value (Retail value)				
Type of cover				
Class of use				
No Claim Bonus				
Car hire (additional)				
Registration number				

Type : MV – Motor vehicle MC – Motorcycle CV – Caravan TR – Trailer
 Type of Cover: Comprehensive or Third Party Fire and Theft or Third Party
 Class of Use : 1 – Social, domestic, pleasure, and to and from work
 2 – Above including business use / commercial travelling
 3 – House-wife use

GENERAL INFORMATION

- 1. Are you the registered owner? Yes/No
If No, please specify
- 2. Are any of the vehicles fitted with approved alarm/immobiliser? Yes/No
- 3. Where are the vehicles parked at night?
- 4. Regular driver: Name:..... Date of Birth:.....
- 5. Additional drivers, please specify
- 6. Is the vehicle open, soft-top or engine modified in any way? Yes/No
If Yes, please specify.....
- 7. Have you or any drivers of the vehicle been convicted of a driving offence in the last three years?
..... Yes/No
If Yes, please specify
- 8. Is the vehicle being leased under a suspensive sale agreement? Yes/No
If Yes, name of finance house

ADDITIONAL COVER AVAILABLE

ADDITIONAL PERSONAL LIABILITY

Include in package up to K250,000.00 Yes/No

WATERCRAFT Yes/No

A more specific form needs to be completed

PERSONAL ACCIDENT (additional premium) Yes/No

DECLARATION

I/We declare that I/we have not withheld any information material to the risk and accept this declaration to be the basis of the contract between the Insurer and myself/ourselves. No proposal form, policy or renewal has ever been cancelled, declined or withdrawn by an Insurer. I/We understand that either the Insurer or I/We may at any time cancel these arrangements by giving thirty days notice in writing

Previous Insurer: Policy No.

Losses including non-insured losses

Type of loss : Date of loss:
..... Date of loss:
..... Date of loss:

Signature :

APPOINTMENT AS BROKER

I/We hereby appoint as my/our Insurance Brokers, to act on my/our behalf in all matters relating to placing of insurance and to attend to all matters arising from handling of my/our portfolio.

Signature: Date:

Note: Inception of cover is subject to acceptance by Insurers.



NICO GENERAL INSURANCE COMPANY LIMITED

Homesure Policy Schedule

INSURED DETAILS	
NAME :	Policy Number :
	Inception Date :
ADDRESS :	Anniversary/Renewal Date:
	Telephone (Business) :
	Telephone (Home) :
	Cell Number :
	Date of Birth :
	Fax Number :
	Premium Due Date :
Agency :	
Code :	
Narration:	
Period of Insurance:	
a) Between _____ and _____	
b) Any subsequent period for which the insurers agree to renew this policy or any section thereto.	
This schedule reflects the latest position regarding your Personal Insurance Portfolio. Please check the documentation to ensure that all details are correct and if not please advise us immediately.	
SECTION INSURED	SUM INSURED
Houseowners	K
Householders	K
All Risks	K
Motor	K
Liability	K
Motor Cycle	K
Trailer/Caravan	K
Pleasure Crafts	K
Personal Computers	K
Legal Costs	K

HOUSEOWNERS / HOUSEHOLDERS SECTION

THE PREMISES :

EFFECTIVE DATE :

BUILDINGS SECTION

- The structure of your private residence K
- Outbuildings used for domestic purposes K
- Landlord's fixtures and fittings and interior decorations K
- Swimming pools, tennis hard courts, garden walls, patios, terraces, fences, gates, paths and drives K

CONTENTS SECTION

- Household furniture, furnishing clothing and personal effects in the home or its domestic outbuildings or garages, owned by any member of the Insured's family or domestic staff including motorised gardening equipment K
- Films, tapes, cassettes, cartridges or discs up to the value as unused material or if purchased pre-recorded at makers latest price list K
- All other contents including fixtures and fittings for which Insured is liable, valuables, money, visitors' personal possessions and interior decorations K

Total K

Total All Items K

HOUSEOWNER SECTION PREMIUM: K

HOUSEHOLDER SECTION PREMIUM: K

Note: The sum insured must represent current replacement cost.

ALL RISKS SECTION

Unspecified

Wearing apparel/personal effects

Premium :
 Narration :
 Effective Date :

K

K

Specified – sports equipment

Set of Golfing Equipment

Premium :
 Narration :
 Effective Date :

K

K

ALL RISKS SECTION PREMIUM:

K

Note: The sum insured must represent replacement cost and therefore values need to be updated regularly. Please note that proof of ownership and or valuation certificates are required in the event of a claim, therefore please provide us with copies or keep in a safe place.

LIABILITY SECTION

Area :	K	K
Narration :		
Effective Date :		

LIABILITY SECTION PREMIUM: K

MOTOR SECTION

DESCRIPTION	SUM INSURED	PREMIUM
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K

MOTOR VEHICLE SECTION PREMIUM:

K

Note: The maximum amount payable will be the limit of indemnity shown in the schedule or the reasonable retail value of the vehicle at the time of the loss whichever is the lower. Credit shortfall cover may also be provided subject to the policy conditions.

MOTOR CYCLE SECTION

DESCRIPTION	SUM INSURED	PREMIUM
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K

MOTOR CYCLE SECTION PREMIUM:

K

Note: The maximum amount payable will be the limit of indemnity shown in the schedule or the reasonable retail value of the vehicle at the time of the loss whichever is the lower. Credit shortfall cover may also be provided subject to the policy conditions.

MOTOR TRAILER / CARAVAN SECTION

DESCRIPTION	SUM INSURED	PREMIUM
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K
Type : Make : Model : Year of Manufacture : Registration Number : Driver 1 : Area : Narration : Effective Date : Cover : Voluntary Excess Immobiliser Private Use	K	K

MOTOR TRAILER/CARAVAN SECTION PREMIUM: K

Note: The maximum amount payable will be the limit of indemnity shown in the schedule or the reasonable retail value of the vehicle at the time of the loss whichever is the lower. Credit shortfall cover may also be provided subject to the policy conditions.

PERSONAL COMPUTERS SECTION

DESCRIPTION	SUM INSURED	PREMIUM
Premises :		
Narration :		
Effective Date :		
Description of Computer Items and Serial Numbers :	K	K

PERSONAL COMPUTERS SECTION PREMIUM: K

Note: The sum insured must represent replacement cost and therefore values need to be updated regularly.

PREMIUM SUMMARY

SECTION	PREMIUM	SURTAX	TOTAL