



# REGENCY ALLIANCE INSURANCE LIMITED

65 Patrice Lumumba Road. Airport Residential Area  
P. O. Box CT 6342 Cantonments, Accra Tel: +233-302-778106, Fax+233-302-782871

## HOME & PERSONAL ASSETS PROPOSAL FORM

**PLEASE FILL THIS FORM AND RETURN IT TO ANY OF OUR OFFICES**  
**PERSONAL DETAILS**

Surname Mr./Mrs./miss \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Own Occupation \_\_\_\_\_ Spouse Occupation \_\_\_\_\_

Your date of birth \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address of Property to be insured \_\_\_\_\_

No. of Bedrooms \_\_\_\_\_

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### General Information

1. Is your home a Flat?      House?       Other?

2. If your home is a House is it Detached?       Semi-detached?

3. Details of Construction

a. Building(s)

i.

Walls

ii.

Roof

b. Fence


4. Has any insurance company refused insurance or had any special terms or conditions imposed by any insurance company?

Yes

No.

5. Have any property or possessions been stolen, lost or damaged in the last 3 years, whether insured or not?

Yes

No.

6. Has your home or the site on which it stands been affected by storm or flood

Yes  No.

7. Is your home, or any part of it, used for business, trade or professional purposes

Yes  No

(If you answered yes to questions 4, 5, 6 and 7 please provide details on a separate sheet and attach it to the proposal form).

8. If you have a mortgage and your mortgages have specifically requested their interest be noted, please give the name and address of the mortgagees \_\_\_\_\_

**DETAILS OF COVER**

	<b>ITEM</b>	<b>DO YOU WISH TO INSURED</b>	<b>RATE</b>	<b>SUM INSURED</b>	<b>PREMIUM</b>
<b>SECTION I</b>	BUILDING (The sum insured must represent the full cost of rebuilding and make allowance for the costs of shoring up, debris removal, architects' and surveyors' fees)	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	FENCE				
	ALTERNATIVE ACCOMMODATION AND RENT	Yes <input type="checkbox"/> No. <input type="checkbox"/>			
	YOUR LEGAL LIABILITY AS PROPERTY OWNER		FREE	GHC500.00	FREE
<b>SECTION 2</b>	CONTENTS Please lists items in excess of GHC100.00 on separate sheet of paper. Serial numbers of Electrical and Electronic Gadget required				
<b>SECTION 3</b>	PERSONAL LIABILITY			GHC500.00	GHC2.50
<b>SECTION 4</b>	EMPLOYERS' LIABILITY Number of Indoor Servants Number of Outdoor Servants Drivers				
<b>SECTION 5</b>	PERSONAL ACCIDENT to Insured (a) Death (b) Permanent Disablement (c) Medical Expenses (per annum)				
				<b>TOTAL PREMIUM</b>	

**DECLARATION**

I warrant that the above statements and particulars are true and I hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me and the REGENCY ALLIANCE INSURANCE COMPANY LIMITED and I am willing to accept a policy subject to Terms prescribed by the Company herein, and to pay the Premium thereon.

Date .....

Signature of Proposer.....

Agent.....

The liability of the Company does not commence until the acceptance of the Proposal has been intimated by the Company