

HOUSEHOLD APPLICATION FORM
(HomePlus)



PART I - INSURED PERSONAL INFORMATION

Date of Issuance

NAME (as per ID): Title First Middle

LAST OTHER

- ID NUMBER: -TYPE OF ID:

- IN FAVOR OF:

- PAYER:

STATE COMPANY: YES NO LIABLE FOR TAXES: YES NO

- INSURED REF # - NATIONALITY - MARITAL STATUS: SINGLE
MARRIED
DIVORCED
WIDOWED

- GENDER: MALE FEMALE - D.O.B.

- OCCUPATION: Company Name

- MAILING ADDRESS:

- E-MAIL FAX

- PHONE NUMBER: MOBILE PHONE

- SPOUSE NAME (as per ID) D.O.B.

PART II - PROPERTY INFORMATION

- ADDRESS OF THE INSURED LOCATION: CITY AREA

STREET FLOOR BLDG.# APPT.#

POSTAL CODE: TEL. NO.:

- DESCRIPTION OF PROPERTY TO BE INSURED (apartment which floor above ground?, villa?)
(outbuildings, swimming pool, garden walls, terraces, hedges, fences, gates, paths, drives, etc...)

BUILDING
Villa Apartment Chalet Residential Building

- CONSTRUCTION: Sum Insred

- IN WHAT YEAR WAS THE BUILDING BUILT? (approximate date if exact date is unknown):

- DO YOU LIVE PERMANENTLY IN THE INSURED LOCATION? YES NO

- IF "NO" PLEASE SPECIFY:

- DO YOU OWN THE PROPERTY ? : YES NO

- IS YOUR INSURED LOCATION OR ANY PART OF IT USED FOR BUSINESS,
TRADE OR PROFESSIONAL PURPOSES? YES NO

IF YES PLEASE SPECIFY

- IS YOUR INSURED LOCATION OR ANY PART OF IT USED FOR STORING FLAMMABLES, EXCEPT THAT WHICH IS USED FOR DOMESTIC PURPOSES AND IN NECESSARY QUANTITIES? YES NO
if **YES** for any of the above please give details.

- IS YOUR INSURED LOCATION LIKELY TO BE LEFT UNOCCUPIED FOR MORE THAN 30 CONSECUTIVE DAYS IN ANY ONE YEAR? YES NO
(i.e., when your are absent from your property for holiday?)
IF YES when and for how long?

- DOES YOUR PROPERTY HAVE ANY DAMAGE? YES NO
DO YOUR EXTERNAL WALLS HAVE ANY CRACKS? YES NO
if **YES** to any of the above please give details.

Period of Insurance From To

PART III INSURANCE INFORMATION

- (A) HAVE YOU HAD HOUSEHOLD INSURANCE PREVIOUSLY, EITHER WITH US OR ANY OTHER INSURANCE COMPANY? YES NO
IF YES, PLEASE STATE THE COMPANY AND THE EXPIRY DATE AND THE SUM INSURED

(B) HAVE YOU EVER BEEN REFUSED INSURANCE? YES NO

(C) HAVE YOU HAD ANY PROPERTY OR POSSESSIONS STOLEN, LOST OR DAMAGED, HAVE YOU HAD ANY CLAIMS MADE AGAINST YOU, IN THE LAST 5 YEARS, WHETHER INSURED OR NOT? YES NO
IF YES FOR ANY OF THE ABOVE, PLEASE GIVE DETAILS.

CURRENCY US DOLLARS EGYPTIAN POUNDS

PART IV SUM INSURED - BUILDING

The structure of private residence including: outbuildings used for domestic purposes; fixtures, fittings and decorative finishes, swimming pools, tennis hard courts, garden walls, patios, terraces, hedges, fences, gates, paths, drives.

| DESCRIPTION | SUM INSURED |
|--|----------------------|
| - BUILDING | <input type="text"/> |
| - PAVED PATHS FOR HOUSE USE (INSIDE HOUSE OUTER WALLS) | <input type="text"/> |
| - SWIMMING POOL | <input type="text"/> |
| - PROTECTIVE WALLS | <input type="text"/> |
| - GARAGE | <input type="text"/> |
| TOTAL SUM INSURED FOR BUILDING | <input type="text"/> |

CONTENTS

PART V - SUM INSURED - CONTENTS

Furniture, furnishings and clothing (excluding Valuables), radio and television aerials, satellite dishes, their fittings and masts which are attached to the home. Interior decorations, all owned by or the responsibility or Members of Household.

