



Alliance Insurance Company (Pvt) Ltd
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- 1. Cover will come into effect once we have accepted this proposal form
2. Kindly complete all the questions on the space provided. If the space given is not enough kindly complete a separate sheet and attach it to this form.
3. Kindly note that non-disclosure, mis-description and misrepresentation of material facts may render the contract voidable.

NAME OF PROPOSER/ORGANISATION

ADDRESS: POSTAL

PHYSICAL

TELEPHONE NOCELL.....

CONTACT PERSON(S)

BUSINESS/OCCUPATION

PERIOD OF INSURANCE From/...../20..... To/...../20.....

NATURAL PERSONS

Peril covered

Death

Accidental Total Temporary Disability

Accidental Total Permanent Disability

Disappearance

Default as a result of ill health early retirement

JURISDIC PERSON

Perils covered

- Insolvency
- Liquidation

THE POLICYHOLDER

- (a) When was the firm/company established...../...../..... and registered...../...../.....
- (b) How long have you been in the trade/business to be insured.....years.....months
New venture Yes/No
- (c) Provide the following information about your business
 - (i) No of branches.....
 - (ii) Approximate number of clients per month.....
 - (iii) Current loan book USD.....
 - (iv) Highest loan to be extended USD.....
 - (v) Maximum repayment periodmonths

CLAIMS EXPERIENCE

- (a) Have you ever suffered any loss related to the risk to be insured? YES/NO
- (b) Give the following details if answer to (a) above is affirmative: (Or a separate sheet)
 - (i) Name of client (s)
 - (ii) Occupation
 - (iii) Claimed amount
 - (iv) Brief description of the loss circumstances

DEBTORS AND CREDIT CONTROL

State your debt collection system

- | | |
|---|--|
| <input type="checkbox"/> DEBT/STOP ORDER | <input type="checkbox"/> SSB (SALARY SERVICE BUREAU) |
| <input type="checkbox"/> PAID/COLLECTED AT YOUR OFFICES | <input type="checkbox"/> COLLECTED BY YOUR OFFICERS |
| <input type="checkbox"/> OTHER (Specify Below) | |

JURISDIC PERSON

Is the Client Debtor

- a) Under judiciary management? YES/NO
- b) Applying or have applied for voluntary liquidation? YES/NO
- c) Offering voluntary or negotiating retrenchment packages with any staff member(s) YES/NO

d) Ever been convicted or involved in any legal dispute with a customer, competitor or the State ? YES/NO

If any of the answer to a to d above is affirmative please provide further details below
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It is a condition of Credit Insurance Policy that failure to provide the following documents the proposal will not be considered:-

- Certificate of Incorporation
- Memorandum and Articles of Association
- CR 14
- ID's of the individuals / Shareholders
- Company profile
- Audited financial statements for the past 2 years
- Trade reference
- Collateral Security in the form of Immovable property to the Policyholder
- Duly Completed Counter Indemnity Forms

Declaration by the Client Debtor

I/We hereby declare and warrant that the information supplied above is true and accurate to the best of my/our knowledge and further understand that any deliberate misrepresentation will give the insurers the option to deny any liability.

For And On Behalf Of The Client Debtor

Designation.....

Name..... Sig..... Date.....

TRADING HISTORY

- (a) What is your estimated monthly turn over from the business to be insured? \$.....
- (b) What is your estimated monthly default from the business to be insured \$.....
- (c) What is the amount in arrears over the last
 - (i) One month \$.....
 - (ii) Three months \$.....
 - (iii) Six months \$.....
 - (iv) Twelve months \$.....
 - (v) Over twelve months \$.....

(d) What is your estimate of debtors written off during the past three financial years \$.....

(e) Any other information that you may want to disclose which is not covered above e.g. risk management measures to guard against losses

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DECLARATION BY POLICYHOLDER

I/We hereby declare and warrant that the information supplied above is true and accurate to the best of my/our knowledge and further understand that any deliberate misrepresentation will give the insurers the option to deny any liability. I/We also attach the following in support of the foregoing:

- Financial statements or projected financial figures (budget)
- Copy of Company Registration. (in the trade or business to be insured and CR 14 Form Copy.
- Lender's Licence (For Financial Institutions only)
- Debtors' age analysis

For And On Behalf Of The Policyholder

Designation..... Sig.....

Name..... Surname..... Date.....
