

♦ **FIRE & ASSOCIATED PERILS INSURANCE** ♦  
**(PRIVATE DWELLINGS ONLY)**  
**PROPOSAL FORM**

In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**Vat No.:** .....

<p>1. (a) Name of Proposer:</p>  <p>(b) Mailing Address: (including Postal Code)</p>  <p>(c) Telephone No./Fax No.:</p> <p>(d) Email address:</p> <p>(e) National Registration (ID) No.:</p> <p>(f) Occupation:</p> <p>(g) Date of Birth:</p> <p>(h) Massy Card No. (if applicable to territory):</p>	<p>.....</p>  <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>2. (a) Situation of Premises:</p> <p>(b) Period of Insurance:</p>	<p>.....</p> <p>From .....</p> <p>To .....</p>
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### 3. DESCRIPTION OF BUILDINGS

Indicate the construction of the Building(s) below by inserting in the spaces provided, the letters representing the materials used.

External walls of: Concrete blocks – A Coral Stone – B Timber – C Stone & Timber – D Other - G

Roofs of: Galvanised Iron – A Permaclad – B Asphalt Shingles – C Other – D

Partitions of: Concrete blocks – A Coral Stone – B Timber – C Plywood – D Other – E

Ceilings of: Timber – A Hardboard – B Other – C

Floors of: Concrete – A Timber – B Concrete & Timber – C Other - D

In each case where the letter representing "Other" is chosen, please specify the material used.

Building	Number of Floors	External Walls of	Roof of	Partitions of	Ceilings of	Floors of

### SCHEDULE OF PROPERTY TO BE INSURED

On the building only

On all Household Goods & Personal Effects

Other

Total \$

4. Is the building occupied solely for residential purposes?

Yes  No

If 'No' please state for what other purposes the building is used.

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5. Is the building secured to the foundation?

Yes  No

If 'Yes' state how

.....

6. What is the age of the building?

.....

7. Are you the owner of the land on which the dwelling is situated?

Yes  No

8. Please state which of the following you use for cooking:	
Natural Gas <input type="checkbox"/>	Bottled Gas <input type="checkbox"/> Kerosene Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other <input type="checkbox"/>

9. Please state which of the following you use for lighting:	
Electricity <input type="checkbox"/>	Gas <input type="checkbox"/> Kerosene Oil <input type="checkbox"/> Other <input type="checkbox"/>

10. Will the building be left unoccupied for more than 30 consecutive days?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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11. Is the building within 12 feet of any other building?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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12. Is this property currently covered by insurance? If 'Yes' please state: (i) Name of Insurance Company: (ii) Sum(s) Insured: (iii) Type of Cover:	Yes <input type="checkbox"/> No <input type="checkbox"/> ..... ..... .....
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13. Has any Insurance Company in respect of the risk(s) to which this proposal relates or any other risk(s) in which you have or had an interest, at any time, declined your proposal, refused renewal, or cancelled your insurance? If 'Yes' please state: (i) Name of Insurance Company: (ii) Reason for declinature/refusal/cancellation:	Yes <input type="checkbox"/> No <input type="checkbox"/> ..... .....
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14. Have you ever had a fire or any other loss at these or any other premises owned, in which you have or had an interest or occupied by you? If 'Yes' please state the name(s) of the Insurance Company(ies) involved:	Yes <input type="checkbox"/> No <input type="checkbox"/> .....
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15. Please give details of any claims, such as cause and the amount paid out.	.....
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16. Is there any mortgage or lien on any of the property being insured?  If 'Yes' please state the name and address of the mortgagee:	Yes <input type="checkbox"/> No <input type="checkbox"/>  .....
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**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Signed by Proposer**

Name (Please print)

.....

Signature

.....

Date .....

<p><b>Fire Insurance</b></p> <p>The Fire Policy issued by Massy United Insurance Ltd provides indemnity at very reasonable cost for loss or damage by Fire, Lightning, Explosion of domestic boilers and explosion of gas used for domestic purposes.</p> <p>Premium is related to circumstances of each proposal.</p> <p>Surveys are made, quotations given and expert advice offered regarding protection.</p> <p>Extensions of cover: The Policy can be extended at additional costs to include cover against various additional risks.</p> <p>Please consult with the Company representative.</p>
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