

obal ALL RISK INSURANCE **PROPOSAL FORM**

PLEASE READ CAREFULLY AND ANSWER ALL QUESTIONS FULLY

Agent/Broker:								
1.	Name & Postal Address of Proposer	2. Telephone/Fax Number						
		Home						
		Business						
		Fax						
3.	Address of premises if different from postal address	E-Mail						
		Date of Birth						
		Occupation						
Mortgagee:								
If your property is mortgaged, please indicate the mortgagee bank or financial institution								
PROPERTY INFORMATION:								
	erior Walls							
Roc	of:							
Please tick the box which best describes your accommodation								
	☐Private House ☐Apartment	ther - If Other, please state the type of accommodation						
		and in other, please state the type of accommodation						
2.	Is any part of your residence rented or let?	□Yes □No						
۷.	If yes, please give details	□TeS □NO						
3.	Please state how the windows and doors of your residence are	secured.						
4.	Are there burglar bars or similar protection on all;							
4.	a) (i) Windows	□Yes □No						
5.	b) (ii) External Doors Is your residence fitted with a Burglar Alarm System?	□Yes □No □Yes □No						
6.	Will your residence be left unattended during your holidays or when overseas?							
7.								
8.	Will your residence be left unattended regularly during the daytime? How may days do you estimate it will be left unattended during any one Year							
9.	Please state the last date on which the valuables were last over							
	competent person or firm	·						
10.	 Please state the name of the person or firm who carried out the last overhauling or valuation of the articles being proposed for insurance 							
11.	The value of the articles to be insured are to be:							
	☐the purchase price ☐the latest valuation							
12.	2. When the articles are not in use they are kept:							
	☐ at home in a drawer/cupboard ☐ at home in a locked safe ☐ in bank's safety deposit box ☐ other - If other, please give details							
13.	Are the articles proposed for insurance worn or used solely by t If no, are they worn or used by:	he proposer? ☐Yes ☐No						
		□Yes □No						
	your son Yes No other	Yes No - If other, please give details						
INSURANCE HISTORY:								
14 Are you now or have you previously been insured against Fire Theft or All Risk Insurance? [Yes] No If yes please state name of previous insurer								
	y a greater character provided medical							
15.	Have you ever sustained loss by Fire, Theft or any risk now to b	e insured?						
If yes, please provide details								

16. Has any Insurer ever: a) declined your proposal? b) refused to renew or cancelled your policy? c) imposed special conditions? Yes No Yes No								
17. Do you wish to have cover whilst traveling to other territories? If yes, please state the countries you intend to visit and for what period								
18. Do you wish to have cover on a Worldwide basis? If yes, please state the countries you intend to visit and for what period ☐Yes ☐No								
SUMS TO BE INSURED:								
Item No.	Separate descripti	on of each article to be ins of stones in each article of			Sum to be Insured (Full Value)			
		_						
Insurance period required:								
From Date:	niou roquirou.		To Date:					
TO BE COMPLETED IN ALL CASES Failure to disclose material facts could result in your policy being invalidated. Material facts are those facts, which might influence the acceptance or assessment of your proposal. If you are in any doubt as to whether a fact is material you should disclose it.								
I/WE hereby declare that to the best of my/our knowledge all the statements given on this Proposal Form are true and complete and that I/we have disclosed all material facts that ought to be communicated to EC Global Insurance Company Limited.								
II/WE undertake to exercise all ordinary and reasonable precautions for the safety of the insured property.								
I/WE hereby agree that this Proposal and this Declaration shall be the basis of the contract of the insurance between EC Global Insurance Company Limited and Myself/Ourselves.								
Date Proposer's Signature								
COVERAGE WILL NOT COMMENCE UNTIL EC GLOBAL ACCEPTS THIS PROPOSAL.								
			OFFICE USE ONLY					
		POLICY NO.:						
		COVERAGE PERIOD:	1					

PREMIUM: