



**Dhivehi Insurance Company Pvt. Ltd.**  
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**FOR OFFICE USE ONLY**

**Proposal Form  
Homeowners Insurance**

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

**A. PARTICULARS OF PROPOSER**

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Date of Birth(dd/mm/yy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Proposer's correspondence address (in Block Letters)*:		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Name of bank, financial institution or any other interested party:		

**B. PARTICULARS OF THE BUILDING/PERIOD OF INSURANCE**

Nature of Business or Profession/ Occupation		
Situation of premises to be insured:		
Postcode:	Year of Built:	No. of Storeys:
Period of Insurance(dd/mm/yy). From: _____ To: _____		

**C. BUILDING**

The Proposer's Private Dwelling House and all the Domestic Offices, Stables, Garages and Out-Buildings used solely in connection therewith and on the same premises including Landlord's Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto (excluding drains and foundations)	<b>Sum Insured</b> <input type="text"/>
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## D. HOME CONTENTS (ALL RISKS)

### The Contents

### Sum Insured

On Household goods and personal effects of every description of the proposer or any member of his family normally residing with him.

No one article (except furniture, pianos, organs, household appliances, radios, television sets, video recorder sets, Hi-Fi equipment and the like) should exceed five (5)% of the Total Sum Insured unless such article is specially declared as a separate item.

Please specify those articles if their value exceed five (5)% of the Total Sum Insured:

Item	Description of the Article(s) (Including Model/Serial No.s)	Sum Insured

(if space is insufficient, kindly attached a separate sheet)

### NOTE

1. The total value of platinum, gold and silver articles, jewelry and furs shall be deemed not to exceed one-third (1/3) of the Total Sum Insured under this Section.
2. This section does not cover property more specifically Insured or, unless specially mentioned/declared herein: Deeds, Bonds, Bill of Exchange, Promissory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medal & Coins, Motor Vehicles and Accessories.

## E. PERSONAL POSSESSIONS

This insures items you take out of your home or while you travel

### 1. Unspecified items

### Sum Insured

Please state the total sum to be insured

Please state the limit per item you require:  MVR 1000  MVR2500

If you have selected MVR 1000 limit per item the maximum sum insured is MVR 3000 and for MVR 2500 limit is MVR 5000.

### 2. Specified items

Please specify those articles to be insured:

Item	Description of the Article(s) (Including Model/Serial No.s)	Sum Insured

(if space is insufficient, kindly attach a separate sheet)

## F. OPTIONAL COVERS

	Sum Insured
1. Is cover required for loss of rent and cost of alternative accommodations?	<input type="text"/>
2. Is cover required for accidental breakage of fixed glass and sanitary fixtures?	<input type="text"/>
3. Is cover required for your liability to the public?	<input type="text"/>
4. Is cover required for accidental damage to radio receivers, television sets and games, recording and audio equipment, computers, mirrors and glass?	<input type="text"/>

## G. GENERAL INFORMATION

Are the buildings to be insured in a good state of repair and will they be so maintained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any Company or Insurer in respect of any of the Contingencies to which the proposal applies:		
1. Declined to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Required special terms to insure you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Cancelled or refused to renew your insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Increased your premium on renewal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please specify		
Have you made any claims within the past two years such as theft, fire or accidental damage? If yes, please specify	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## H. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.