

PROPOSAL FOR HOMEOWNERS INSURANCE

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT

THE PROPOSER

1. (a) Name of Proposer(s) in full (If a Company, state full legal name)
BLOCK LETTERS PLEASE (Mr. / Mrs. / Miss) _____
- (b) Local Postal Address: _____ Overseas Address: _____
- (c) Phone No. (Work): _____ (Home): _____ (Mobile): _____
 (Email): _____
- (d) Occupation / Profession: _____
- (e) State Desired Period of Insurance From: _____ To: _____

THE PROPERTY / HOME

2. (a) Street address of all premises to which insurance is to apply: (a) _____
- (b) Block and Parcel: (b) Block _____ Parcel: _____
- (c) Is there a Mortgage Interest on this Property? If 'yes' state Mortgagee: (c) _____

Is the property/home:-

- (d) in an area that has a history of flooding, subsidence, ground heave or landslip? Yes No
- (e) showing signs of damage by subsidence, ground heave or landslip? Yes No
- (f) within 300 feet of the high water level along the sea coast? Yes No
- (g) within 12 feet of any other building? Yes No
- (h) in good repair and will it be so maintained? Yes No
- (j) Protected by:
- i. A fire alarm? Yes No
 Is the alarm monitored? Yes No
 - ii. A burglar alarm? Yes No
 Is the alarm monitored? Yes No
 - iii. Fire Fighting Appliances? Yes No
 - iv. Location: Inland Yes No Water Yes No Canal Yes No

(j) How is your property/home constructed:-

- Exterior Walls: _____ Interior Walls: _____
- Roofed with: _____ Type: Flat Gable Hip Parapet
- Foundation: Solid Columns Sealed Split Level Other
- Floor of: _____ Specify: _____

Number of Storeys: _____ Square Footage: _____ Age of Building: _____

Are there any hurricane protection features: Straps Shutters Ties Other Specify: _____

(k) Construction of Outbuilding(s) if any:-

Exterior Walls: _____ Type of Foundation: _____
Roofed with: _____ Type: Flat Gable Hip Parapet

THE OCCUPANCY

3. Is the property/home:-

- (a) a private dwelling house? Yes No
- (b) a self-contained apartment? Yes No
- (c) a Townhouse or Condominium? Yes No
- (d) Owner Occupied? Yes No
- (e) Rented? Yes No
- (f) presently unoccupied? Yes No
- (g) likely to be unoccupied for more than 40 consecutive days? Yes No
- (h) or any part of the building or grounds used for any trade or business? Yes No
- (i) a weekend or holiday home? Yes No
- (j) Occupied by anyone except your family? Yes No
- (k) let as a resort cottage or other tourist accommodation? Yes No

PREVIOUS INSURANCES

4 (a) Are you now or have you ever been insured against any of the risks proposed? Yes No

If 'yes', who was your Insurer: _____

(b) Have you or any member of your household ever :-

- i. Had any insurance refused, been subjected to special terms or been asked to take extra precautions? Yes No
- ii. Been convicted of, or been charged with but not yet tried for, arson or any offence involving dishonesty of any kind such as fraud, robbery, theft, or handling stolen goods? Yes No

If 'yes' to any items, please give full details: _____

CLAIMS HISTORY

5 (a) Have you sustained loss or damage by any of the risks or liabilities you now wish to insure? (All losses must be included whether claim made/paid or not) Yes No If 'yes', please complete the table below:

Date of Loss	Particulars	Total Loss	Amount Paid/Claimed

COVERAGE REQUIRED

6 (a) **'Buildings'** means the structure of your private residence including fixtures, fittings and decorative finishes; outbuildings used for domestic purposes; solar heating systems; water tanks; sewerage and drains; patios, terraces; garden and boundary walls (other than sea walls and sea defences) fences and gates; tennis hard courts, paths and driveways up to \$5,000 unless specifically stated and agreed below:

Item	Description	Sum Insured
1	Buildings	\$
2	Outbuildings	\$
3	Removal of Debris	\$
4	Professional Fees	\$
5	Pool <input type="checkbox"/> Decking <input type="checkbox"/> Tennis hard courts <input type="checkbox"/> Paths & Driveways <input type="checkbox"/> Fences & Gates <input type="checkbox"/>	\$
6	Satellite Dish <input type="checkbox"/> Generating Plant <input type="checkbox"/>	\$
7	Other:- Specify	\$
8	Building Total Sum Insured:	\$

(b) **'Contents'** means household furniture and furnishings, clothing and personal belongings; money; valuables; audio and video equipment; films, tapes, cassettes, cartridges or discs, up to their value as unused material or where purchased pre-recorded at maker's latest list price; interior decorations if you are liable for them as a tenant; freezer contents up to \$250; domestic staff or gardeners' personal belongings (excluding Money) up to \$200 and \$650 in total; guests' personal belongings (excluding Money) up to \$500 per item or \$1,000 in total.

The maximum payable on all Audio and Video Equipment unless specifically declared is \$800 any one item and in all 25% of the Sum Insured or \$5,000 whichever is less.

'Money' means personal money held for private purposes comprising cash, bank or currency notes, bankers' drafts, cheques, postal and money orders, securities, current stamps, trading stamps and travel tickets, bift tokens and luncheon vouchers. The maximum payable is \$1,000 in any one period unless more specifically insured.

'Valuables' mean items composed of precious metals or precious stones, jewellery, watches, furs curios and works of art. The maximum payable on all valuables, unless specifically declared and substantiated by valuation certificates, is \$500 any one item and \$2,500 in total.

Item	Description	Sum Insured
1	General Contents	\$
2	Audio & Video Equipment	\$
3	Personal Computer Equipment	\$
4	Valuables: Precious metals or stones <input type="checkbox"/> Jewellery, watches, furs <input type="checkbox"/> Works of art <input type="checkbox"/>	\$
5	Other:- Specify	\$
6	Townhouse/Condo Owners Improvements & Betterments:	\$
7	Contents Total Sum Insured	\$

(c) 'Valuables' for All Risk Worldwide Coverage (Valuation / Proof of Value Required)

Item	Description	Sum Insured
1		\$
2		\$
3		\$
4		\$

(d) Public Liability (Premises)

State Limit of Indemnity required: \$

DECLARATION

I/We hereby warrant the truth of the above statements. I/We declare that I/We have withheld no information whatsoever which might tend in any way to increase the risk of the Company or influence the acceptance of this Proposal. I/We agree that this Proposal shall be the basis of the Contract between me/us and the Company and I/We further agree to accept a Policy subject to its conditions.

I/we also declare that the Total Sums Insured represent not less than the FULL REPLACEMENT VALUE OF THE PROPERTY as shown above.

Date: Signature of Proposer:
Please Print Name & Position Held if Company:

The Company reserves the right to refuse any Proposal.

OFFICE USE ONLY

Ded. applied: Catastrophe: _____ All other Perils: _____ Other: _____
Rates applied: Building _____ Contents: _____ WW All Risk: _____
Other Charges: _____ Total Premium: _____
Underwriter: _____ Date: _____