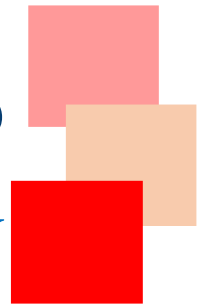




SIC Insurance Plc

Homeplus Insurance Policy



PROPOSAL FOR HOMEPLUS INSURANCE POLICY

Name of Proposer:

Address of Proposer:

Telephone # Occupation or Profession:

Nationality: Email:

Date of birth

Location of Property: House #.....Street Name..... Town/City.....

Digital Address: Region:

Construction: Wall of Roofed with

1. Have you ever suffered any loss or damage by fire or any other Peril? If so,
give details.....

2. a. Is there any other insurance on the Property?.....

b. Has any previous request for insurance been declined?.....

3. Name and address of Mortgagee, if any.....

SECTION 1: FIRE AND ALLIED PERILS

Allied Perils covered comprise of: Fire, Impact, Aircraft and/or Articles dropped therefrom, Explosion, Wind-storm, Hurricane, Cyclone & Tornado, Bursting or overflowing of water pipes, apparatus and the like, Flood, Earthquake, Riots & Strike, Civil Commotion and Malicious Damage.

PROPERTY

SUM INSURED

i. Building(s)

ii. Contents / Household Goods & Personal Effects

iii. Specially Declared Item(s)

(These consists of items worth over GHC2,000.00 each. Please attach a separate list)

SECTION 2: BURGLARY

Subject to forcible and violent entry into or out of the premises

1. Is the above residence ☐ Detached ☐ Semi-Detached ☐ Flats/Apartment ☐ Others

If you ticked Others, please specify.....

2. Are you the sole occupier? ☐ Yes ☐ No

3. What is the nature of the Locks?.....

4. Is the premises occupied during the daytime? ☐ Yes ☐ No

5. Will the premises be at any time unoccupied? ☐ Yes ☐ No

If Yes, for how long annually?

6. Have you ever suffered loss or damage by Burglary, Housebreaking or Theft? ☐ Yes ☐ No

If yes, give details mentioning what precaution have been taken to avoid recurrence.

.....
.....

SECTION 3: MONEY

Please Note

Subject to a maximum limit of GH¢20,000.00 (Twenty Thousand Ghana Cedis)

Is the money stored in a safe? ☐ Yes ☐ No

(a) If Yes, give the details below:

i. The type of safe used

ii. Maker's Name Age

iii. Dimensions of the Safe Cost

iv. Who keeps the safe keys

(b) If no, how is the money saved? Briefly describe:.....

.....

Note: Limit for money out of safe : GH¢5,000.00 (Five Thousand Ghana Cedis)

SECTION 4: RENT

The cost of alternate rent in the event of a loss by an Insured Peril for up to Six (6) Months. Total rent payable shall not exceed GH¢30,000.00 (Thirty Thousand Ghana Cedis)

SECTION 5: THIRD PARTY LEGAL LIABILITY

Covers legal liability to third parties plus legal cost and expenses

Maximum Limit of Liability: GH¢40,000.00 (Forty Thousand Ghana Cedis)

SECTION 6: FAMILY PERSONAL ACCIDENT

This section is limited to five (5) persons consisting of insured and spouse plus three (3) other members of the insured's household. The maximum limit of liability per event is GH¢30,000.00 (Thirty Thousand Ghana Cedis). This MUST be reinstated at an additional premium at all times.

Name of Insured:

	Name	Relation to insured
Name of 1st Member		
Name of 2nd Member		
Name of 3rd Member		
Name of 4th Member		

Maximum limit of liability: Death/Permanent Disability GH¢30,000.00 (Thirty Thousand Ghana Cedis).

Temporary Disability GH¢1,200.00 (One Thousand Two Hundred Ghana Cedis) a month for a period NOT exceeding 12 months

SECTION 7: GROUP LIFE (INCLUDING CRITICAL ILLNESS)

A combined cover that builds the right solutions to help alleviate financial worries at a time when it may be needed most.

Maximum limit of liability: Group Life— GH¢30,000.00 (Thirty Thousand Ghana Cedis).

Critical Illness—GH¢50,000.00 (Fifty Thousand Ghana Cedis).

BENEFICIARIES

Name of Beneficiary	Relationship with beneficiary	DOB of beneficiary	Contact No.	E-mail

DECLARATION

I hereby declare and warrant that the above questions are fully answered that I have not withheld or concealed any circumstances affecting the proposed insurance.

I hereby agree that this declaration shall be deemed to be of a promissory nature and effect and the basis of the contract between me and the SIC Insurance Company, and I am willing to accept a policy subject to the terms and conditions prescribed by the company therein and to pay the premium thereon.

Date:dd/mm/yy

Signature of Proposer

Name of Agent if any

Agency #

The liability of the company does not commence until acceptance of this proposal has been intimated by the company or official cover note issued after premium has been paid.

SIC INSURANCE PLC

HEAD OFFICE: NYEMITEI HOUSE 28/29 Ring Road East. Tel (030) 2-280600-9 Fax (030) 2-780615 e-mail:sicinfo@sic-gh.com website: www.sic-gh.com

Ring Road West Office
0302-228922

Tema Area Office
0302-228922

Kumasi Area Office
0302-228922

Takoradi Area Office
0302-228922