

FOR OFFICE USE ONLY

Policy No.: Date:
 Premium: Rs Authorised by:

Surname: Mr / Mrs / Miss

Forename/s:

Address of property to be insured:
(If more than one residence is to be insured, please give all addresses and indicate the main residence)

Address for correspondence
(if different from address of property to be insured)

.....

Occupation / profession: Tel No.:

Mob No.: Fax No.: Email:

Insurance required from for 12 months

Section(s) 1 &/or 2 – Property (Buildings and/or contents)

Condition of building/s:

1. Is/are the building/s built in concrete walls and floors under concrete roofs? Yes No
If no, give details
2. Is the building a house bungalow flat ?
3. Are there any outbuildings? Yes No
If yes, give details
4. Is/Are the building/s used solely as private living accommodation for you and your family (i.e. not used in any part for any business activities)? Yes No
If no, give details
5. Is/Are the building/s left unoccupied for more than 4 weeks at any one time? Yes No
If yes, give details
6. Are there any open verandas? Yes No
If yes, give details
7. Is/Are the building/s in a good state of repair and will it/they be so maintained throughout the period of insurance? Yes No
8. Is/Are the building/s specially exposed to the risks of cyclone, tidal wave? Yes No
9. Is/Are the building/s in an area where the surrounding properties or the property insured show signs of damage by subsidence or landslip? Yes No

10. Is/Are your building/s situated in a region which is usually flooded after heavy rainfall or a cyclone? Yes No

11. Have you ever suffered any loss resulting from the above? Yes No

If yes, give details

To be answered if you are applying for cover for your building/s

1. Please state sum(s) to be insured: Rs Rs Rs

Make sure that the sum for which you wish to insure is adequate so that you may be fully indemnified in case of loss. Otherwise "Average" will apply.

2. Is the insurance to be effected in favour of a third party? Yes No

If yes, please give name and full address of the third party in the space provided below:

.....
.....
.....

To be answered if you are applying for cover for your contents

1. Please state sum to be insured: Rs

No cover will be granted without a detailed list of the contents with corresponding values. If during the period of insurance the total value of the contents increases by the purchase of new items or by inflation you should arrange for the sum insured to be adjusted accordingly.

It is strongly recommended that you complete the inventory on page 4 to establish an adequate sum insured.

2. State whether all openings are secured by burglar bars and / or other protective equipment? Yes No

If yes, give details

3. Is/Are your building/s protected by an approved burglar alarm with a current maintenance contract? Yes No

If yes, give details

4. Have the premises ever, to your knowledge, been broken into? Yes No

If yes, give details

5. Are the premises:

(a) occupied otherwise than by the proposer? Yes No

(b) left unattended for regular daily periods? (e.g. due to all adult residents being at work) Yes No

(c) regularly left unattended at night? Yes No

Section 3 – All Risks – Personal Possessions

1. Please state sum to be insured: Rs

Please give full description of the articles to be insured in table 1 or on a separate sheet of paper and indicate value of each separately. Original receipts or valuation for each article to be insured exceeding Rs 2,000 in value should be submitted so that copies can be taken.

1.	Rs
2.	Rs
3.	Rs
4.	Rs
5.	Rs
6.	Rs
7.	Rs

Section 4 – Personal Liability

1. Please state the Limit of Liability

ANY ONE EVENT you have selected Rs

The Limit of INDEMNITY in the aggregate in respect of all events occurring during any one period of insurance is UNLIMITED.

Section 5 – Employer’s Liability (Domestic servants)

1. Please give details and indicate number of your HOUSEHOLD EMPLOYEES

Indoor servant(s):..... Outdoor servant(s):..... Driver(s):.....

To be answered in any case

1. Have you, whether insured or not, ever incurred liability or sustained loss or damage by any of the perils against which it is proposed to insure? Yes No

If yes, give details

2. Are you already insured against the risks it is proposed to insure? Yes No

If yes, give details

3. Has any insured ever

(a) declined your insurance or required a proposal to be withdrawn? Yes No

(b) required an increase in premium rate or stipulated special conditions? Yes No

(c) cancelled or refused to renew any of your insurance? Yes No

If yes, give details

4. Are there any additional facts affecting the proposed insurance which should be disclosed to the Company? Yes No

If yes, give details

Important: Self insurance (Average)

If at the time of any loss, destruction of or damage to any property hereby insured, the sum insured thereon be less than the value of the property insured thereby, then the Insured shall be considered as being his own Insurer for the difference and the liability of the Company shall be limited to that portion of such destruction or damage which the sum insured bears to the value aforesaid.

Now read the following carefully particularly if the proposal is not completed in your own hand, and then sign and date the Declaration.

Declaration

I/We hereby declare the particulars and answers given here as true and correct and that I/We have not withheld any information that might influence the acceptance of the proposal. I/We agree that this proposal and declaration shall be the basis of the contract between Mauritius Union Assurance Co. Ltd and myself/ourselves and that any material alterations shall be immediately made known to the Company.

Signature:

Date:

Introductory Agent:

I/We hereby certify that Mr/Mrs/Miss is acting as my sole introductory agent.

Signature of Proposer:

Date:

