**DOMESTIC PACKAGE PROPOSAL**

**NOTE 1.**  This Insurance will be subject to the terms and conditions of the company’s usual form of policy, a specimen copy of which will be sent on request. The insurance on both buildings and contents is based upon the fact that the buildings are occupied as private dwellings only and are not subject to abnormal hazard.

**NOTE 2.** Please ensure that you consult UAP Insurance Sudan Company prior to leaving the house for longer than 7 days in order that you may obtain advice on restrictions and cover.

**NOTE 3.** Please refer to the back page for brief description of the cover provided.

1. **PROPOSER DETAILS**

**FOR INDIVIDUAL APPLICATIONS**

1. Name: ……………………………………………………………………………………………………................
2. Date of Birth: ……………………………………………………………………………………………….............
3. Passport/ ID Number: ……………………………………………………………………………………..............

**(Please attach copy of ID/Passport)**

1. Nationality: ………………………………………………………………………………………………................
2. Physical Address: …………………………………………………………………………………….....................
3. Telephone Number (s): .…………………………………………………………………...................................
4. Email Address: …………………………………………….……………………………………............................
5. Trade / Occupation: ……………………………………………………………………………………...............
6. Physical address of Trade/ Occupation: ……………………………………………………………..............
7. Source of income: ………………………………………………………………………………………...............

**FOR CORPORATE APPLICATIONS**

1. Registered name of the organization: ………………………………………………………………...............
2. Registration number of the organization: ………………………………………………………….................

**(please attach copy of the registration certificate and TIN)**

1. Source of funds: …………………………………………………………………………………………...............
2. Registered physical address of the organization:

………………………………………………………………………………………………………………...............

1. Name of the CD/ MD/ ED / CEO /Authorized representative: ……………………………………………………….............................................................................................
2. Date of Birth: ………………………………………………………………………………………………..............
3. Nationality: ………………………………………………………………………………………………................
4. Passport/ ID number (please attach copy): ………………………………………………………................
5. Telephone number(s)……………………………………………………………………………………..............
6. Email address(es): ………………………………………………………………………………………………………………...............
7. Names of shareholders

**(please attach their ID/ Passport copies)**

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1. Shareholding details

**(please attach copy of memorandum and articles of association)**

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1. **OTHER INFORMATION**
2. Situation of Insured’s property: Plot No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street/Road \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Town/Region \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Profession or occupation. If more than one, give details of all *(Please also state if self-employed)*
4. Your own?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. a) Height of building in storeys? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Of what material is building constructed of (i) Walls? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (ii) Roof? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How are the out-buildings (if any) constructed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a) Walls? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ b) Roof? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. as any business, profession or trade, carried out in any portion of the premises of which the dwelling/out-building forms a part?  Yes No

 If so, give particulars.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the dwelling
	1. A private dwelling house? Yes

 No

 No

 No

 No

* 1. Yes
1. Is the dwelling solely in your occupation? (including your family and servants) Yes
2. If not solely in your own occupation, do you let apartments or receive boarders? Yes
3. a) Will the dwelling be left without an inhabitant for more than 7 consecutive days?

 Yes No

If so, state extent *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  b) Will the dwelling be left without an inhabitant for more than 30 consecutive days? Yes No

 If so, state the extent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are the buildings in a good state of repair and will they be so maintained? Yes No
2. Please tick the nature of your insured residence:

Owned on Mortgage: Yes No Owned outright: Yes No

 Owned by Local Authority: Yes No Rented: Yes No

Other: Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION A Property Insured

13. 

 Unless otherwise stated the Buildings are built of brick stone or concrete asbestos or metal roofs.

 Sum to be insured: USD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If No give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Name of Mortgagee/Other interests\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION B The Contents of your home



15. Specify here any such articles of greater value than *5* per cent of the Total Sum Insured on the said contents.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 TotaI Sum Insured on Contents USD. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please show on a separate leaf, how the value of the contents is made up.**



 mentioned herein.

(iii) Any part of the structure or ceilings of the Buildings, wallpapers and the like, or external television and radio antennae,

 

The total value of **platinum, gold,** and **silver articles, jewellery**, and **furs** will be deemed not to exceed one-third of the



value of such property.

# SECTION C - All Risks Insurance (Y

**16. Sums to be insured**

 a) Please give detailed description and state separately the full value of each item *(jewellery)****.***

 A valuation from an approved valuer must be submitted in respect of each article to be insured

for more than

**USD 100,**

*(*

*Single article limit in lieu thereof*

***USD 50***

*)*

**Total Sum to be insured:**

**NOTE:**

***No cover for jewellery not in safe when not in use.***

# SECTION D Your Domestic Employees

17. Do you wish to insure your domestic employees for your liability under Employer’s liability Yes No

 If yes, please indicate number of employees per category:

 Indoor Employees Gardener

 Watchmen

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SECTION E - Your Liability as Owner of the Dwelling (Limit of Indemnity USD 15,000 )

18. Do you wish to insure this liability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

# SECTION F - Your Liability as Occupier And Your Personal Liability (Limit of Indemnity USD 15,000)

19. Do you wish to insure this liability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes No

# GENERAL QUESTIONS for all sections

1. State how the following are secured, giving make of locks if possible
	1. i) Outer doors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ii) Front windows \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ iii) Back windows \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ iv) Trap doors and skylights \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Yes No

