

Personal Effects Insurance Proposal Form

(COMPLETE IN BLOCK LETTERS AS APPLICABLE)

Full name of proposer

Address of proposer

Description of business Telephone

Mobile Website Address E-Mail

	YES	NO
2. Are you or have been insured against the risks now proposed?	<input type="checkbox"/>	<input type="checkbox"/>

A. Which company?

B. When does or did such insurance lapse?

3. Have you ever had such an insurance declined, cancelled, Or compulsorily revised?	<input type="checkbox"/>	<input type="checkbox"/>
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If so give full details

4. In what countries is cover required?

5. Have you a comprehensive Household, Fire, or Burglary Policy in force?	<input type="checkbox"/>	<input type="checkbox"/>
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If so, give details

6. State what claims you have made or are making under any All Risks, Comprehensive household or Fire or Burglary Policy.

7. Schedule of property to be insured

Insurance to commence from 4pm on the day of 200

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I hereby warrant the truth of the above statements and declare that I have withheld no information which might tend in any way to increase the risk of the company or influence the acceptance of this proposal.

I undertake to exercise all ordinary and reasonable precautions for the safety of the property insured and I declare that I have insured the current value of the property specified.

I agree that this proposal shall be the basis of the contract between me and The Lion of Africa Insurance Company Limited and I further agree to accept insurance on the terms and conditions set forth in the company's policy.

SN	SCHEDULE	DESCRIPTION	AMOUNT
1			
2			
3			

Date

Signature

The Insurance will not commence until the Proposal has been accepted in writing/e-mail and the Premium paid. A copy of the Policy wording is available for download on request.