



sacos

Proposal Form for Private Dwelling House And Contents General Information

YOU SHOULD FULLY AND FAITHFULLY GIVE THE FACTS YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS POLICY.

DETAILS OF THE INSURED

1. Name of Insured

2. Residential Address

Office Address

3. NIN No.

Citizenship status

4. Telephone (HOME)

Telephone (BUSINESS)

Telephone (MOBILE)

Email

5. Occupation

6. Address of Property to be Insured

Do you own the Property to be insured?

Yes No

If no, please state name

Does any person or firm e.g. SHDC or financial institution, have an interest in the property?

Yes No

If yes, please state name

Do you have any policies with Sacos or any other Insurance Company?

Yes No

Are you a Sacos shareholder?

Yes No

DETAILS OF LAND TO BE INSURED

1. Land or Parcel No

2. Please indicate with a tick which of the following fits the description of your property

- | | |
|--|--|
| <input type="checkbox"/> Flat | <input type="checkbox"/> Semi-Detached house |
| <input type="checkbox"/> Condominium/Townhouse | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Detached house | <input type="checkbox"/> Terraced house |
| <input type="checkbox"/> Bedsitter | <input type="checkbox"/> Double story house |

Self contained rooms in a:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Private Dwelling House | <input type="checkbox"/> Office Block | <input type="checkbox"/> Shop Premises |
|---|---------------------------------------|--|

3. Purpose of the property

- | | |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Office |
| <input type="checkbox"/> Holiday home | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Rental | <input type="checkbox"/> Other |

If other, please specify

In what year was the building constructed?

Has the building been renovated since?

- Yes No

If yes, please give details

4. Please indicate the construction of property by putting a tick against the materials listed below

WALLS

- Cement Blocks
- Stone
- Timber
- Corrugated Iron Sheets
- Asbestos Sheets
- Cement fibre board
- Other Materials

Please specify

ROOF

- Harvey Tiles
- Asbestos Sheets
- Corrugated Iron Sheets
- Roofing Felt
- Latanier Leaves
- Other Materials

Please specify

DETAILS OF THE BUILDING

1. a) Have you any out-buildings?

- | | | |
|----------|------------------------------|-----------------------------|
| Store | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchen | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Toilet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bathroom | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

b) Please indicate the construction of the above property by putting a tick against the material listed below:

WALLS

- Cement Blocks
- Stone
- Timber
- Corrugated Iron Sheets
- Asbestos Sheets
- Other Materials

ROOF

- Harvey Tiles
- Asbestos Sheets
- Corrugated Iron Sheets
- Roofing Felt
- Latanier Leaves
- Other Materials

2. Do you have a:

- Retaining Wall Yes No
Boundary Wall Yes No

- Gate Yes No
Fence Yes No

If so, of what materials are they built?

3. Do you have any trees near or around your property? Yes No

If so, what kind and how far are they located from the house?

DETAILS OF THE PROPERTY

1. How would you describe the location of your property

- On a hill slope
- On or near the beach
- Near the river
- Near the main road
- At the bottom of a slope
- At the top of a hill
- On a flat surface
- Reclaimed land
- Recently leveled land

2. Do you have:

- Air Conditioners
- Burglars Bars
- Louvre blade windows
- Wooden louvre windows
- Wooden louvre doors
- Watchman
- Alarm system
- Open verandah
- Sliding doors
- Sliding windows
- Fire fighting appliances
- Surveillance camera

DETAILS OF RESIDENTS

1. Will your house be left unoccupied for more than 7 consecutive days? Yes No

Do you leave your house unattended other than during working hours? Yes No

If so, please state period of time unattended

2. Have you, or any other person to whom this insurance would apply, had any loss or damage during the last 3 years? Yes No

If so, state:

a) When such loss or losses occurred

b) Full details and amount of each lose

c) With whom was the property insured

3. Has any insurer ever

Declined your proposal

Yes No

Increased your premium

Yes No

Imposed special conditions

Yes No

Canceled your policy

Yes No

Refused to continue or renew your policy

Yes No

If yes any of above, please give full details

ADDITIONAL COVER

Do you wish COVER to include subsidence and
landslip as a direct result of storm tempest and flood?

Yes No

(Please note that this will be subject to additional premium)

OTHER INFORMATION

Is there any additional information affecting
the proposed insurance which should be
disclosed to Sacos?

Yes No

If so, please specify

SPECIFIED INFORMATION PROPERTY TO BE INSURED

SECTION ONE: BUILDINGS

Note 1: The Sum to be Insured should be in respect of the cost of Replacement of the Buildings including Foundation, Electricity Wiring, Plumbing, Fixtures and Fittings like Steps, Verandah, Balustrades, Baths, Toilets, Built-in Wardrobes, Cup boards, Kitchen cabinets, Sinks and the like but excluding Drives and Swimming Pools, Retaining walls, Boundary walls, Gates and Fences which may be insured separately.

Note 2: You should insure for Replacement value Bricks/Mortar and not land. Tenants cannot insure unless made responsible by lease, Legal Representatives, Mortgage, or anyone with an interest. ing walls, Boundary walls, Gates and Fences which may be insured separately.

			SUM INSURED (SCR)
Private Dwelling House including Fixtures and Fittings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out Building such as Store Garage etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Air conditioners	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alarm Systems	<input type="text"/>	<input type="text"/>	<input type="text"/>
Retaining Wall	<input type="text"/>	<input type="text"/>	<input type="text"/>
Boundary Wall	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gates and Fences	<input type="text"/>	<input type="text"/>	<input type="text"/>
Swimming Pool	<input type="text"/>	<input type="text"/>	<input type="text"/>
Architects and Surveyors Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of debris removal	<input type="text"/>	<input type="text"/>	<input type="text"/>
Solar panel, water heaters/water tanks	<input type="text"/>	<input type="text"/>	<input type="text"/>
		TOTAL	<input type="text"/>

SECTION TWO: HOUSEHOLDS CONTENTS

Note 1: This section is in respect of Household Contents contained in the Buildings but excludes burglary or theft cover in respect of Household goods, furnishing and personal effects on the verandah, in the garden and clothes on the line or in around the premises outside the Building.

