



## HOME INSURANCE PROPOSAL FORM

Please complete this form in BLOCK letters and fax/email it to our offices. Please attach a separate sheet(s), if required.

### I. Insured's Details

Full Name (Mr/Mrs/Miss):

PO Box / Emirate:

Occupation:

Mobile:

Email:

### II. Insured Location

Insured Address:

Owner or  
Tenant:

Villa or Flat:

### III. Policy Details

Effective Date (DD/MM/YY)

Expiry Date (DD/MM/YY)

### IV. General Questions

YES /  
NO

Is your home built of concrete?

Is your home used solely as a private living accommodation for your household?

Has your home been built on reclaimed land?

Do you ever leave your home unattended for more than 60 consecutive days?

Has any insurer declined / cancelled / imposed special terms or conditions?

If you have ticked any of the shaded boxes, please give details here or separately.

### V. Cover 1 - The Buildings

Value includes the home and domestic outbuildings, garages, swimming pools, tennis courts, patios, terraces, drives, pavement, walls, gates, hedges & fences, including landlords fixtures & fittings - all on the same site.

**Building Value in AED**

**Value to be Insured:**

If building cover is required, please state the details of the finance company.

Loan Amount:

If you have suffered any claim for the building, please provide details including the Date of Loss as well as claim amount paid.

<b>VI. Cover 2 - Contents</b>	<b>Value to be Insured</b>
Value includes household goods, furniture, personal effects and valuables (Note: Each item valued over AED 10,000 to be listed separately with each item's value)	
If you have suffered any claim on the contents, please provide details including the Date of Loss as well as claim amount paid.	

<b>VII. Cover 3 - Personal Possessions</b>	<b>Value to be Insured</b>																								
<b>a) Unspecified Valuables</b> It covers personal items you can take outside home like expensive jewelry & other personal effects (includes items not exceeding AED 10,000/- per item)																									
<b>b) Specified Valuables</b> It covers clothing, valuables, personal effects, mobile phones, cameras, laptops and similar personal equipment. (Note: Each item valued over AED 10,000 to be listed separately with each item's value)																									
<b>c) Sports Equipment &amp; Accessories</b> It covers any accidental loss or damage to sport equipment & accessories owned by any member of your household.																									
Proof of purchase / valuation is required for items under section VII (b) & (c) whose value is above AED 10,000. At the time of issuance of the policy we will contact you to arrange for a copy of these documents.																									
<b>d) Pedal Cycles &amp; Accessories</b> It covers any accidental loss or damage to pedal cycles and accessories owned by any member of your household																									
<table border="1"> <thead> <tr> <th>Make</th> <th>Model</th> <th>Value in AED</th> <th>Serial No.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="2"><b>TOTAL VALUE TO BE INSURED</b></td> <td> </td> <td> </td> </tr> </tbody> </table>	Make	Model	Value in AED	Serial No.																	<b>TOTAL VALUE TO BE INSURED</b>				
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If you have suffered any claim on the Personal Possessions, please provide details including the Date of Loss as well as claim amount paid.																									

Do you require Workmen's compensation for any domestic staff under your sponsorship?	
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Are you interested in a quote for any of the following personal insurances? <b>YES/NO</b>					
Travel	_____	Motor	_____	Golf	_____
Yacht	_____	Medical	_____	Personal Accident	_____

### VIII. Declaration

In addition to any other details supplied to the Insurers, I, the undersigned, declare that to the best of my knowledge and belief the information given by me is true and complete and that all material information has been disclosed and I agree that this application shall be the basis of the contract between me and the insurance company. I further declare that the payment of my premium is made from my own source. I understand and accept that the insurers reserve the right to accept or reject a proposal at their discretion. I will give notice to the company of any change in the information relating to the insured, as stated above.

**Signature**

**Date**