

HOME COMPREHENSIVE INSURANCE PROPOSAL FORM

Important Note

Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this proposal) will render the insurance void. If you are in doubt of the facts which might be considered material, you should disclose them. The liability of the company does not commence until AFC has accepted this proposal and the premium paid, except as any Office Certificate issued on behalf of the company.

GENERA	AL INFORMATION OF TH	E PROPOSEF	}								
SURNA				FOF	RENAME(S))					
	Irs./Ms/Mrs./Dr/Prof.)										
Postal	Address					E	-Mail Address				
Reside	ential Address										
Occupation			Date Of Birth								
Phone Number		Home		Business		ľ	Mobile Phone Numb				
Period	l Of Cover :	From		То		F	Renewable: Annua	ally/Biann	ually/Quarterl	y/Monthly	
1. Is y	our residence					(Tick	Applicable) Prov	ide deta	ils if "No"		
a)	built of brick, concret	e, or stone	with asbestos	s, asphalt, concr	ete, meta	al slate	or tile roof and	will be r	maintained i	n good st	ate
	of repair?					N	o Yes				
b)	occupied solely by yo	u and your	family as perr	manent residen	ce?	No	Yes				
2. Ha	ve you or any member	of your fam	nily living with	you		(Tick	Applicable) Prov	ide deta	ils if "YES"		
a)	ever been refused ins	surance cov	er?			No	Yes				
b)	had any property or p	ossessions	stolen, lost o	r damaged?		No	Yes				
c)	had any claim made a	against any	of you in the l	last three (3) ye	ars?	No	Yes				
3. Is t	he building					(Tick	Applicable) Prov	ide deta	ils if "YES"		
a)	likely to be left unocc	upied for m	ore than sixty	y (60) consecuti	ve days?	N	o Yes				
b)	suffered damage by f	lood, heave	, landslip or s	ubsidence or							
	is there a history of s	uch damage	in the area?			N	o Yes 📉				
SECTION	IS OF COVER										
	I. House owners	(Buildings	of a Private	Dwelling Hous	e includi	ing ou	tbuildings)				
Item	Physical Address o	f Property	To Be Insur	ed				9	Sum to insu	ıre (US\$)
	Electric Gate Motor	(if included	please provi	de separate Su	ım Insure	ed)					
	II. Householders (Contents o	of a Private D	welling House	2)						
				•	•					4	

Item	Physical Address of Property To Be Insured	Sum to insure (US\$)

Please provide on a separate sheet the full details of Make/Model and Serial Numbers of electronic items such as Televisions, VCRs, Audio, Equipment, Satellite Decoders, Personal Computers etc. if included in the above sum insured.

III. All Risks (Portable Personal Effects and Valuables)

Item	Description	Sum to insure (US\$)
	Clothing and Personal Effects (Limit any One item: \$	

IV. Personal Accident

	Name of person to be insured Date of birth Occupation		B enefits required (US\$)			
				Death	Permanent	Medical
					disablement	expenses
				(~	Γick Applicable) Prov	vide details if "YES"
Is each r	person to be insured in good hea	olth and free fron	n any physical or n	nental defect or infi	rmity? No Yes	
•	be insured not exposed to any				·	
	be insured not exposed to any	special risk of fla	zai u ilot otilei wise	e disclosed ill tills lo	IIII: NO 163	
is arry to						
•	re of Proposer		Date	·/	_/ Time	AM/PM
Signatu	•			e/ ature	_/ Time	AM/PM

I/we agree that this proposal shall be the basis of the contract between me/us and AFC Insurance Company. I/we declare that the statements made in this proposal are true and correct to the best of my/our knowledge and belief and I/we agree to accept and abide by the AFC Insurance Company's form of policy for the risks now proposed.

The Future Today