Note 2: The sum to be insured should be respect of all contents of the Buildings to be insured and to assist you we have an evaluation form which you should complete to arrive at the value of your contents.

TOTAL **SUM INSURED (SCR)**

(Details on contents evaluation form)

SECTION THREE: LEGAL LIABILITY TO THE PUBLIC

The Company provides free legal liability cover to the public up to SCR300,000
Cover in excess of SCR300,000 will attract an additional premium.

Is any additional cover required? Yes No

If so, please state limit

SECTION FOUR: JEWELRY, FURS & PERSONAL EFFECTS

Please note that the following documents/information are required and should be attached to your Household Contents Evaluation Form when requesting Insurance Cover in respect of items as detailed hereunder to support the value of your personal effects.

Note 1: All items under this section must be listed separately on the attached evaluation form with evidence of purchase or valuations.

- | | |
|--|---|
| 1. JEWELRY & WATCHES including gold an/or silver plated articles such as rings, earrings, necklace, pendants, bracelets, etc. | RECEIPTS INVOICES or Evaluation Certificate from a competent jeweler. |
| 2. Video apparatus, televisions, video cameras, cameras, binoculars, Hi-Fi equipment and personal computers. | RECEIPTS INVOICES showing make, model, serial numbers. |
| 3. All items over SCR 500 each must be specified separately. | |

Note 2: Please bear in mind that no insurance cover will be granted UNLESS we receive the above supporting documents.

	SUM INSURED (SCR)
Personal jewelry, furs, watches and other similar items of value	<input type="text"/>
Cameras, Video Cameras, Transistor Radio, Walkman	<input type="text"/>
TV, Hi-Fi and such items	<input type="text"/>
TOTAL	<input type="text"/>

Signing this form does not bind the Proposer to complete the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued. A COPY OF THE POLICY MAY BE PROVIDED ON REQUEST.

I/WE hereby declare that the above statements and particulars are true and that I/WE have not suppressed or mis-stated any material facts.

Signature of Proposer

Date



sacos

Household contents Evaluation form

Note: Items marked * should be supported by Receipts / Invoices or Make, Model Serial Numbers.

BEDROOM NO. 1	VALUE	BEDROOM NO. 3	VALUE	LOUNGE/SITTING ROOM	VALUE
Bed / Matress		Bed / Matress		Sofa set	
Dressing Table		Dressing Table		Table	
Wardrobe		Wardrobe		Ornaments	
Chairs / Stools		Chairs / Stools		Display cabinet & contents	
Bed Linen / Curtains		Bed Linen / Curtains		Book case & contents	
TV screen / VCR *		Curtains		Bar contents	
Table Lamp		Table Lamp			
Lampshades		Lampshades		TV screen / VCR *	
Hifi / Radio*		Hifi / Radio*		Hifi / Radio*	
Clothes / Shoes, etc.		Clothes / Shoes, etc.		Pictures / Painting*	
Fan / Air Conditioner*		Fan / Air Conditioner*		Lampshade / Side lamps	
Clock		Clock		Curtains	
Toiletries		Toiletries		Rug / carpet *	
Other Items		Other Items		Other Items	
BEDROOM NO. 2	VALUE	BEDROOM NO. 4	VALUE	LOUNGE/SITTING ROOM	VALUE
Bed / Matress		Bed / Matress		Table/ Chairs-suite	
Dressing Table		Dressing Table		Sideboard & contents	
Wardrobe		Wardrobe		Ornaments	
Chairs / Stools		Chairs / Stools		Light units	
Bed Linen / Curtains		Bed Linen / Curtains		Lampshades	
TV screen / VCR*		Curtains		Fan / air conditioner*	
Table Lamp		Table Lamp		Painting / Picture*	
Lampshades		Lampshades		Floor cover / Carpets	
Hifi /Radio*		Hifi /Radio*		Other Items	
Clothes / Shoes, etc.		Clothes/ Shoes, etc.			
Fan / Air Conditioner*		Fan / Air Conditioner*			
Clock		Clock			
Toiletries		Toiletries			
Other Items		Other Items			
SUB TOTAL		SUB TOTAL		SUB TOTAL	

KITCHEN	VALUE	UTILITY ROOM	VALUE	PERSONAL EFFECTS	VALUE
Cooker		Washing machine		Ring*	
Refrigerator		Polisher			
Freezer		Vaccum cleaner		Bracelet*	
Crockery / Cutlery		Clothes drier			
Pots & pans, etc.		Clothes Iron & board		Chain*	
Gas Cylinder		Brushes & mops			
Kettle		Cleaning materials		Watches*	
Toaster		Other Items			
Mixer / Blender				Photographic equipment*	
Microwave oven		GARAGE			
Grill		Tools		Other Items	
Percolator		Spares			
Fryer		Inflamable paint/ tinner			
Rice cooker		Engines			
		General materials			
Other Items		Other Items			
BATHROOM	VALUE	STORE	VALUE		
Shower curtains mats		Hand tools			
Towels		Electric tools			
Toiletries		Machines			
		Materials wood, plastic			
		Inflamables			
Other Items		Other Items			
SUB TOTAL		SUB TOTAL		SUB TOTAL	
Date	Name			GRAND TOTAL (SCR)	

Note: ALL individual items over SCR500 each have to be specified.