



## HOME PACKAGE INSURANCE APPLICATION FORM

Full Name of Proposer:  Occupation:	<b>Period of Insurance:</b> From: To: (Both days Inclusive)
Correspondence Address:  Wasel Address Email address	Fax No.  Tel No.
Address of Property to be Insured:  Description of Premises: GPS Coordinates:	

<b>SECTION 1 HOUSEHOLD CONTENTS</b>													
1.1 Do you require cover for Household Contents?	Yes <input type="checkbox"/> No <input type="checkbox"/>												
1.2 What is the total value of contents that you wish to insure?	SR												
<i>Note: If you have personal possessions and valuables which are individually valued at more than SR 5,000, these can be insured under Section 3</i>													
1.3 Description of Safety and security arrangements (mention if your property has fire and/or intruder alarms, sprinklers etc.):													
1.4 Please note the following limits which apply to this section:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">a) Contents Item Limit:</td> <td style="width: 40%;">SAR..... per year</td> </tr> <tr> <td>b) Temporary removal limit:</td> <td>..... of sum insured</td> </tr> <tr> <td>c) Locks limit:</td> <td>SR..... per year</td> </tr> <tr> <td>d) Frozen Food Limit:</td> <td>SAR ..... per year</td> </tr> <tr> <td>e) Alternative accommodation limit:</td> <td>SAR..... OR .....% of total sum insured per year</td> </tr> <tr> <td>f) Debris removal limit:</td> <td>SAR .....OR % sum insured per year</td> </tr> </table>	a) Contents Item Limit:	SAR..... per year	b) Temporary removal limit:	..... of sum insured	c) Locks limit:	SR..... per year	d) Frozen Food Limit:	SAR ..... per year	e) Alternative accommodation limit:	SAR..... OR .....% of total sum insured per year	f) Debris removal limit:	SAR .....OR % sum insured per year
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b) Temporary removal limit:	..... of sum insured												
c) Locks limit:	SR..... per year												
d) Frozen Food Limit:	SAR ..... per year												
e) Alternative accommodation limit:	SAR..... OR .....% of total sum insured per year												
f) Debris removal limit:	SAR .....OR % sum insured per year												
1.5 Do you wish to request increased limits for any of the above? (if so, please detail):													

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A Saudi Joint Stock Company, transacting in Insurance Business, Controlled and Supervised by SAMA

تصريح مليون 300 المال رأس 7001727200 م.م. 20129/33 / ن ت م رقم السعودي المركزي البنك SAMA License No. TMN/33/20129 - U.N: 7001727200 - Capital SAR 300 million

الإدارة العامة الرياض / العامة 643 ب.ص: الرياض 11421 هاتف 920008424 فاكس 966.11.2129444 Head Office/Riyadh: P. O. Box 643 Riyadh 11421-Tel.: 920008424 - Fax +966.11.2129444

121 الدور ، الثاني العنود برج العليا فهد الملك طريق 9033 :العامة الإدارة : الوطني العنوان / السعودية العربية المملكة 12214 الرياض

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2.1 Do you wish to extend your policy to include Accidental Damage to the contents insured by this policy? Yes ☐ No ☐

3.1 Do you wish to insure any individual items with a value greater than SR 5,000? Yes ☐ No ☐

3.2 If yes, please provide the following information for each item *(please attach a separate sheet of paper if you do not have enough room)*:

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Please note, we will require evidence of value (such as purchase receipt or professional valuation report) for any item with a value exceeding SR 50,000.

#### SECTION 4 BUILDINGS

4.1 Do you wish to insure the Buildings? (you will need to insure the buildings if you own them yourself or if your lease states that you are responsible for insuring them. Otherwise, it will be the responsibility of your landlord to insure the buildings)

Yes ☐ No ☐

4.2 What is the sum insured? (Buildings sum insured should represent the rebuilding cost including an allowance for permanent fittings e.g. air conditioning and additional charges e.g. demolition costs and architects' and surveyors' fees)

SR

4.3 If you also wish to insure landlords furniture, fixtures and fittings, please state the separate sum insured for these:

SR

4.4 Do you wish to insure the cost of alternative accommodation or loss of rent payable in the event of an insured event making continued occupation of the premises impossible

Yes ☐ No ☐

Note: this is insured up to the "Buildings Rental Limit" stated in the policy schedule. If a higher amount is required, please advise.

#### SECTION 5 ACCIDENTAL DAMAGE TO BUILDINGS

5.1 Do you wish to extend your policy to include Accidental Damage to the Buildings insured by this policy?

Yes ☐ No ☐

#### SECTION 6 PUBLIC LIABILITY

6.1 Do you wish to insure your personal legal liability as a private householder occupying the Buildings? (applicable if you are a Tenant)

Yes ☐ No ☐

6.2 Do you wish to insure your personal legal liability as owner of the Buildings? (applicable if you are the Owner of the building)

Yes ☐ No ☐

Note: Coverage is provided up to the Limit of Indemnity stated in the policy schedule. If a higher limit is required, please specify.

#### SECTION 7 COMPENSATION FOR DEATH OF THE POLICYHOLDER

7.1 Do you wish to extend your policy to include compensation to your heirs in the event of your death following a fire or unauthorized intruder in the buildings?

Yes ☐ No ☐

Please advise Legal heirs / Beneficiary Names : 1.  
2.  
3.

Note: Compensation is paid in the amount stated in the policy schedule

How long have you been resident at these premises?

Is your home a villa or an apartment and approximately when was it built?

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Are the premises of standard construction (brick, stone or concrete and roofed with slate, tiles, concrete metal or asbestos)? Are premises occupied solely for residential purposes? If no to either, please give details

Will your premises be unoccupied for more than 60 consecutive days in any one year?

Are the premises in a good state of repair. If no, please provide details

Have you ever sustained any loss (whether insured or not) for any of the risks proposed to be covered by this policy?

Give particulars of any policies currently in force with any other company covering any of the Property to be insured.

Please give details of previous insurers in the last five years

Have you or any of your family members ever had a proposal for insurance of any kind or renewal of policy declined, or policy cancelled? If so, give particulars.

Have you ever had any special terms or conditions imposed? If yes, please provide details

Have you ever been convicted or charged (but not yet tried) with any criminal offence? If yes, please provide details

Were you denied insurance by any insurance company?

Any additional information?

Are there any material facts you want to declare?

### Material Facts

Information which would influence the mind of a prudent Underwriters in an insurance company in deciding whether to accept a risk and what terms to apply.

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*Note: If you need extra space to complete your answers to any question, please attach a separate sheet or continue comments on reverse sides of proposal form.*

### **DECLARATION:**

**I/We** hereby declare that to the best of my/our knowledge and belief the answers given by me/us in this form are true and correct and that no material fact has been withheld, misstated or misrepresented.

Submitting this form does not bind you to complete the insurance nor Alinma Tokio Marine to accept, but it is agreed that this form shall be the basis of the contract should a policy be issued.

Signature of Proposer  
& Company stamp: \_\_\_\_\_

Date : \_\_\_\_\_

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