

## Proposal Form Home & Contents Insurance

CUSTOMER DETAILS			
HOME OWNER'S NAME:			
PHONE/MOBILE:			
EMAIL:			
RESIDENTIAL ADDRESS:			
POSTAL ADDRESS:			
OCCUPATION:			
HOME INFORMATION			
LOCATION OF PROPERTY TO BE INSURED:	SECTION:	ALLOTMENT:	
STREET NAME:			
SUBURB:			
TOWN/CITY:			
DESCRIPTION OF HOUSE			
Sum Insured (Replacement Value):			
Is there any part of your house used for business ac	tivity? 🗆 yes	□no	
If yes, please provide details			
Property occupied as:   owner occupied	□ rented/lease	□ other (please sp	
	□ Wood	☐ Mixed Construc	tion
Age of building:	How long have you	owned the nome?	
Condition of electrical wiring:	To Inm		
Period of Insurance: From 4pm//_ INTERESTED PARTY	To 4pm	/	_/
Name of bank or finance company:  Location/Branch:			
Postal Address:			
Contact Person's Name:			
Phone:			
Email Address:			
DESCRIPTION OF CONTENTS (attach list if insufficient sp	pace)		
List of Contents	Value		
1)	PGK		
2)	PGK		
3)	PGK		
4)	PGK		
Total Value of Contents =	PGK		



List of Personal Effects (items you carry with you)	Value
1)	PGK
2)	PGK
3)	PGK
Total Value of Personal Effects =	PGK

## DECLARATION

## I/We declare that:

- I/We have answered every question fully, and truthfully, and no information has been withheld which is likely to affect Liberty's decision about accepting this insurance
- I/We have either completed this proposal form personally or, if it has been completed by my/our agent, I /we have checked that the questions have been fully and accurately answered
- I/We acknowledge that Liberty Assurance reserves the right to decline my/our application
- That I/We have fourteen (14) days to read the policy and if I/We are not satisfied with the conditions, I/We can cancel this insurance in writing and receive a full refund of any premium paid
- The buildings and contents are in a sound state of repairs and the sum insured stated represents their full value
- If anything happens during the period of insurance which alters any of the information I/We have provided, I/We will promptly inform Liberty Assurance Limited

By signing this proposal, I/We authorize Liberty to:

- Obtain any information it may need about my claims and prior insurance history from my previous insurer(s)
- Make enquiries from third parties to verify claims history and other information I have provided
- Disclose my claims history to any insurance agent I appoint or to any of my former or future insurers

nsured's Name:	
nsured's Signature:	
ate:	
Vitness/Agent's Name:	
Vitness/Agent's Signature:	
pate:	



SECURITY QUESTIONAIRE  To Be Completed And Attached To Proposal Form		
1. Insured's name:		
2. Situation/location of house:		
3. Are deadlocks fitted to all external doors?		
4. Are internal doors (i.e. bedroom doors) locked when premises are vacant?		
5. Is an alarm system installed and in constant use?		
6. Does the property have a security fence & gates enclosing the premises?		
7. Are external security lights installed and operating?		
8. Does the property have domestic quarters which are occupied?		
9. Do the windows grill bars for security?		
10. Please provide details of any other security measures Undertaken (eg: Security guards, watch dogs etc)		
COINSURANCE NOTE:  I/We understand that if the value of property is greater than the Sum Insured stated hereon, I/We shall be liable for our proportion of any loss.		
Name: Signature: Date:		

## **IMPORTANT NOTE**

- 1. Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.
- 2. Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.
- 3. The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion