

Domestic All In One Policy Proposal Form

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this proposal) will render the insurance claim void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until Zimnat General has accepted this proposal and the premium paid, except as any office certificate issued on behalf of the company.

PLEASE USE BLOCK LETTERS

General Information

Surname:										First name:																			
Title: <input checked="" type="checkbox"/> The Hon	<input type="checkbox"/> Prof	<input type="checkbox"/> Dr	<input type="checkbox"/> Rev	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms																						
Date of birth:																													
Postal address:																													
Residential/Business address:																													
Email address:																													
Tel home:										Tel office:										Mobile:									
Occupation:										Name of organisation:																			

Period of cover

From										To									
Renewable <input checked="" type="checkbox"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Biannually	<input type="checkbox"/> Quarterly																

1 Is your residence:																							
a) Built of brick, concrete, or stone with asbestos, asphalt, metal slate or tile roof and will be maintained in good state of repair?																		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If "No", provide details:																							
b) Occupied solely by you and your family as a permanent residence?																				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If "No", provide details:																							
2 Have you or any other member of your family living with you:																							
a) Ever been refused insurance cover?																		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If "Yes", provide details:																							
b) Had any property stolen, lost or damaged?																		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If "Yes", provide details:																							
c) Had any claim made against you in the last 3 (three) years?																		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If "Yes", provide details:																							
3 Is the building:																							
a) Likely to be left unoccupied for more than 60 (sixty) consecutive days?																		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If "Yes", provide details:																							
b) Suffered damage by flood, landslip or subsidence or is there a history of such damage in the area?																		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
If "Yes", provide details:																							

PLEASE USE BLOCK LETTERS

House owners (buildings of a private dwelling including outbuildings)

Item	Physical address of property to be insured	Sum to be insured
		\$
		\$
		\$
		\$
		\$
		\$
Electric gate motor (if included please provide separate sum insured)		\$

Total	\$
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House owners (contents of a private dwelling house)

Item	Physical address of property to be insured	Sum to be insured
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Total	\$
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Please provide on a separate sheet the full details of make/model and serial numbers of electronic items such as: televisions, VCR's, audio equipment, satellite decoders, personal computers etc, if applicable in the above sum insured.

All Risks (portable personal effects and valuables)

Item	Clothing and personal effects (limit any one item)		Serial number	Sum to be insured
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$

Total	\$
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Personal Accident

Item	Full name of person to be insured	Date of birth	Occupation	Benefits required		
				Death	Permanent disablement	Med expenses

Is each person to be insured in good health and free from physical or mental defect or infirmity?

☐ Yes ☐ No

If "No", provide details:

Is any to be insured not exposed to any special risk or hazard not otherwise disclosed in this form?

☐ Yes ☐ No

If "Yes", provide details:

Declaration and Warranty on Behalf of all Persons Proposed to be Insured

I/We agree that this proposal shall be the basis of contract between me/us and Zimnat General Insurance Company. I/We declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the Zimnat General Insurance Company's form of policy for the risks now proposed.

Signed at: _____ Time _____ am/pm

Signature of Proposer: _____ Date: _____

Signature of Agent/Underwriter: _____ Date: _____