



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.