

Home Insurance Proposal Form

1/2

Proposal No.: _____

Name of Proposer: _____ ID/Iqama No.:

Date of Birth (DD/MM/YYYY): _____ Nationality: _____ Occupation: _____

Address: P. O. Box: _____ City: _____ Post Code: _____

Tel. (home): _____ Tel. (office): _____ Ext.: _____ Fax: _____

Mobile: _____ E-mail: _____

Period of insurance required (Gregorian year): from: ____ / ____ / ____ to: ____ / ____ / ____

Address of private dwelling to which this is to apply: _____

Coordinates: Lat _____ Long _____ or Nearest landmark _____

1. Is the dwelling: A detached house A semi-detached house An apartment

2. Are the main building of brick, stone or concrete construction with roof of slate, tiles concrete, asphalt, or any entirely incombustible material? Yes No
If NO, please provide details: _____

3. Are the premises in good state of repair? Yes No
If NO, please provide details: _____

4. Is there any profession or business carried on in your premises? Yes No
If YES, please provide details: _____

5. Is there any basement? Yes No

6. Numbers of Stories? _____

Sums to be Insured (Section 1 or Section 2 is compulsory)

Please insert against each of the following the amount of insurance required or the words "NOT REQUIRED".

If more than one dwelling, please show separate sums insured for each.

Section 1 (Building excluding land value) SR _____

Section 2 (Contents) SR _____

Please provide a list of items whose value exceeds SR. 5,000. (Please use additional sheets, if space provided is not sufficient).

No	Item Description	Quantity	Value (SR.)
1			
2			
3			
4			
5			
6			

Notes:

1. Claims and settlement is based on the actual value of the property at the time of its loss or damage. Your above declared amounts should reflect this.
2. The amount of insurance on contents should include all household goods and personal effects (jewelries, furs and precious metals are excluded).
3. There is a single item limit of 5% of the Sum Insured on contents unless full details are given to Tawuniya and agreement obtained thereon.

The Policy will cover you against fire, lightning, explosion, earthquake, riot, strike, malicious damage, storm, flood, impact and burst pipes but the following extensions (Section 3) can be added against additional contribution.

Section 3: Please indicate if you wish to include them:

- | | | |
|---|------------------------------|-----------------------------|
| A. Theft cover for contents if selected above | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Liability to third parties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Liability to domestic employees | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Deterioration of frozen food | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Accidental loss / damage of personal possessions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Accidental breakage of glass and sanitary ware | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. Loss of rent / cost of alternative accommodation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you sustained any loss or damage during the last 3 years which was or would have been covered under this form of insurance?

Yes No

If YES, please give full particulars including the date, nature and amount of loss(es):

Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you?

Yes No

If YES, please give particulars:

Are there any additional facts affecting the proposed insurance which should be disclosed to the Company?

Yes No

If YES, please give particulars:

Note: Please use additional sheets, if space provided is not sufficient.

Credit Card Details

Card Type:

  

Card No.:

Expiry Date:

Month Year

Declaration

I/we hereby declare that to the best of my/our knowledge and belief, the above statements and particulars are complete and true and that I/we have not mis-stated or suppressed any material facts (a material fact is one which is likely to influence Tawuniya's acceptance or assessment of this proposal. If any doubt whether facts are material or not, they should be disclosed).

Submitting this form does not bind the proposer to complete the Insurance, nor Tawuniya to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

I have authorized Tawuniya to charge me the amount of SR. _____ as premium contribution on my Credit Card as per the details given above.

Proposer(s) Signature: _____ Date: _____

For Tawuniya Use Only

Basic contribution: _____ Other charges: _____

Deductibles: _____ Total: _____

Proposal accepted by: _____ Signature: _____ Date: _____

Request No.: _____ Policy No.: _____ Referral No.: _____