



Sun
insurance
Company Limited

**HOUSE OWNERS
PROPOSAL**

AGENT NO																				
POLICY NUMBER																				

INSURED..... OCCUPATION.....
 POSTAL ADDRESS..... DATE OF BIRTH.....
 PHONE.....
 SITUATION OF PROPERTY.....
 OTHER INTERESTED PARTY & ADDRESS NAME..... ADDRESS.....

PERIOD OF INSURANCE FROM / / TO / / AT 4P.M.

PROPERTY TO BE INSURED	SUM INSURED
The Private Dwelling, Residential Flats, Private Boarding House, the domestic outbuildings used solely in connection therewith, the landlords fixtures and fittings, the walls, fences and gates (excluding retaining walls and hedges), and water pipes, gas pipes and electricity cables (but not sewerage or underground drain pipes) extending to the public mains.	\$.....

- (a) Who lives in the house?
(b) For what purpose?
- Is the property to be insured self contained and exclusively under the control of the occupier?
- (a) Is any portion of the property to be insured occupied as shops or business premises or let as rooms or apartments.
(b) Does any other Insurance exist on the Property?
- Construction of Buildings (Whether of Concrete, Brick, Wood, Iron or other Material)

WALLS
PARTITIONS
ROOFS
FLOORS
- Do you require temporary accommodation expenses? Yes/No. (\$5000 limit)
- Land (a) Is it Freehold or Leasehold?
(b) If Leasehold, on what date does Lease expire?
- Do you want indemnity or replacement cover?
If replacement, please attach current valuation.

EXTENSION	(a) Do you require cyclone cover? Yes/No	Replacing.....
	(b) If yes, please attach Engineer's report	Cover Note.....

PREMIUM	COMPANY	CYCLONE	TEMP ACCOM	FIRE SERVICE LEVY	STAMP DUTY	TOTAL
	\$.....	\$.....	\$.....	\$.....	\$.....	

DECLARATION

I/We declare and warrant that

- No information has been withheld which is likely to affect the acceptance of this insurance.
- I/We have not suffered loss of or damage to property anywhere within the last five years.
- No insurance company has ever declined to insure me/us, refused renewal or cancelled any Policy.
- The house is well maintained and free from any damage or inherent fault.

EXCEPTIONS TO THIS DECLARATION.....

I/We agree to accept the terms and conditions of this insurance and acknowledge that this Proposal shall be the basis of and be incorporated in the contract of insurance following acceptance by us.

Insured's Signature: Date.....