

Head Office
100 The chase (West)
Emerald Hill, Harare
Tel : (04) 332646-53
Fax : (04) 332650
insure@oldmutual.co.zw

Finsure House Office
Ground Floor
Cnr K Nkrumah/S Nujoma St
Tel : (04) 332646-53
Fax : (04) 332650
insure@oldmutual.co.zw

Old Mutual Centre
Cnr 8th Avenue/J Moyo Ave
Bulawayo
Tel : (09) 79333
Fax : (09) 79897
insure@oldmutual.co.zw

Mutual House
7th Street,
Gweru
Tel : (054) 221220
Fax : (054) 221939
insure@oldmutual.co.zw

Mutual House
Herbert Chitepo Street
Mutare
Tel : (020) 62336
Fax : (020) 61944
insure@oldmutual.co.zw

Contact Details

Name (in full):.....

Date of Birth: Occupation:.....

ID No: Date of Issue:.....

Staff Code No:.....

Postal Details:.....

Telephone:..... Cellphone e-mail.....

Period of Insurance

First period of insurance from:...../...../..... To:...../...../.....

Householders (contents)

Situation Address	Sum Insured
1	USD
2	USD
3	USD

Houseowners (buildings)

Situation Address	Sum Insured
1	USD
2	USD
3	USD

Gate & Electric Motors

You are kindly requested to specify your gate motors and other electric motors on your premises to enjoy full cover. Also indicate the make/model, serial numbers, and the replacement value.

Motor	Serial Number	Sum Insured
1		
2		
3		

All Risks (specified items)

Under this section you are requested to specify valuable items that you would normally wear or carry out of the house such as but not limited to high valued items e.g., clothing; Jewellery; Cameras; Cellular Phones; laptops; Bicycles; spectacles, Golf Kits, , sporting equipment, etc.

Item 1: Clothing and Personal Effects (Compulsory if you require this section) USD.....

Item 2:..... USD.....

Item 3:..... USD.....

Item 4:..... USD.....

Item 5:..... USD.....

Item 6:..... USD.....

Item 7:..... USD.....

Please answer the following questions

Where do you live (tick the applicable)

1. House A self-contained Flat A serviced Flat Other (specify)

2. Is your dwelling built of material other than bricks, stone or concrete with slate, tile, metal or asbestos? YES/NO

3. Is your dwelling occupied or furnished otherwise than solely by you and your family? YES/NO

4. Used wholly or partly for business or professional purposes? YES/NO

5. Is any opening window not fitted with burglar bars? YES/NO

6. Is your property secured by an intruder alarm system? YES/NO

7. And is it connected to a security control room? YES/NO

8. Have you suffered a loss before on the insured property? YES/NO

9. If you answered YES to any of the above give details below

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Please read and sign here

I warrant that to the best of my knowledge and belief the statements and particulars contained in this proposal are true and complete. I agree to accept insurance on the terms and conditions specified by R M Insurance Company and that this proposal form shall be the basis of the contract between me and the insurance company.

Date:..... Signature of Proposer:.....

If proposer is a company Company Stamp

No liability is undertaken until the company has accepted the proposal except to the extent of any official policy document has been issued. I understand that my insurance cover shall not be effective until I have paid