

NATIONAL INSURANCE CORPORATION OF TANZANIA LTD



For office use
Agents
Ref:

HOME PROTECTOR PROPOSAL

Please complete, where applicable, using block capitals throughout and tick the appropriate boxes clearly. It is important that every question is completed honestly and accurately. Failure to do so may result in your claim not being paid and could lead to legal proceedings.

Quotation Ref: _____	Your Full Name _____
Insurance requested for 12 months from _____ a.m./p.m. on _____	P.O. Box _____
Please return your application form or direct any enquiries to either your Agent or usual N.I.C. Office	The Address of your home _____
Occupation (or retired) _____	Telephone No. _____
Occupation (or retired) _____	Your date of birth _____ Your Spouse's date of birth _____
Marital status (tick box) Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS	TICK YES	BOX NO
1. Is your home		
a) built of brick or stone with a slate or tiled roof? _____	<input type="checkbox"/>	<input type="checkbox"/>
b) Self-contained with a separate lockable entrance under your sole control _____	<input type="checkbox"/>	<input type="checkbox"/>
c) Used solely as private living accommodation for your family and for clerical business purposes where clients do not visit the home? _____	<input type="checkbox"/>	<input type="checkbox"/>
d) furnished for full occupation? _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your home		
a) left regularly unattended due to all adults being in full-time work or education? _____	<input type="checkbox"/>	<input type="checkbox"/>
b) Left unoccupied for more than 15 consecutive days? _____	<input type="checkbox"/>	<input type="checkbox"/>
3. has your home or any building nearby been damaged by subsidence, heave, or landslip, or does it show any signs of cracking or bulging of walls? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or any member of your household		
a) suffered loss during the last 5 years from any of the events you now wish to insure? _____	<input type="checkbox"/>	<input type="checkbox"/>
b) been convicted of, or have any prosecution pending for, any criminal offence (other than a driving offence)? _____	<input type="checkbox"/>	<input type="checkbox"/>
c) been refused the issue or renewal of insurance or had special terms or conditions applied or cover cancelled for any of the events you now wish to insure?	<input type="checkbox"/>	<input type="checkbox"/>
d) previously held insurance for any of the events you wish to insure? _____	<input type="checkbox"/>	<input type="checkbox"/>
i) If "YES", please tick box to confirm that you have attached evidence e.g. your latest renewal notice/invoice _____	<input type="checkbox"/>	<input type="checkbox"/>
ii) if "YES", how many years have you been insured with this insurer _____	<input type="checkbox"/>	<input type="checkbox"/>
NB: We may contact your previous insurer to verify information		
5. Is your Home a House <input type="checkbox"/> a bungalow <input type="checkbox"/> a flat <input type="checkbox"/> a maisonette <input type="checkbox"/>		
If a House or bungalow, it is detached <input type="checkbox"/> semi-detached <input type="checkbox"/> terraced <input type="checkbox"/>		
6. How many bedrooms in your home designed to have _____		
7. When was your home originally built? Prior to 1919 <input type="checkbox"/> 1920-45 <input type="checkbox"/> 1946-79 <input type="checkbox"/> 1980 onwards <input type="checkbox"/>		
8. How long have you lived in this home? _____		
9. Do you own your home? (Answer "YES" even if you have a mortgage) _____		

BUILDING INSURANCE		
Do you wish to Insure the BILDINGS of your home? _____	<input type="checkbox"/>	<input type="checkbox"/>
1. Amount to be Insured T.Shs _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does this amount represent the full rebuilding cost and allowances for professional fees and removal of debris following a loss?	<input type="checkbox"/>	<input type="checkbox"/>
3. If there is any other financial interest in the property e.g Bank or Building society etc., please give name and address below		
NOTE: IF YOU HAVE TICKED ANY OF THE "YES" BOXES PLEASE GIVE DETAILS ON SEPARATE SHEET OF PAPER		

CONTENTS INSURANCE

Do you wish to insure the CONTENTS of your home?

1. Amount to be insured (Do not include any items which you are insuring separately under Personal Possessions cover) T.Shs.
2. Does this amount represent the full replacement cost of the contents to be insured less an allowance for Wear and tear on clothing and household linen? _____
3. Does the replacement cost of any one valuable exceed 5% of the sum shown in Q 1 above
4. Does the replacement cost of all valuables exceed one third of the sum shown in Q 1 above.
 - Valuables are articles made of precious metal, jewellery, furs, paintings, watches, clocks or collections of coin medals or stamps other than those insured separately under Personal Possessions. Valuations should be provided for items worth more than T. Shs. 250,000
5. Is your home protected by a professionally installed burglar alarm with a current annual maintenance Contract?
If "YES" please insert the name of the installing company _____

NOTE: IF YOU HAVE TICKED ANY OF THE YES BOXES PLEASE GIVE DETAILS ON A SEPARATE SHEET OF PAPER

PERSONAL POSSESSIONS INSURANCE (only available if you have selected Contents cover)

Do you wish to insure your **PERSONAL POSSESSIONS**? _____

Do you require cover for

1. Unspecified valuables, sports equipment, clothing and personal effects (for items worth up to T. Shs. 250,000 each) Pedal cycles (worth up to T. Shs 100,000 each) personal money And credit cards? _____
Amount to be insured _____ Minimum T. Shs.
The sum insured should represent the maximum value (excluding personal money and credit cards) Away from the home at any one time.
2. Specified items (for items worth more than T. Shs 250,000 each or pedal cycles worth more than T. Shs 100,000 each) _____
Please give full description below and indicate value and provide a current valuation.

ITEM 1	T. SHS.
ITEM 2	T. SHS.
ITEM 3	T. SHS.
ITEM 4	T. SHS.
ITEM 5	T. SHS.
ITEM 6	T. SHS.

Please read the following carefully before you sign and date the Declaration.

Proper completion of this should usually provide us with sufficient information to consider your proposal. However, because no list of questions can be exhaustive please consider carefully whether there is any other information known to you which could influence our acceptance and assessment of the risk. Material information would include any special feature of the property or member of your household which makes losses more likely to happen or be more serious if they do. Please disclose on a separate sheet of paper any such information even if you have doubts as to whether it is material or not as failure to do so could invalidate your policy.

You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.

Before signing the Declaration below please check your answers carefully, particularly if the proposal is not completed in your own hand. We reserve the right to decline any proposal.

DECLARATION

I declare that to the best of my knowledge and belief the answers given are true and all material information as explained has been disclosed. I agree that if any answer has been written by any other person shall for that purpose be regarded as my agent and not the agent of the Insurers.

I declare that this proposal is for insurance subject to the normal terms and conditions of the Insure's policy and shall be incorporated in and form part of the insurance contract

Signature or Proposer

Date