

Broker:	
Coverage:	
<input type="checkbox"/> Comprehensive Private Fire Insurance <input type="checkbox"/> Household contents <input type="checkbox"/> Private Fire Insurance	

1. Policy Holder

a. Last name and first names	b. Date of birth
c. Occupation	d. Collection Address
e. Residing address	f. Residence
g. Telephone number	h. Email address

2. Starting Date

a. Start date	b. Premium payment (Continuous for 1 year)
	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Per Quarter

3. Risk address

a. Address	
b. Area	c. Island

4. To Be insured

Dwelling
a. What is the reconstruction value <input type="checkbox"/> XCG. <input type="checkbox"/> USD.
b. Do you wish to insure outdoor awnings, air conditioners, and antennas? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which ones? <input type="checkbox"/> XCG. <input type="checkbox"/> USD.

5. Information about the dwelling

a. What type of house is it <input type="checkbox"/> Single Family Home <input type="checkbox"/> Otherwise Namely: _____
b. Building method <input type="checkbox"/> Concrete Blocks <input type="checkbox"/> Primarily Concrete Blocks <input type="checkbox"/> Wood <input type="checkbox"/> Primarily Wood <input type="checkbox"/> Other, Namely _____

5. Information about the dwelling (Con.)

c. Are there different levels (floors) in the house?

Yes No

If yes of which material?

Concrete Wood

d. Construction of roof

Hard covering Zink Partial zink Other, namely _____

e. Maintenance condition of dwelling

Good Fair Poor

f. Condition of electrical installations

Good Fair Poor

g. Where is the gas installation located

Inside Outside Private Home Short / Longterm Lease Apartment

Combi Of Home/Common Use

If Short -/ long-term lease is applicable

Is the owner residing abroad?

Yes No

If yes, for how long is the home continuously occupied.

More Than 2 Months Occupied Less Than 2 Months Occupied

Is the home under supervision?

Yes No

Please provide their contact information

Name:	Address:
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Telephone number:	E-mail address:
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h. When is the house built? (Year)	i. Is the house under construction
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Yes No

j. Is the house vacant?	k. Is there a mortgage on this house?
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<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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l. Who is the lender

Name:	Address:
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6. Adjacent Buildings

a. What is the house adjoint to?

<input type="checkbox"/> On all sided by other houses	<input type="checkbox"/> On one or more sides by open land (mondi)
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<input type="checkbox"/> On one or more sides by commercial buildings

b. How far are these buildings

c. What are their construction and roofing materials?

d. What are these buildings used for

7. Other Insurances/ Damages

a. Is the house insured under another policy in your name or in the name of another interested party for this policy?

Yes No

Policy#:	Coverage:

If so, please provide the policy number, the insurance company, and the coverage.

XCG. USD.

Insurance Company:	Is or was this insurance including indexation?
	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. In the past 8 years, have you or any other interested party experienced any damage due to an event covered by the requested insurance?

Yes No

If so, when did it occur?

What was the cause of it?

c. How much was the damage?

XCG. USD.

d. Did you receive any compensation?

Yes No

e. What was the insured amount?

Yes No

f. At which insurance company were you insured at that time.

Name insurance company:

8. Additional remarks.

In the past 8 years, have you or any other interested party in this insurance been denied or had any type of insurance canceled, or have any restrictive or aggravating conditions been imposed? If so, please specify the company and the reason.

8. Additional remarks. (Con.)

Do you have any information to disclose about any criminal history involving yourself or any other interested party within the past 8 years? Additionally, are there any other facts related to the insurable risk or any involved parties that could be relevant for assessing this insurance application? If preferred, you may send this information separately and confidentially to our management.

Household contents

Would you also like burglary insurance?

Yes No

a. New value Household contents

XCG. USD.

b. Value of tenant's improvements if you are renting the house

XCG. USD.

c. Do you possess antiques, jewelry, musical instruments, coin or stamp collections, Persian carpets, porcelain, paintings, and similar items? Please specify the amounts in XCG/USD. (For items with a value higher than XCG 5000 / USD 2800, receipts must be provided)

<input type="checkbox"/> Antiques	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Coins collection	<input type="checkbox"/> Musical Instruments
<input type="checkbox"/> Stamps Collection	<input type="checkbox"/> Persian carpets	<input type="checkbox"/> Porcelain	<input type="checkbox"/> Paintings
<input type="checkbox"/> Silver objects	<input type="checkbox"/> Other Items	<input type="checkbox"/> Antiques	

e. Any additional information?

Details about the building where the contents are stored
a. Type of windows installed

<input type="checkbox"/> Sliding Windows	<input type="checkbox"/> Aluminum Shutters	<input type="checkbox"/> Glass Shutters	<input type="checkbox"/> Wooden Shutters
<input type="checkbox"/> Swing Windows	<input type="checkbox"/> Sash Windows	<input type="checkbox"/> Glass Windows	

b. Type of doors installed?

<input type="checkbox"/> Sliding Doors	<input type="checkbox"/> Aluminum Doors	<input type="checkbox"/> Glass Doors	<input type="checkbox"/> Wooden Shutters Door
<input type="checkbox"/> Wooden Doors	<input type="checkbox"/> Sash Windows		

c. How is the location of the house

<input type="checkbox"/> In a residential area	<input type="checkbox"/> Secluded from other houses
<input type="checkbox"/> In a moderately populated neighborhood	

d. Is the building usually occupied?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Usually someone at home	<input type="checkbox"/> Not home during the day	<input type="checkbox"/> Single working person
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e. Is the building secured?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<input type="checkbox"/> Alarm system	<input type="checkbox"/> Cameras	<input type="checkbox"/> Grilles on doors and windows
<input type="checkbox"/> Windows and doors pinned	<input type="checkbox"/> Other: _____	

f. Is the alarm system connect to a security company?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, which one

Name:	Address:

g. Are there many valuables that might attract burglars?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Applicants' declaration: The applicant confirms that the information provided is true and accurate at the best of his/her knowledge and understands that any false statements or misleading information may lead to any claim that this claim may be denied by SaBéé Insurance.

Name:	Place:
Signature Policy Holder	Date: