Botswana
Insurance Company Limited
Insurer of first choice since 1975

HOMECOVER
PROPOSAL FORM

FOR OFFICE USE

NAME OF BROKER/ AGENT: _____

CONTACT PERSON: _____ TEL NO: _____

POLICY:_____ CELL : _____

E-MAIL: _____

Instructions on how to fill in this proposal form:

1. GENERAL INFORMATION :
   All questions in this section must be answered
2. BUILDING INSURANCE :
   Must be filled in if you are insuring a building
3. CONTENTS INSURANCE :
   Must be filled in if you are insuring contents
4. "ALL RISKS":
   Must be filled in if you are insuring your portable possessions. BIC will only p rovide this cover if you have insured your building and/ or contents and have filled in 1 and or 2 above
5. INSURANCE HISTORY :
   All questions in this section must be answered
6. DECLARATION :
   It must be signed.
7. INVENTORY OF HOUSEHOLD GOODS :
   The table must be filled in if you have taken contents insurance and filled in 3 above.

1. GENERAL INFORMATION

PLEASE COMPLETE THIS PROPOSAL FORM IN "BLOCK" CAPITALS – PLEASE COMPLETE ALL FEILDS

Your title (eg Dr. Prof . Mr. Miss) _____ Surname _____

First Names _____

Your Postal address _____

Contacts

Home_____ Cell _____

Work _____ Email _____

Address of property to be insured _____

_____

_____

How long have you lived at this address? _____

Is it a private house, townhouse or flat? _____

PLEASE CIRCLE THE FOLLOWING QUUESTIONS WHERE APPLICABLE:

1.1	Are the walls constructed of brick, stone or concrete?	Yes/ No
1.2	Is the roof constructed of corrugated iron?	Yes/No
1.3	Is the roof constructed of thatch	Yes/No
	If the answer to the question 1.3 is "yes" please advice as follows:	
	1.3.i Is there an approved lightning conductor?	Yes/No
	1.3.ii Is the thatch treated?	Yes/No
1.4	Is the roof constructed of slate, tile, concrete or asbestos?	Yes/No
1.5	Is the private residence in the sole occupancy of yourself and / or Family?	Yes/No
1.6	Is any part of the private residence used for business?	Yes/No
1.7	Will the private residence be left unoccupied for more than 30 days during any one annual period	Yes /No
1.8	Are all opening windows (including louvre windows) protected by burglar bars?	Yes/No
1.9	Are security gates fitted to all external doors?	Yes/No
1.10	Is the residence protected by an automatically monitored intruder alarm?	Yes/No
	If the answer to question 1.10 is "yes" please provide the name of the alarm company below	
	_____	
1.11	Is your private residence adjacent to an open area?	Yes/No
1.12	Is your private residence normally occupied during working Hours?	Yes/No
	If the answer to question 1.12 id "yes" please advice by whom	
	_____	

2. BUILDINGS INSURANCE (includes Property Owners Liability – P1,000,000)

The insurance by this section provides cover for your private residence and domestic outbuildings, including landlords fixtures and fittings, tennis court, swimming pool, borehole equipment, walls, gates and fences (other than hedges), tarred, paved or tiled driveways or patios, underground water, gas or sewerage pipes and electricity and telephone cables. **The sum insured should represent the current full rebuilding cost plus the cost of site clearance and architects and professional fees.**

Sum insured required P _____

Home Assist Required? **Yes/No**

PLEASE NOTE:

1. If you wish to insure a second home please complete an additional proposal form
2. Sums insured will be automatically increased at the rate of 1% per month.

3. CONTENTS INSURANCE (includes Occupiers and Personal Liability – P1,000,000)

The insurance by this section provides cover for your household goods and personal effects in your private residence which belongs to you or a permanent member of household. **The sum insured should be calculated on current replacement costs without and deduction for depreciation.**

Sum insured required P _____

PLEASE NOTE:

1. Theft cover does not apply if your house is left unoccupied for more than 30 consecutive days or 60 days in any period of insurance.
2. If you wish to insure the contents of a second house please complete an additional proposal form.
3. Sums Insured will be automatically increased at the rate of 1% per month, or other such rate as may be advised from time to time.

4. "ALL RISKS"

The insurance by this section provides cover for wearing apparel, personal effects(including sporting equipment) normally worn or designed to be carried on the person. Cover is provided world wide. The sum insured should be based on current replacement costs. Documentary evidence of value in respect of any item of property will be required in the event of a claim.

A. Unspecified Property
(Limit any one item of property, pair or set P 1,000)

SUM INSURED REQUIRED P _____

PLEASE NOTE:

1. Any single item of property (including any article of jewellery) with a value in excess of P 1,000 must be individually itemised under the heading Specified Property. Similarly if an item forms part of a pair or set and the total value of the pair or set exceeds P 1,000 the pair or set must be individually itemised under the heading Specified Property. Professional valuation must be submitted for any article of jewellery in excess of P 1,000.

2. Contact or micro corneal lenses, non prescription glasses, radios, tape, recorders and tapes, compact disc players and compact discs, firearms and cellular or other portable telephones must be individually itemised under the heading Specified Property irrespective of value.

B. Specified Property
(Valuation Certificates may be required by the Company in certain circumstances prior to provision of cover)

Item No.	Description of Property	Sum Insured [BWP]
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

5. INSURANCE HISTORY

5.1 Are you now or have you been insured for any of the risks outlined in the proposal form? Yes/No

If the answer to question 5.1 is "Yes" please provide the names of your previous insurers, the policy numbers and the date cover expired.

_____

_____

_____

_____

5.2 Has any insurer ever declined to accept or refused to renew or cancelled or imposed any special terms for any risks you now wish to insure? Yes/ No

If the answer to question 5.2 is "Yes" please provide details below

_____

_____

5.3 Have you or any of the persons to be insured suffered any loss during the last three years which was insured or would have been insured had the insurance for which you are now proposing been in force at the time? Yes/No

If the answer to 5.3 is "Yes" please provide details below

Type/Nature of Loss	Year	Name of Insurer	Amount of Loss

6. PLEASE SIGN THE FOLLOWING DECLARATION

I declare that the answers provided on this proposal form are true and complete and that I do not know of any material facts, even though specific questions about them have not been asked, which should be communicated to Botswana Insurance Company Limited.

I agree ht this proposal shall be the basis of the contract between the insurer and myself and that if this proposal is being completed on my behalf, the person doing so is acting as my Agent.

I understand that no cover is in force until this proposal has been received and accepted by Botswana Insurance Company Limited.

If you cannot sign this declaration without qualification please give your reasons below:

_____

_____

_____

Signature_____ Date _____

7. INVENTORY OF HOUSEHOLD GOODS:

It has been our experience for some time from the handling of claims that many of our customers are under-insured. It is in your interests in view of the average condition in the policy to check the adequacy of your sum insured by using the following Valuation Schedule. Sums insured should be based on current replacement costs.

BEDROOMS	
Bed and mattress	
Bedside radio	
Wardrobe	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Linen, blankets & bedding	
Clothing and footwear	
Furs and jewellery	
Reading lamps	
Toys	
T.V set	
Other	
TOTAL P	

STUDY/WORK ROOM	
Desk and bookcases	
Tables and chairs	
Books and manuscripts	
Curtains and loose carpets	
Paintings and ornaments	
Sewing machine	
Knitting machine	
Cameras and projectors	
Firearm and binoculars	
Typewriter	
Sporting equipment	
Reading lamps	
Other	
TOTAL P	

DINING ROOM	
Dresser and side board	
Tables and chairs	
Dinner service	
Cutlery and silverware	
Reading lamps	
Display articles	
Glassware	
Hot tray	
Curtains and loose carpets	
Paintings and ornaments	
Tea trolley	
Other	
TOTAL P	

BATHROOM/TOILET	
Curtains and loose carpets	
Towels and toiletries	
Shaving equipment	
Hairdryer	
Other	
TOTAL P	

ENTRANCE HALL/ PASSAGE	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
All household heaters	
Linen stored	
Other	
TOTAL P	

LAUNDRY	
Washing machine	
Tumble dryer	
Iron/ironing board	
Curtains	
Linen stored	
Other	
TOTAL P	

LOUNGE	
Lounge suite	
T.V video and video games	
Hi_Fi and tape deck	
Display cabinet	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Reading lamps	
Liquor and glass sets	
Other	
TOTAL P	

FAMILY ROOM	
T.V Video games	
Music system	
Record tapes and Cds	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Reading lamps	
Liquor and glass sets	
Other	
TOTAL P	

KITCHEN	
Fridge and contents	
Freezer and contents	
Dishwasher	
Mixer and blender	
Vacuum and polisher	
Electrical appliances	
Cutlery and crockery	
Furniture and curtains	
Groceries	
Utensils	
Microwave oven	
Other	
TOTAL P	

GARAGE AND WORKSHOP	
Power tools	
Hand tools	
Workbench and vice	
Bicycles	
Lawnmower and roller	
Garden furniture	
Braai equipment	
Camping equipment	
Swimming pool equipment	
Welding equipment	
Other	
TOTAL P	

SERVANT'S QUARTERS	
Bed and mattress	
Wardrobe	
Tables and chairs	
Curtains and loose carpets	
Paintings and ornaments	
Linen, blankets and bedding	
Clothing and footwear	
Radio and T.V.	
Other	
TOTAL P	
Add an amount for possible future additions P	
GRAND TOTAL P	