



Covering Risks. Improving Lives

Alliance Insurance Corporation Limited

Registered and Head Office

P.O. Box 9942, 7th Floor, Exim Tower, Ghana Avenue, Dar es Salaam, Tanzania Tel: +255 22 2139100/01

Fax: +255 22 2139098, Email: admin@alliancetz.com Website: www.alliance.com

Samora Branch: +255 22 2124295, Arusha Branch: +255 27 2545999

Moshi Branch: +255 27 2752537, Mwanza Branch: +255 28 2500545

PROPOSAL FOR PERSONAL INSURANCES (Domestic Package Policy)

FULL NAME OF PROSPER: MR/MRS/MISS TEL NO.

POSTAL ADDRESS

OCCUPATION

DATE OF BIRTH

PLEASE COMPLETE FOLLOWING SECTIONS REQUIRED

SECTION A/B: BUILDING AND/OR CONTENTS

(All questions must be answered)

1. ADDRESS OF DWELLING AT WHICH INSURANCE REQUIRED	
2. Of what materials is the dwelling constructed (a) Walls (b) Roof?	2. (a) (b)
3. What is its height in storeys?	3.
4. How are the outbuildings (if any) constructed (a) Walls (b) Roof?	4. (a) (b)
5. Is any business, profession or trade carried on in any portion of the premises of which the dwelling forms a part? If so, give particulars.	5.
6. Is the building (a) A private dwelling house? (b) A self contained flat with separate entrance exclusively under your control? (c) Rooms not self contained?	6. (a) (b) (c)
7. Is the dwelling solely in your occupation? (including your family and servants)	7.
8. If not solely in your own occupation, do you let Apartments or receive boarders?	8.
9. (a) Will the dwelling be left without an inhabitant, more than 7 consecutive days? If so, state extent (b) Will the dwelling be left without an inhabitant, for more than 30 consecutive days? If so, state extent	9 (a) (b)
10. Are the buildings in a good state of repair and will they are so maintained?	10



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PROPERTY TO BE INSURED

SECTION A:

THE BUILDINGS

<p>The proposer's residence being a private dwelling house or private flat and all the domestic offices, stables, garage and outbuildings on the same premises and used in connection therewith and the walls, gates and fences around pertaining thereto, including landlords fixtures and fittings in the said buildings all situated as below</p> <p>.....</p> <p>.....</p> <p>Premises ①</p> <p>②</p> <p>③</p> <p style="text-align: center;">The Sum Insured on Building Shs</p>	<p>Sum to be Insured (Full Value)</p>
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SECTION B

THE CONTENTS:

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

Premises ① – Tshs

Premises ② – Tshs

Premises ③ – Tshs

The Policy does not cover:

- (i) Property more specifically insured.
- (ii) Deeds, bonds, bills of exchange, promissory notes, cheques, securities for money, stamps, documents of any kind, currency notes, manuscripts, medals, coins motor vehicles and accessories and livestock unless specially mentioned herein.
- (iii) part of the structure or ceilings of the buildings, wallpapers and the like or external television and radio antennae aerial fittings, masts and towers. These will usually be included in the Buildings Cover unless otherwise described in the schedule.

No one article shall be deemed to be of greater value than 5 per cent of the Total Sum Insured on the Contents unless such article is specifically insured.

Specify here any such articles of a greater value than 5 per cent of the Total Sum Insured on the said contents.

Item	Value



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The total value of platinum, gold and silver articles, jewellery and furs will be deemed not to exceed one third of the total sum insured of the said contents unless specially agreed. If the said value exceeds this portion please state the total value of such property. Tshs

SECTION C

“ALL RISKS”

SCHEDULE OF PROPERTY

Please give detailed description and state separately the full value of each item apart from the general All Risks Cover. A valuation from an approved value must be submitted in respect of each article of Jewellery and Valuables to be Insured for more than TShs. 80,000/=

Item	Make & Model	Serial No.	Value
1. On clothing & Personal effect	N.A.	N.A	
2. Contact lenses / glasses			
3. Pedal Cycles			
4. Camping Equipment			
5. Cellular Phones			
6.			
7.			
8.			

SECTION D

PERSONAL LIABILITY

LIMIT OF INDEMNITY TSHS. 10,000,000/=

IS THIS COVER REQUIRED? YES/NO

SECTION E

PERSONAL ACCIDENT

Name of Person	Date of Birth	Age	Height	Weight	Description	Sum Insured

Please state existing disabilities or illnesses for each person including any claims for personal injury.



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SECTION F – MOTOR

VEHICLES:

COVER: COMPREHENSIVE/ THIRD PARTY FIRE & THEFT/ THIRD PARTY ONLY

MAKE: YEAR OF MANF:

MODEL:..... REG. NO.....

VALUE: ENG. CAPACITY:

CHASS. NO: ENG. NO:

WHAT IS VEHICLE USED FOR:

HAS THE VEHICLE BEEN MODIFIED:

IS THE VEHICLE FITTED WITH ALARM SYSTEMS:

IS VEHICLE GARAGED OVERNIGHT:YES/NO

IS VEHICLE FITTED WITH RADIO/TAPE/CD:..... YES/NO

SPECIFY MAKE AND MODEL:

SUM INSURED:

IS WINDSCREEN COVER REUIRED?

SUM INSURED:

SPECIFY ANY ACCESSORIES (I.E. ALLOY WHEELS, BULL BAR ETC)

FOR MORE THAN one vehicle, please fill in separate sheet with details.

SECTION G – WORKMAN’S COMPENSATION

On Life and Disability of Domestic Servants.

NAME:

AGE:

SALARY:

POSITION:



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HAS ANY COMPANY OR INSURER IN RESPECT OF ANY OF THE CONTINGENCIES TO WHICH THIS PROPOSAL APPLIES:-

- (a) DECLINED TO INSURE YOU?
- (b) REQUIRED SPECIAL TERMS TO INSURE YOU?
- (c) CANCELLED OR REFUSED TO RENEW YOUR INSURANCES?
- (d) INCREASED YOUR PREMIUM ON RENEWAL?

IF SO GIVE FULL PARTICULARS

HAVE YOU EVER SUSTAINED LOSS FROM ANY OF THE HEREIN MENTIONED PERILS?

.....

IF SO GIVE PARTICULARS

PERIOD OF INSURANCE FROM TO

DECLARATION

I do hereby declare that the above answers and statements are true and that I have withheld no material information regarding this proposal. I agree that this Declaration and the answers above given, as well as any proposal or declaration or statements made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the Company and I further agree to accept indemnity subject to the conditions in and endorsed on the Company's policy.

I also declare that the sums expressed in Section A & B represent not less than full value of the property as above mentioned.

Date Signature of Proposer

The liability of the Company does not commence until the Proposal has been accepted and the first premium paid.