



# COMFORT ZONE HOMEOWNERS INSURANCE PROPOSAL FORM

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

**PERSONAL DATA**

1. Name & Address of Proposer(s) <i>If more than one insured please provide relevant information</i>	
Mr. /Mrs. Miss	
P O A S T A L	A D D R E S S

**Referred by:**

2. Telephone/Fax Number <i>If more than one insured please provide relevant information</i>	
Home & Mobile	
Business	
Fax	
E-Mail	
Date of Birth	
Occupation	
3 Social Sec. #	

**3. PROPERTY CONSTRUCTION INFORMATION:**

Exterior Walls		Floor:	
Interior Walls		Roof:	
Square Footage:		Approx. Age:	
Height in storeys		Location	

**4. PROPERTY USAGE INFORMATION:**

Mortgagee (name and address)

5. Is the property used solely by you and your family?  Yes  No  
 If no, please state total number of tenants

6. Is the property used as a weekend or holiday home?  Yes  No

7. Is there any profession or trade carried on in the dwelling? If so give particulars?  Yes  No

8. Is the property likely to be unoccupied for more than 40 consecutive days?  Yes  No

9. Is the property in a good condition and will it be so maintained?  Yes  No

10. How are external doors and windows protected?

11. Is the property protected by burglar alarm system? If yes, please provide details of system.  Yes  No

**PROPERTY LOCATION INFORMATION:**

12. Is the property low lying and subject to flooding from any sea, river, waterway or reservoir?  Yes  No  
 If so, state distance there from and height above normal water level?

13. Is the property within 12ft of any other property? If yes please state nature and construction  Yes  No

**INSURANCE HISTORY:**

14. Have you been insured before for any of the risks proposed? If yes, please state name of previous insurer  Yes  No

15. Are you at present insured for any of the risks now proposed? If so, give full details  Yes  No

16. Have you ever been declined insurance or has any insurer required special terms to insure you?  Yes  No  
 If yes, give full details.

17. Have you or anyone normally residing with you been convicted of an offence? If yes, please give details  Yes  No

18. Have you sustained in losses in recent years? If yes please state date of loss, amount, and cause thereof  Yes  No

**19. SUMS TO BE INSURED:**

**SECTION I – BUILDINGS**

The buildings, garages, walls, gates, fences, outbuildings, paved areas, aerials, and landlord's fixtures and fittings, awnings and Jacuzzis. To take advantage of our replacement value cover, you should insure for full replacement value.

Main Building	
Additional building if applicable	
Swimming Pool	
Retaining Wall(s)/Gates/Fences	
Sea wall(s), Docks, jetties, piers, or similar waterside structures (special conditions apply)	
Architect & Surveyors Fees	
Removal of Debris	
Other - please specify	
<b>TOTAL:</b>	

**SECTION II – CONTENTS – (CONTENTS CHECKLIST MUST BE COMPLETED)**

The household goods and personal belongings of the Proposer or any member of family or domestic servant permanently residing at the dwelling shown above.

<b>Furniture, Household appliances</b> Items of greater value than <b>5% of the Contents Sum Insured</b> , must be listed separately.	
<b>Stereo, Television, Video, Personal Computers etc.</b> - Individual items of Audio and Video equipment, internal components of satellite receiving system, C.B. Short-wave and two-way radio systems of greater value than <b>5% of the Contents Sum Insured</b> , must be listed separately.	
<b>Personal Effects &amp; Clothing</b> - Items of greater value than <b>5% of the Contents Sum Insured</b> , must be listed separately.	
<b>Jewellery</b> - No one article or set of jewellery, gold, silver, precious metals, watches, photographic equipment, guns, binoculars, works of art, antiques, curios, furs and the like (hereafter referred to as VALUABLES) will be deemed to be of greater value than <b>\$500.00</b> unless specifically noted on the policy. <b>A LIST OF ALL JEWELLERY ITEMS MUST BE PROVIDED</b>	
Other Contents (please specify)	
<b>TOTAL:</b>	

**SECTION IV – PERSONAL POSSESSIONS ALL RISK**

Covering Jewellery, Personal effects and other valuables against loss or damage by accident or misfortune.

**A LIST OF ALL ITEMS TO BE COVERED UNDER THIS SECTION MUST BE PROVIDED**

Clothing and Personal Effects	
Unspecified Valuables - Articles of greater value than <b>\$500.00</b> requires a valuation report	
Specified items (a valuation is required for items of greater value than <b>\$500.00</b> )	
<b>TOTAL</b>	

**20. OPTIONAL EXTENSIONS: (an additional premium will be required)**

Do you require coverage for:

a) Satellite Television Systems, if yes please state make, model and replacement value  Yes  No

b) Solar Water Heater, if yes please state type and replacement value  Yes  No

c) Full Theft Cover (This provides cover for theft without forcible and violent entry to and from premises)  Yes  No

d) Subsidence and Landslip, if yes please complete the attached questionnaire.  Yes  No

21. Date from which insurance is required:

**Please read the following carefully before signing this Proposal Form**

**DECLARATION**

I hereby apply for insurance as set out in the above form and declare to the best of my knowledge and belief that the foregoing statements and particulars are true and complete. I agree that this application form and declaration shall be the basis of the contract of insurance between **EC GLOBAL INSURANCE CO. LTD.** and myself.

And I further agree to accept indemnity subject to the conditions in and endorsed on the Company's Policy. I also declare that THE TOTAL SUMS INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY, as above mentioned.

**COVERAGE WILL NOT COMMENCE UNTIL EC GLOBAL INSURANCE CO. LTD. ACCEPTS THIS PROPOSAL**, and the Premium or a Deposit paid except as provided by an Official Covering Note issued by **EC GLOBAL INSURANCE CO. LTD.**

Date..... Proposer's Signature.....

**OFFICE USE ONLY**

POLICY NO.:	
COVERGE PERIOD:	
PREMIUM:	
Reviewed by:	