

PROPOSAL FOR HOME PROTECTION INSURANCE

(PLEASE ANSWER IN BLOCK LETTERS)

(State Mr./Mrs./Miss.)				
2. ADDRESS				
3. OCCUPATION or BUSINESS	TELEPHONE			
4. Location of Private Residence:	(a) House Number (b) Street			
5. State whether the residence is a full	y detached or semi detached house or a flat			
6. Are the buildings occupied otherwise	e than for residential purposes ? If so give full details			
7. Are the buildings occupied solely by	the proposer ? Yes/No			
8. Is any part let out to other tenants ?				
 Are the buildings built of brick stone or block/concrete and roofed with slate, tiles concrete, asbestos or aluminium? (please underline) 				
10. To what extent will the premises be left unoccupied ?				
11. Have you ever sustained any loss or damage due to Fire and any other perils or Burglary (Housebreaking)?				
12. If yes, give details				
13. How many Dependants do you have ? Number of Indoor Servants				
	Number of Outdoor Servants including drivers			

Tel: (233-302) 763065/763171 E-mail: info@donewellinsurance.com

P. O. Box GP 2136, Accra

14.	Is there any other insurance on the Building/Contents? Yes	No	
	If yes, please name the Company and type of Policy		
15.	Has any previous request for insurance been declined, cancelled or special terms	s been imposed ?	?
	If yes, name Company		
Rea	sons:		
PRO	PERTY TO BE INSURED	SUM INSURED	PREMIUM
	INSURANCE MUST BE FOR THE FULL JE OF THE UNDERMENTIONED PROPERTY Buildings of the Insured's Dwelling House Household Goods and personal effects of every description the property of the Proposer or of any member of his family normally residing with the Proposer, Fixtures & Fittings belonging to the proposer or for which he is legally responsible as a Tenant excluding Deeds, Bonds, Bills etc. Items of Platinum, Gold, Silver other Jewellery and furs whose value exceed 5% of sum insured must be specifically listed with their values.		
	III. On 6 months Rent	GH¢5,000	
	IV. Personal Liability	GH¢500	GH¢5.00
	V. Personal Accident (Domestic Employees)	GH¢300	GH¢3.00 per person
	VI. Personal Accident to Insured	GH¢500	Free
	TOTAL SUM INSURED (GH¢)		

DECLARATION BY PROPOSER

I/We hereby declare that the above particulars and statement are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed Insurance shall be the basis of, and incorporated in, the Contract between me/us and the **DONEWELL INSURANCE COMPANY LIMITED** and shall be promissory. I/We further agree to accept Insurance on the terms and conditions set forth in the Company's Policy.

Proposer's Signature	Date
Agent's Signature	Agency No
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