

Proposal Form

HOME INSURANCE PLAN

1. Proposer's Name: _____

2. Address: _____

3. Address of property to be insured (if different from above):

4. Tel: (Off.) _____ (Res.) _____

Fax _____ Cell _____

5. E-mail Address: _____

6. Profession: _____

7. CNIC #: _____

8. Marital Status: _____

9. Family Details: Spouse _____

Dependents:

Child 1. _____

Child 2. _____

Child 3. _____

Child 4. _____

10. Are you the owner or tenant of property to be insured?

11. Home Security System installed: () Yes () No

12. Security Guards: () Yes () No

13. Type of Accommodation:

() Bungalow () Duplex () Townhouse / Villa

() Private Farmhouse () Luxury Apartment

() Other _____

14. Have you previously been insured: () Yes () No

15. If yes, please give insurer's name _____

16. Have you sustained any loss or damage on the
premises? () Yes () No

17. If yes, please give details.

18. Class of Construction: () RCC or () not RCC

19. Year of Construction _____

20. No. of Storeys _____

21. Insured Values:

(Please provide item wise details on the reverse of this page along
with values indicating the present day replacement value.)

**All information provided above is true to the best of
my knowledge, otherwise the policy issued may be
cancelled.**

Date: _____

Proposer's Signature _____

Insured Values

1. Building (Excluding Foundation,

Plinth & Pavement) Rs. _____

2. Contents

i) Furniture Rs. _____

ii) Carpets Rs. _____

iii) Electronic Equipment Rs. _____

iv) Dinnerware & Crockery Rs. _____

v) Kitchen Appliances Rs. _____

vi) Refrigerator & Deep Freezer Rs. _____

vii) Personal Effects Rs. _____

viii) Wearing Apparel Rs. _____

ix) Watches & Clocks Rs. _____

x) Cameras Rs. _____

xi) Other items:

a) _____ Rs. _____

b) _____ Rs. _____

c) _____ Rs. _____

Total Contents Rs. _____

3. Jewellery

i) In Home Rs. _____

ii) In Locker Rs. _____

Location of Locker _____

Total Jewellery Rs. _____

4. Cash & Prize Bonds Rs. _____

Total Sum Insured Rs. _____

For Office Use: