

PROPOSAL FORM – HOME INSURANCE

(Please complete all information and tick Appropriate box)

PERSONAL PARTICULARS OF PROPOSER	
Name & Surname of Proposer: Mr./Mrs./Ms. _____ <input type="checkbox"/> As Tenant <input type="checkbox"/> As House Owner Date of Birth: ____/____/____, ID Card/Pass Port No: _____ Nationality: _____ Occupation: _____	
Current Address: House No: _____ Unit: _____ Village: _____ District: _____ Province: _____	
Mobile Phone (Mandatory): _____ E-mail Address: _____	
Name & Surname of the Insured or Beneficiary (If altered from above): Mr./Mrs./Ms.: _____ Mobile Phone (Mandatory): _____ E-mail Address: _____	
Location /Address of Property to be Insured (If altered from current address) <input type="checkbox"/> Same as current address House No: _____ Unit: _____ Village: _____ District: _____ Province: _____	

INFORMATION OF PROPERTY TO BE INSURED	
1. Of what material is the building constructed? (If more than one building, please provide this information separately)	
a) Walls?	<input type="checkbox"/> Reinforce concrete <input type="checkbox"/> Bricks <input type="checkbox"/> Timber <input type="checkbox"/> Other, Specify _____
b) Columns?	<input type="checkbox"/> Reinforce concrete <input type="checkbox"/> Steel <input type="checkbox"/> Timber <input type="checkbox"/> Other, Specify _____
c) Beams?	<input type="checkbox"/> Reinforce concrete <input type="checkbox"/> Steel <input type="checkbox"/> Timber <input type="checkbox"/> Other, Specify _____
d) Roof structure?	<input type="checkbox"/> Reinforce concrete <input type="checkbox"/> Steel <input type="checkbox"/> Timber <input type="checkbox"/> Other, Specify _____
e) Roof?	<input type="checkbox"/> Tiles <input type="checkbox"/> Iron sheet <input type="checkbox"/> Other, specify _____
2. How many floors? <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Other, Specify _____	
3. Year of construction _____	
4. Is there any boundary fence/wall surrounding your house? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Are there any other buildings closed by less than 10 meters? (Exclude small out-houses) <input type="checkbox"/> Yes <input type="checkbox"/> No	

SUM INSURED	
<i>The sum to insured must represent full value of the property. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.</i>	
1. Buildings <i>Building being used for the purpose of residence including garage, kitchen, house for Servants (excluded fence and gate)</i>	LAK _____
2. Home Contents <i>Inclusive of Furniture, Fixture, Filling, and Improvements to home decoration, household utensils, electrical appliances, kitchenware, clothing of the insured or member of the insured's family.</i>	LAK _____
3. Limit for liability toward neighbors <i>Legal liability in case of fire spreads to neighbors</i>	<input type="checkbox"/> LAK 200,000,000 <input type="checkbox"/> LAK 500,000,000 <input type="checkbox"/> LAK 1,000,000,000 Other _____
4. Limit for family liability <i>Legal liability to third parties</i>	<input type="checkbox"/> LAK 10,000,000 <input type="checkbox"/> LAK 30,000,000 <input type="checkbox"/> LAK 50,000,000 Other _____

REQUESTED PACKAGE OF INSURANCE COVER	
<input type="checkbox"/> Basic	Cover fire, family liability & fire liability toward neighbors
<input type="checkbox"/> Essential	Cover fire, family liability & fire liability toward neighbors, water damage, storm & earthquake
<input type="checkbox"/> Superior	Cover fire, family liability & fire liability toward neighbors, water damage, storm, earthquake, fixed glass breakage & electrical damage
<input type="checkbox"/> All inclusive	Cover fire, family liability & fire liability toward neighbors, water damage, storm, earthquake, fixed glass breakage, electrical damage & burglary
<input type="checkbox"/> Other, please specify: _____	

PAYMENT SCHEDULE		
<input type="checkbox"/> Annually	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Quarterly

PERIOD OF INSURANCE	
O1 Year, Inception Date: ____/____/____	Expiry Date: ____/____/____

DECLARATION	
<i>I (the Proper) hereby confirm the above information provided is correct and true. In the event of any change of the above information. I shall keep Allianz Insurance Laos informed in writing as soon acknowledged the change.</i>	

Signature of the Proposer
 Date: ____/____/____

Signature of the Agent
 Agent Code: