

## PROPOSAL FORM FOR DOMESTIC PACKAGE INSURANCE

AGENCY and/or BROKER

All questions must be answered in full. Please use block letters or tick as appropriate

### SECTION 1 - PROPOSER DETAILS

- a. Full Name of Proposer
- b. Contact Details: (tel): (fax):  
 (mobile): (web):  
 (email):  
 (postal): (code): (town/ city):
- c. Tin Number : VRN
- d. Period of Insurance : From : To :

### PHYSICAL ADDRESS AND OCCUPANCY

1. Location of premises: Building Street/Road Plot No. Town
2. What is the nature of construction of the following  
 External walls Internal walls  
 Roof Ceiling
3. What is the height in storeys?
4. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? If so, give particulars  Yes  No
5. Is the premises:  
 a) A private dwelling house?  Yes  No  
 If not please explain  
 b) A self-contained flat with separate entrance exclusively under your control ?  Yes  No
6. Is the dwelling solely in your occupation? (Including your family and servants)  Yes  No
7. (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days?  Yes  No  
 If so, state the extent :  
 (b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days?  Yes  No  
 If so, state the extent
- NOTE: Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the company.
8. Are the buildings in good state of repair and will they be so maintained?  Yes  No
9. Do you wish to insure rent receivable or rent payable?  
 If yes, state amount and number of months for which cover is required  
 Amount Number of months





**Security Measures**

a. What security arrangements are in place? (Tick appropriate option/s)

<input type="checkbox"/> Own Watchman	Others : Please Specify
<input type="checkbox"/> Security Guard Firm	<input type="checkbox"/>
<input type="checkbox"/> Burglary Alarm	<input type="checkbox"/>

**Section C - All Risks**

Note: The sum insured should be the replacement value of the property less a deduction for wear, tear and depreciation)

Please give a detailed description and state separately the full value of each item as provided here below.

<i>Detailed description of Contents to be insured</i>	<i>Make</i>	<i>Model</i>	<i>Serial Number</i>	<i>Value</i>

**Declaration**

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and The Heritage Insurance Company Tanzania Ltd.

Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_

The liability of the Company does not attach until the proposal has been accepted by the Company and premium has been paid.

NOTE: This proposal form must be completed and signed by the proposer.