HOLLARD HOME INSURANCE PROPOSAL FORM

1. PERSONAL DETAILS
   Full Name of Proposer: ________________________________
   Postal Address: ______________________________________
   Tel. No.: __________________________ Email: ____________
   Profession/Occupation: _________________________________

2. BUILDING INSURANCE
   i. Location Address of Property to be insured: ____________
   ii. Sum Insured (representing full rebuilding cost, debris removal, architect’s fee, etc.): ____________
   iii. (a) Is the House a: Bungalow: [ ] House: [ ] Flat: [ ] Others: [ ]
        (b) If a House or Bungalow, is it: Detached: [ ] Semi-Detached: [ ] Rented: [ ] Others: [ ]
        (c) Is the House: Owner occupied: [ ] Part-Rented: [ ] Rented: [ ] Others: [ ]

   If you ticked Others for any of 2. iii, Please give full details:
   __________________________________________________________________________________________

   iv. The House for which insurance is required is:
       (a) Built of Brick, Stone or Concrete Yes: [ ] No: [ ]
       (b) The Roof Constructed of Slate, Concrete, Metal, Asbestos Yes: [ ] No: [ ]
       (c) Wood Panel Outer Doors, Burglar Prevention Bars on Windows Yes: [ ] No: [ ]

   If you have answered NO to any question above please give details:
   __________________________________________________________________________________________

   v. Is the House:
       (a) Always Occupied Yes: [ ] No: [ ]
       (b) Guarded by Watchman Yes: [ ] No: [ ]

   If you have answered NO to any question above please give details:
   __________________________________________________________________________________________

3. CONTENTS INSURANCE
   Please specify items and their replacement values as per attached schedule:
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
### 4. EMPLOYERS LIABILITY

**Do you intend to insure these categories of your domestic employees:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes:</th>
<th>No:</th>
<th>How many:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indoor Servants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outdoor Servants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drivers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 5. OPTIONAL COVERS

**Do you wish to extend the Insurance to cover:**

(i) Personal Accident to other members of the family  
Yes: [ ] No: [ ]

(ii) Pedal Cycle  
Yes: [ ] No: [ ]

(iii) Use of parts of the premises for Business use  
Yes: [ ] No: [ ]

If you have answered **YES** to any question above please give details:

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### 6. INSURANCE HISTORY

(i) Are any of the proportion Proposed for this insurance already insured  
Yes: [ ] No: [ ]

(ii) Have you ever sustained loss through any of the contingencies against which you now propose to insure  
Yes: [ ] No: [ ]

(iii) Has any Company or Underwriter declined any proposal for Insurance by you or cancelled or declined to continue insurance at these premises or elsewhere  
Yes: [ ] No: [ ]

If you have answered **YES** to any question above please give details:

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### DECLARATION

I am aware of the need to disclose any facts, which are likely to influence the acceptance or assessment of this Proposal by the Company. I agree that failure to disclose all relevant facts may invalidate cover or may result in cover not operating fully.

And I agree that the above proposal shall be the basis of the contract between HOLLARD INSURANCE GHANA LIMITED and me and I agree to abide by the terms and condition of the policy.

Date: [ ]  
Signature of Proposer:  
Agency No.: [ ]