

**ALLIANCE INSURANCE COMPANY**  
**66 Ridgeway North – Borrowdale , P.O Box BW 339, Borrowdale**  
**TEL: 882150 – 06 / FAX: 882229**

**PROPOSAL FOR DOMESTIC COMBINED INSURANCE**

(Where questions require a Yes or No answer, tick that which is appropriate)

NO COVER IS IN FORCE UNTIL THE COMPANY HAS ACCEPTED THE PROPOSAL

Proposer's Full Name	
Postal Address	
Occupation	
Telephone Number	
Situation of Premises	
Is it a:	House ..... Semi Detached ..... Flat ..... (Please tick)

1. Are you and your family the sole occupants of the premises? Yes ..... No .....  
 If No, please give details .....

2. Construction (Please tick where applicable)

WALLS	ROOF
Brick ..... Concrete ..... Wood ..... Other .....	Tile ..... Asbestos ..... Wood ..... Thatch ..... Other .....
If "Other" please specify .....	

3. Is the house fitted with an alarm? Yes ..... No .....  
 TYPE - Radio ..... Siren ..... Telephone .....  
 Is the alarm linked to a Reaction Team? Yes ..... No. ....  
 If yes please state which one .....

4. Will premises be unoccupied for more that 60 days in one year? Yes ..... No .....  
 If yes please state number of days .....  
 (N.B. Occupation of Domestic Outbuildings does not constitute occupation of the premises)

5. Has any Insurer ever declined to accept or refused to renew any of your Insurances? Yes ..... No .....  
 If "Yes" please give details .....

6. Give full particulars of losses sustained by you in respect of all contingencies to which this Proposal applies:  
 .....

7. What measures have been taken to secure the premises and prevent similar losses occurring in future? .....

**HOUSEOWNERS (BUILDINGS AND FITTINGS)**

Including Private Garages, Outbuildings, Walls, Gates and Fences, Pools, Pool and Pond Pumps, Tennis Courts, Sauna Baths, Borehole Pumps and Motors, Satellite Dishes, Aerials and Masts, Alarm Systems and Landlord's Fixtures and Fittings therein or thereon including permanent or fitted carpets nailed or glued to the floor).

Total Value      \$.....

**HOUSEHOLDERS (CONTENTS)**

Full value of all the contents of the premises (excluding contents more specifically insured)

Total Value      \$.....

Please provide details of Audio and Visual Equipment (including Make, Model and Serial Number's):

.....  
 .....

Does the total value of Gold, Silver, Platinum Jewellery and Furs exceed one third of the total sum insured? Yes ..... No .....

If yes please state value      \$.....

**ALL RISKS**

NOTE 1.      All Jewellery valued in excess of \$2,500.00 must be accompanied by a valuation certificate.

NOTE 2.      Spectacles, Sunglasses, Contact Lenses must be specifically itemised.

NOTE 3.      Item 1 and 2 below only provide cover as defined, all other items to be listed.

**DEFINITION**

Item 1. Wearing Apparel: Clothing, Pens, Pencils, Briefcases, Handbags, Compacts, Cigarette Cases, Lighters, Electric Razors, Pocket Calculators and other items normally carried on or about the person, including Trunks, Bags and other Receptacles In which the property is contained whilst travelling, (Limit \$100.00 any one item)

**NOTE** This item does not include Spectacles, Contact Lenses, Hearing Aids, Dentures, Jewellery, Personal Ornaments, Cameras, Radios, Electronic Equipment not specified above. Gold and Silver Articles, Watches, Money, Documents of any kind, Medals, Coins.

Item 2. Miscellaneous Jewellery: Jewellery, Personal Ornaments, Gold and Silver Articles, Watches (Limit \$150 any one item).

Item	Description	Sum Insured
1	Wearing Apparel (as defined)	\$
2	Miscellaneous Jewellery (as defined)	\$
3		
4		

Period of Insurance

From: ..... To: .....

**DECLARATION**

I hereby declare that all the information provided is in all respects correct and that no material fact has been suppressed or withheld and that if such information has been provided on my behalf I agree that this declaration and the answers given shall be the basis of the contract between the Company and me. I further agree to accept the usual conditions prescribed by the Company and endorsed on their policy.

Date .....

Signature .....

Branch .....

Agency .....