| DESCRIPTION | SUM INSURED |
|--|----------------------|
| A - CONTENTS | <input type="text"/> |
| B - DECORATIONS, WALL PAPER, HANGING CEILINGS. | <input type="text"/> |
| C - Your Valuables are automatically covered for LE. 10,000 with a per-item limit of LE 2,000. If you wish to increase that limit according to an agreed value list please fill in the box below. | |
| - VALUABLES: ARTICLES COMPOSED OF PRECIOUS METALS OR PRECIOUS STONES, JEWELRY, WATCHES, FURS, CURIOS AND WORKS OF ART. AT AGREED VALUES | <input type="text"/> |
| TOTAL SUM INSURED FOR CONTENTS | <input type="text"/> |

PART VI - PERSONAL PROTECTION - ACCIDENTAL DEATH ONLY - INSURED - SPOUSE

- PLEASE STATE HEREUNDER BENEFICIARY (IES) YOU WISH TO NAME IN CASE OF DEATH

| NAME | RELATIONSHIP | % |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

* PERSONAL ACCIDENT COVER IS NOT APPLCABLE FOR AGES OVER 65
 * IF YOU NEED A STAND ALONE PERSONAL ACCIDENT POLICY PLEASE CONTACT

DECLARATION

I HAVE READ THE CONTENTS OF THIS APPLICATION FORM (together with the associated notes) AND DECLARE THAT THE INFORMATION GIVEN IN IT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT AND COMPLETE IN EVERY DETAIL AND THE AMOUNTS INSURED REPRESENT THE FULL VALUES. I UNDERSTAND AND ACCEPT THAT AIIC MAY CONTACT MY PREVIOUS / PRESENT INSURERS FOR FURTHER INFORMATION.

I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO EXAMINE THE TERMS AND CONDITIONS CONTAINED WITHIN THE RELEVANT HOUSEHOLD POLICY WORDING, I AGREE THAT THOSE TERMS AND CONDITIONS SHOULD FORM THE BASIS OF ANY INSURANCE CONTRACT OFFERED TO MY BY AIIC ON THEIR ACCEPTANCE TO THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE OF SIGNATURE

DECLARATION

| DESCRIPTION | ITEM | VALUE | DESCRIPTION | ITEM | VALUE |
|--------------------------|---|-------|----------------------------------|--|-------|
| MAIN BEDROOM | FURNITURE FURNISHINGS CURTAINS LIGHTING CARPETS MOQUETTE PARQUET PAINTINGS, SIDE LAMPS PERSONAL CLOTHS | | ENTREE | FURNITURE CARPETS MOQUETTE PARQUET LIGHTING PAINTINGS, VASES CURTAINS | |
| | | | STUDY | FURNITURE CARPETS MOQUETTE PARQUET LIGHTING PAINTINGS, VASES CURTAINS | |
| BEDROOM | FURNITURE FURNISHINGS CURTAINS LIGHTING CARPETS MOQUETTE PARQUET PAINTINGS, SIDE LAMPS PERSONAL CLOTHS | | KITCHEN | FURNITURE UTENSILS REFRIGERATOR STOVE DEEP FREEZER TILES | |
| | | | BATHROOM | HEATER WASHING MACHINE SANITARY WARE TILES | |
| BEDROOM | FURNITURE FURNISHINGS CURTAINS LIGHTING CARPETS MOQUETTE PARQUET PAINTINGS, SIDE LAMPS PERSONAL CLOTHS | | MISCELLANEOUS | ELECTRIC EXCEPT MENTIONED ABOVE | |
| | | | OTHER MISCELLANEOUS ITEMS | GIVE DETAILS | |
| DINNING ROOM | FURNITURE CARPETS MOQUETTE PARQUET LIGHTING PAINTINGS, CURTAINS CHINAWARE CRYSTAL VASES | | SILVERWARE | | |
| | | | WALLPAPER | | |
| SALON | FURNITURE CARPETS MOQUETTE PARQUET LIGHTING PAINTINGS, VASES CURTAINS | | DECORATIONS | | |
| | | | TOTAL VALUE | | |
| DRAWING ROOM HALL | FURNITURE CARPETS MOQUETTE PARQUET LIGHTING PAINTINGS, VASES CURTAINS | | | | |
| | | | | | |