

**DOMESTIC PACKAGE INSURANCE PROPOSAL FORM**

Agency Name: \_\_\_\_\_ Account \_\_\_\_\_ No:  
\_\_\_\_\_

Name of proposer (in full)

Postal Address: P.O Box \_\_\_\_\_ Code: \_\_\_\_\_

**All questions must be answered in full. Please use BLOCK letters or tick as appropriate**

Town: \_\_\_\_\_

Telephone Contacts: \_\_\_\_\_ E-mail \_\_\_\_\_

Pin Number \_\_\_\_\_ ID \_\_\_\_\_ (attach copy)  
Number \_\_\_\_\_ Street: \_\_\_\_\_

Location of Premises: Plot No:

Town: \_\_\_\_\_

Period of Insurance: From: \_\_\_ To: \_\_\_\_\_

1. Of what material is the dwelling constructed?
  - a) Walls \_\_\_\_\_
  - b) Roof \_\_\_\_\_
2. What is the height in storeys? \_\_\_\_\_
3. Is any business, profession or trade carried on in any section of the premises of which the dwelling forms a part? .....Yes/No  
If so, give particulars \_\_\_\_\_
4. Is the premises:
  - a) A private dwelling house? ..... Yes/No  
If not please explain \_\_\_\_\_
  - b) A self-contained flat with separate entrance exclusively under your control?.....Yes/No
5. Is the dwelling solely in your occupation? .....Yes/No

(Including your family and servants)

6. (a) Will the dwelling be left without an inhabitant for more than seven (7) consecutive days? If so, state the extent \_\_\_\_\_

(b) Will the dwelling be left without an inhabitant for more than thirty (30) consecutive days? If so, state the extent \_\_\_\_\_ NOTE:

Whenever the dwelling is to be left unoccupied for a period exceeding the above stated days please notify the Company.

7. Are the buildings in good state of repair and will they be so maintained? \_Yes/No

8. Do you wish to insure rent receivable or rent payable? \_\_\_\_\_  
Yes/No

If yes, state amount and number of months for which cover is required

Amount \_\_\_\_\_ Number of months \_\_\_\_\_

9. Do you wish to enhance the value of your building automatically at the end of every insurance period?

If so indicate the percentage increase required.

Tick appropriate option below.

- a) Five percent (5 %)
- b) Ten percent (10%)
- c) Fifteen percent (15%)
- d) Twenty percent (20%)

## **PROPERTY TO BE INSURED**

### **Section A – the Buildings**

The proposer's residence being a private dwelling house or private flat and all domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around and pertaining thereto, including Landlord's fixtures and fittings in the said building all situated as above T'ZS

(All the said buildings are brick, stone or concrete built, with tile, concrete, or metal roof T'ZS

### **Total Sum Insured on Buildings.**

Note: The sum Insured for the buildings should be the reinstatement value. i.e. the cost of rebuilding the house including walls and out buildings, making allowance for Architects and Surveyors consultancy fees and Cost of debris removal.



**Section B – Contents**

**Note 1:** The sum Insured should be the replacement value less depreciation, wear and tear of the property.

**Note 2:** No one article (furniture excepted)) shall be deemed of greater value than 5% of the total sum Insured on the contents unless such article is specifically Insured.

**Note 3:** The total value of platinum, gold and silver articles, jewelry will be deemed not to exceed one third of the total sum Insured on the said contents unless specifically agreed upon with the Insurer. If the said value exceeds this portion the total value of such property should be specified.

**Option 1**

On furniture, household goods and personal effects of every description the property of the proposer or any member of the proposer’s family normally residing with the proposer, and fixtures and fittings the proposer’s own or for which proposer is legally responsible, not being landlord’s fixtures and fittings, in the building of the proposer’s residence.

Furniture .....	TZS
Household linen .....	TZS
Cutlery, Glass, Crockery .....	TZS
Pictures and ornaments .....	TZS
Wines and Spirits .....	TZS
Personal Clothing .....	TZS
Photographic Equipment .....	TZS
Jewelry and valuables (attach jewelry report valuation for any single item valued in excess of TZS.100,000/ .....	TZS _____
Others (specify) .....	TZS _____
<b>Total Sum Insured .....</b>	<b>TZS _____</b>

Specify here any article of greater value than 5% of the total sum Insured on the above contents.

Item.	Value (TZS)

**Option 2**

Complete this option if you wish to insure each item individually.

Proposer's estimate of the value of individual items making up the contents Do not include a value for any item which is to be Insured under the "ALL RISKS"

	<b>Make</b>	<b>Model</b>	<b>Serial Number</b>	<b>Value</b>
Furniture				
Carpets				
<b>Household Linen</b>				
Curtains				
Bed linen				
Others				
<b>Clothing</b>				
Self				
Spouse				
Children				
Others				
<b>Kitchen Equipment</b>				
Cooker				
Gas Cylinder				
Cutlery, Crockery, Glass				
Juicers/Blenders				
Microwave Oven				
Others				

<b>Household Appliances</b>				
Refrigerator				
Freezer				
Dish Washer				
Washing Machine				
Vacuum Cleaner				
Pictures and Ornaments				
Wine and Spirits				
Sports Equipments				

<b>Entertainment Equipment</b>				
Television set				
Home Theater				
Radios				
CD/VCD players				
Others (Please Specify)				
<b>Photographic Equipment</b>				
Camera				
Video Camera				
Binoculars				
Others				
<b>Musical Equipment</b>				
Piano				
Others				
<b>Total</b>				

### Security Measures

a) Please indicate the security arrangements you have put in place;

Own Watchman \_\_\_\_\_ Security guards \_\_\_\_

Any other (please specify) \_\_\_\_\_

### **Section C – All Risks**

Note: The Sum Insured should be the replacement value of the property less a deduction for wear, tear and depreciation)

Please give a detailed description and state separately the value of each item as provided here below.

For any items of jewelry with sum Insured up to and in excess of TZS: 100,000/= a valuation report must be submitted.

Description of article	Make	Model	Serial Number	Value

**Section D – Workmen Insurance Benefit AS PER ACT Please state the number of Domestic employees.**

Annual wage	Number	Estimated Annual Wages
Indoor workers		
Gardeners		
Chauffeurs		
Watchmen		
Others (please specify)		

**Section E- Employer’s liability**

Limit of cover required (tick as appropriate)

Option A \_\_\_\_\_

Option B

Any one person

Any one Occurrence

Any one year

Subject to deductible of TZS 200,000/- each and every claim



**Section E-owners Liability**

Limit of Indemnity required \_\_\_

**Section F- Occupier's and Personal Liability**

Limit of Indemnity required \_\_\_

**Declaration**

I/We do hereby declare that the above answers are true to the best of my/our knowledge and belief and that I/We have not withheld any information whatever regarding the proposal. I/We agree that the declaration and the answers given above shall be the basis of the contract between me/ us and

GA Insurance Tanzania Ltd.

Signature of Proposer \_Date \_\_\_\_\_

The liability of the Company does not attach until the proposal has been accepted by the Company and premium has been paid.

**NOTE: (This proposal form shall be completed and signed by the proposer)**