



**CHISA DOMESTIC PACKAGE**

**PROPOSAL FORM**

Title: ..... Surname: ..... First Name: .....

Other Names: ..... Maiden Name: .....

Date of Birth: ...../...../..... Marital Status (**Please Select**): *Single / Married / Divorced / Widowed*

Email Address: ..... Phone Number: .....

Postal Address: ..... Physical Address: .....

Plot No : ..... Nationality: .....

Status (**Please Select**): *Resident / Non Resident.* Home District: .....

Home Village: ..... T/A: .....

ID Used (**National ID is a Must for Malawians**): ..... ID No. ....

Occupation: ..... Employment Status (**Please Select**): *Employed / Self Employed*

Bank Name: ..... Account No: ..... Branch: .....

Next of Kin: ..... Relationship: ..... Phone Number: .....

Period of Insurance: From: ..... To: .....

**SECTIONS INSURED**

**SECTION 1 PERSONAL ASSETS (BUILDINGS AND / OR CONTENTS)**

The private dwelling house, its outbuildings, fixtures and fittings to be covered for their reinstatement value and Contents belonging to you in the private dwelling house should reflect the market value:

Situation/ Plot No: .....

Construction of Building : Walls: ..... Roof: .....

Please Provide Sum Insured (Checklist attached for more information):

Private Dwelling House : MK .....

Outbuildings(Please Specify) : MK .....

Fixtures & Fittings : MK .....

Fences and Gates : MK .....

Household Contents : MK .....

1. Are you the Owner and/ or Tenant? .....

2. Do you require cover for the (i) Building? ..... (ii) Contents? .....

3. Is the building occupied solely for domestic use? .....

If No, please provide details: .....

4. Are all accessible opening windows and doors burglar barred? .....
5. Is a burglar alarm installed? ..... If Yes, Give Details e.g. installer? .....
6. Are there any security features reducing the risk of theft? .....  
If Yes, Give Details?.....
7. Are the premises guarded between 1800hours and 0600 hours the following morning every day? .....  
If so, who provides the Guard Services? .....

**SECTION 2 ACCIDENTAL LOSSES / DAMAGE (ALL RISKS)**

Provides cover for items carried on you whilst away from home and insured at replacement cost.

Specified Risks - All Valuable items must be specified

Note : Provide Limit for unspecified item MK .....

ITEM	DESCRIPTION OF ITEM	SUM INSURED
A		MK
B		MK
C		MK
D		MK
E		MK
F		MK

Use supplementary sheet if the space above is not adequate

**SECTION 3 PERSONAL ACCIDENT**

Provides cover for death and / or bodily Injury arising out of an accident to the insured person and/ or spouse occurring within the period of insured (Free when Section 1 is applicable)

**Persons to be insured:**

<b>Insured Name</b>		<b>Spouse's Name</b>	
<b>Date of Birth</b>		<b>Date of Birth</b>	
<b>Occupation</b>		<b>Occupation</b>	

**Benefits Required:**

Death Limit MK: 500,000.00  
 Temporary Total Disablement MK: 5,000.00...Per Week (up to 8 weeks)  
 Medical Expenses MK: 50,000.00 (Maximum)

Has any person to be insured suffered from defective vision or hearing or from any physical or mental infirmity? .....

If Yes, Provide details? .....

**SECTION 4 MOTOR SECTION**

<b>On Vehicle Type (Please Select as per below)</b> (Motor Vehicle/Cycle/Trailer/Caravan)	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Type			
Make and Model			
Registration number			
Year of Make			
Carrying Capacity			
Engine Capacity			
Type of cover (Comp / TPFT / TP Only)			
Sum insured (If Comp)			
Color			
Chassis Number			
Engine number			

**Note** : Cover is restricted to domestic and pleasure purposes only

1. Are you the registered owner? .....  
If No, please specify .....
2. Are any of the vehicles fitted with approved alarm/immobilizer ? .....
3. Where are the vehicles parked at night? .....
4. Regular driver: Name:..... Date of Birth:.....
5. Additional drivers, please specify .....
6. Is the vehicle open, soft-top or engine modified in any way? .....  
If Yes, please specify.....
8. Have you or any drivers of the vehicle been convicted of a driving offence in the last three years?.....  
If Yes, please specify .....
8. Is the vehicle being leased under a suspensive sale agreement? .....  
If Yes, name of finance house .....
9. Please Provide details of Driver's License: Class: ..... License No. ....(Attach Copy)

**SECTION 5 PERSONAL LIABILITIES**

A. General Liability - Indicate limit of indemnity required? MK .....

Note: Section 1 and or Section must be insured for this cover to operate

B. Workers Compensation - Schedule of Domestic Employees to be covered:

Occupation	Estimated Number	Estimated Annual Wages and Other Earnings

C. Dangerous Dogs Liability? MK .....

D. Other (Please specify): .....

**SECTION 6 GOLFERS**

Name(s) and address (es) of the Golf Club of which you are a member

(i) .....

(ii) .....

State the sum insured on Golf Clubs, Bag, Caddies Carts, other Golf accessories and Personal Effects below.

Details                      Make                      Year of Purchase      Purchase Price      Insurable Value

(i) Golf Club

(a) Iron

(b) Wood

(c) PW/SW/LW

(ii) Cart (non-motorized)

(iv) Other Accessories

Do you want cover Third Party Liability

(a) If yes, state the Limit of Liability of Indemnity for any one accident: MK .....

(b) State the Limit of indemnity for any one period of Insurance: MK.....

Do you suffer from any illness or disease or any physical defect disorder or weakness of any kind?

If yes, give details.....

Has any company in respect of any of the risks to which this proposal applies, declined, deferred Or accepted on special terms any proposal or renewal?

If yes, furnish particular .....

(a) Do you ordinarily enjoy good health?

If no, give particulars .....

(b) Are you now and have you been uniformly of sober and temperate habits.

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**SECTION 7**

**PLEASURE CRAFT**

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Name of vessel

Make and Model

Type of vessel

**Engines**

**Hull**

Sum Insured K..... Sum Insured.....

Number of engines..... Year of Manufacture..... Material of hull.....

Engine Make..... Year of Manufacture.....

Type of Engine **Inboard/Outboard** Serial/HIN Number.....

Serial number of engines(s) ..... Is the vessel self-built? 

Y	N
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**Hulls up to 4 years old are covered for Replacement value**

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**DECLARATION**

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us affecting the risk to be insured, and that this and any other written statement made by me/us or on my/our behalf for the purpose of the proposed insurance shall be the basis of and incorporated in, the Contract between me/us and the Company, and shall be promissory. I/We further agree to accept insurance on the terms and conditions set forth in the Company's Policy.

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**Date/Stamp:** ...../...../..... **Signature:** .....

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**No liability is undertaken until this Proposal has been accepted by the Company except to the extent of any Official Cover Note issued by the Company.**