 If so, give details and state which parts of the premises are protected *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* 1. Are metal burglar bars fitted on all the windows? Yes

 No

 No

 No

 No

 No

 No

* 1. Is the compound fenced? Yes
	2. Is there a guard dog? Yes

 g) Is jewellery when not in use locked in a safe? Yes

1. Is the dwelling:-
	1. Only left regularly unattended for recreational and shopping purposes? Yes
	2. In an area which has been free from flooding for the past ten years? Yes c) Give details of any **‘NO’** answer to the above questions

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have you had any other policies covering any of the perils to be insured under this policy? Yes

 No

 If yes, state the name of the previous insurer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has any insurer:-
	1. Declined to insure you? Yes

 No

 No

 No

 No

* 1. Required special terms to insure for? Yes
	2. Cancelled or refused to renew your insurance? Yes
	3. Increased your premium on renewal? Yes

 If so, give full particulars\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 24. Have you ever sustained loss from any of the herein mentioned perils?

 If so, give particulars\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25.State date from which this insurance is to commence:

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DECLARATION**

*I do hereby declare that the above answers and statements are true, and that I have withheld no material information regarding this proposal. I agree that this Declaration and the answers above given, as well as any proposal or Declaration, or statement made in writing by Me or anyone acting on My behalf shall form the basis of the contract between Me and the Company, and I further agree to accept indemnity, subject to the conditions in, and endorsed on, the Company’s policy. I also declare that the sums expressed in Section A & B represent not less than the full value of the property, as above mentioned.*

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Proposer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE FIRST PREMIUM PAID.**

**SECTION A - BUILDINGS: LOSS OR DAMAGE CAUSED**

1. Fire, Lightning, Thunderbolt, Earthquake or Volcanic Eruption (including flood or overflow of the Sea occasioned thereby) or Subterranean Fire.
2. Explosion.
3. Riot and Strike.
4. Aircraft or other Aerial Device or any article dropped there from.

5.

* 1. The first USD 100 in respect of each and loss.
	2. Loss or damage whilst the Buildings are left unfurnished.
1. Theft accompanied by actual forcible and violent breaking into, or out of, the Buildings or any attempt threat excluding loss or damage occurring whilst the Buildings are left unfurnished. Provided that during any period when the private dwelling house is left without an inhabitant, cover against theft is suspended from the beginning of the 31st consecutive day of such unoccupancy.
2. Impact with the Buildings by any road vehicle or animal not belonging to the insured or any member of his family normally residing with him.

 8.

* 1. The first USD 100 of each and every loss
	2. Damage caused by Subsidence or landslip and
	3. Damage caused by storm or Tempest as regards any buildings in course of construction, reconstruction, or repair (unless

all outside doors, window and other openings thereto are complete and protected against such perils) awnings, blinds,



including gates and fences.

  **AND IN ADDITION:**

 9. Additional expense of alternative accommodation and loss of rent (not exceeding l0 percent of the sum insured) in the event



# SECTION B: CONTENTS: LOSS OR DAMAGE CAUSED

1. Fire, Lightning, thunderbolt, Earthquake or Volcanic Eruption, or Subterranean Fire.
2. Explosion.
3. Riot and Strike
4. Aircraft or other Aerial Device or any article dropped there from.

 5.

1. Impact with the Buildings by any road vehicle or animal not belonging to the Insured or any member of his family normally residing with him.
2. Storm or Tempest, Food Excluding the first USD 100 or each and every loss.
3. **(a)** Theft accompanied by actual forcible and violent breaking into, or out of the Buildings, or any attempt threat

 **(b)** Theft in any other circumstances but excluding:-

  **(i)** Theft whilst the Buildings or any part thereof are rent, let or sub-let.

**(ii)** 

the schedule or from any verandah thereto.

**(iii)** The first USD 100 of each and every loss ***Provided that during any period when the Insured private dwelling house or,***



***consecutive day of such unoccupancy.***

  **AND IN ADDITION:**

1. Additional expense of alternative accommodation and loss of rent (not exceeding 10 percent of the sum insured) in the event



and every loss and shall not exceed in the aggregate 10 per cent of he total Sum Insured as stated in the Schedule.

# SECTION C - ALL RISKS INSURANCE

 

Person, Loss in Transit or while Travelling, Accidental Damage, etc.

***Principal exclusions are:****-* War, Civil Commotions, Wear and Tear, Depreciation and Damage done to Moth, or by the process of repairing, Restoring, or Renovating. Losses from Motor Vehicles unless goods locked in Boot of Vehicles at time of loss. **SECTION D - WORK INJURY BENEFITS**



employed at your private residence.

# LIABILITY (SECTIONS E AND F)

 Provides an Indemnity to you and members of your family, permanently residing with you, for legal liabilities arising from bodily injury or damage to properly, occurring during the period of Insurance as a result of an accident up to a limit of USD 15,000 for any one accident or series of accidents arising out of one event.

The company will also pay for all costs and expenses recovered from the insured by any claimant and/or incurred with the written consent of the company.

 In respect of Sections E and F, the indemnity under the company’s standards form of policy will not apply in respect of judgments



South Sudan.