

Home Insurance Application

Name	Broker
I.D. Number <i>(attach copy)</i>	Inception Date
Postal Address	Period <input type="checkbox"/> 12 Months <input type="checkbox"/> 6 Months
Risk Address	Mobile No.
Email	Phone No.

Coverage

<input type="checkbox"/> Fire Extended including CAT Perils (HOME PRO ELITE)	<input type="checkbox"/> Fire, Lightning, Explosion, Aircraft (FLEXA)
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Type of Construction

<input type="checkbox"/> (A) Stone walls with roof tiles or eternit	<input type="checkbox"/> (B) Wood structure with roof tiles or eternit
<input type="checkbox"/> (S) Stone walls with hard concrete roof	<input type="checkbox"/> (C) Any other construction

Location of Property

Is the property located in an area that has a history of flooding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property within 60 meters of the seacoast?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property within 6 meters of any other building?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Use of Property and Risk Management

Type of property?	<input type="checkbox"/> Private house	<input type="checkbox"/> Private apartment / Condominium
Do you own or have a mortgage on the property?	<input type="checkbox"/> Own	<input type="checkbox"/> Mortgage
Is the property occupied 12 months per year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you rent or rent out the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property likely to be unoccupied for more than 40 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are all the windows protected by iron grills?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the property protected by an anti burglary alarm system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a water heater installed inside the roof space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Historical Information

Is there an existing insurance currently in force?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever placed a claim on your home insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details		
Have you ever been denied insurance coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details		
Have you ever been convicted or charged with a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details		

Sums to be Insured

I. The Buildings (If coverage is needed, please indicate the insured amounts and currency)

Currency	<input type="checkbox"/> ANG	<input type="checkbox"/> AWG	<input type="checkbox"/> USD
Full Reconstruction Value of Buildings	:		
What year was the property built?	:		
How old is the building's electrical installation?	:		
Solar Panel Installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes, Solar Panel Installation value	:		
Is the Property Value appraised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Beneficiary or Mortgagee <i>(if applicable)</i>	:		

II. The Contents (If coverage is needed, please indicate the insured amounts and currency)

Currency	<input type="checkbox"/> ANG	<input type="checkbox"/> AWG	<input type="checkbox"/> USD
High Risk Items e.g., computers, audio and visual equipments	:		
Valuables e.g., jewelry, works of art, collections, precious metals	:		
General Contents e.g., clothing, furniture, washer, kitchenware, etc.	:		
Total Contents Sum Insured	:		

NOTE: Please specify below all Valuables, Electronics and other High Risk Items with a value of ANG/AWG 1,000 (\$550) or higher.

Item	Amount	Item	Amount
_____	Fl. _____	_____	Fl. _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	Fl. _____		

Declaration

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, that the sums insured will be maintained on a true and up-to-date basis and that this proposal shall form the basis of the contract between me/us and MASSY UNITED INSURANCE.

Date: _____

Signature: _____