

PROPOSAL FOR HOME PACKAGE POLICY

Details of Proposer

1. Proposer's Full Name (Mr / Ms) :

2. Postal Address :

3. Location to be insured :

4. NIC No. : 5. Telephone No. :

6. E-mail :

7. Period of Insurance: From 4 pm on: To 4 pm :

8. Mortgagee (If any) :

9. Property to be Insured

a.	On Building Including Permanent Fixtures & Fittings (Excluding fixtures such as CCTV, Burglary Alarms & Solar Panel)	<input type="text"/>
b.	On Boundary Wall and Gates	<input type="text"/>
c.	On House Hold Electronic & Electrical Equipment	<input type="text"/>
d.	On House Hold Furniture including fixed glasses or mirrors forming a part of the furniture	<input type="text"/>
e.	On Plate Glass forming a part of the building	<input type="text"/>
f.	On Solar Panel	<input type="text"/>
g.	Other Items	<input type="text"/>
Total Sum Insured		<input type="text"/>

**** Detailed itemised list with values, serial numbers should be attached in respect of (c & g)**

General Information

10. Construction of the House Walls Roof Ceiling

11. Details of the Drainage Facilities in the neighbourhood

12. Is the Building used for any purpose other than as a private residence (e.g. Shop, workshop)

13. Age of the Building (Approximately)

14. Is the building under construction? Yes ☐ No ☐

15 Is it : - Permanently Occupied Building ☐ A second Home (alternative residence) ☐

Optional Extensions

Please tick the appropriate box if "You" require any of the followings

16. Riot & Strike/ Malicious Damage ☐ Terrorism ☐

17. Personal Accident Cover (for family members - age limit 4 years to 70 years) Yes : ☐ No: ☐

Name	Date of Birth	NIC Number	Sum Insured

(Please use a separate sheet if space is insufficient)

18. Workmen's Compensation Cover for Domestic employees. Yes : ☐ No: ☐

Category (Nature of Duties)	Number	Estimated Annual Wages

(Please use a separate sheet if space is insufficient)

Do you need :-

	Yes	No
Riot & Strike	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input type="checkbox"/>	<input type="checkbox"/>

19. Electrical Fire & Lightning Damage to Electrical Appliances & Installations.(Please give the following details)

Type of Equipment	Make/Model/Serial Number	Year of Manufacture	Sum to be Insured

(Please use a separate sheet if space is insufficient)

20. Accidental Damage to solar panel Yes : ☐ No: ☐

21. Basis of Cover : ☐ Reinstatement ☐ Indemnity

22. If there is any insurance on the same property in force please state

Name of the Insured : Policy No :

23. Have you suffered loss or damage by any peril proposed in this proposal within last 5 years? If "Yes" please provide date, cause of loss, amounts and name of insurer

24. Has the proposal or renewal of fire insurance ever been declined, withdrawn or required to impose special terms? If "Yes", give details

Declaration

I declare that to the best of my knowledge and belief the information given is true in every respect and if such statement are in the writing of another person, he/she acted as my agent for such purpose.

I agree that this proposal and declaration shall be the basis of the contract between me and People's Insurance PLC.

I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/>

I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

Business Channel / Insurance Advisor :

.....
Date

.....
Proposer's Signature

Important

01. Cover will not operate until a cover note or policy has been issued.

02 The policy will carry a Premium Payment Warranty Clause which requires the premium to be paid in full within a specific period failing there would be no liability under the Policy.