

THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

Unit 6, Independent Business Park, East Street South, P.O. Box SS-19023, Nassau, Bahamas. Tel.: (242) 323-4004

A-PLUS HOME COVER PROPOSAL FORM

9. Is there any other insurance on the building or contents?

If "yes", name the Insurer:

THE PROPOSER							
Name:						Date of birth:	dd-mm-yyyy
Home Address:						Phone:	
Mailing Address:						Phone:	
Nationality			Emai	il Address:			
Business or Profession:						Phone:	
Business/Employer's Name and Address:							
Source of Funds for Pay	ment of Premium: Salary	Spouse [Pare	nts 🔲 O	Other If other,	state:	
POLITICALLY EXPOSE Have you or any relative	D PERSONS e or close associate been entrust	ed with prominer	nt publi	c functions?			\Box Y \Box N
(e.g. Member of Parliar If yes, Please state the	nent, Senate or Judiciary, Mayor, following:	Senior Governm	ent Offi	icial or mem	ber of the Secur	ity Forces)	
Name of person:	Relationship with him/her:						
Position held:							
DETAILS OF THE PRE	MISES			,			
1. Location of your ho	me:						
2. Construction of the	main building(s):						
Walls:						Approx. year buil	t:
Floor:	Number of storeys						/s:
Roof:						Square footage:	
3. Will your home or a	any portion of the premises of w	hich it forms a pa	art				
a. be used for any t	rade or business?						
b. be used for touri	st accommodation?						YN
4. Will your home or a	any part of it						
a. be rented, let or	sublet?						YN
b. be left unoccupie	unoccupied for more than 60 days in any one year?						
5. Is your home:							
a. a house, townho	use or apartment?						
b. part of a strata p	lan?						
c. within 300 feet of	f the sea, a river, reservoir or othe	er body of water?					
d. located in an are	a that is prone to flooding?						
e. located in an are	a which is prone to land slip or su	ubsidence?					
6. If you have answere	ed "yes" to any of the questions	in 3, 4, or 5 abov	e, plea	se give deta	ils:		
7. Give details of mea	sures in place to prevent burgla	rv. Fxamnles - sec	curity a	larm system	n, grills on windo	ws and doors:	
	p p provent wurgigi	y. Examples see	a		., 311 14111110		
8. Is your home in goo	od repair and adequately mainta	ined? Y	□N		If "no" r	lease give details below	·
			□ .•		, ,	Betails below	-
OTHER INSURANCES							

10. Has any Company or Insurer ever:		
a. declined to insure you?		YN
b. applied special terms?		YN
c. cancelled or refused to renew your insurance?		YN
If "yes", to any of (a), (b), or (c), please give details below:		
LOSS HISTORY		
11. List all losses during the past three (3) years, whether or not insu	red.	
DATE CI	RCUMSTANCES	AMOUNT
		\$
		\$
PERILS TO BE COVERED (choose one)		
12. Indicate perils to be covered:		
Fire, Non-Catastrophe Perils & Catastrophe Perils (Full Pe	rils) Fire & Non-Catastr	ophe Perils only
Fire, Non-Catastrophe Perils & Earthquake	•	phe Perils & Hurricane
SECTION 1 - BUILDINGS		
IS COVERAGE REQUIRED?		$\square_{Y} \square_{N}$
Description of Property to be insured:		Replacement Value including Architect's and
	\$	Surveyor's Fees and Statutory Costs
Main Buildings including landlord's fixtures and fittings		\$
Garages and outbuildings		\$
Walls, gates, fences and paved areas		\$
Swimming pool including pumps and chlorinators		\$
Water tanks, Sewage systems and Solar heating systems		\$
	BUILDINGS TOTAL SUM INSURED	\$
SECTION 2 - HOME CONTENTS		
IS COVERAGE REQUIRED?		YN
a. Include property of all members of your family permanently residing	ng with you.	
b. Exclude articles to be insured under Section 3: Personal "All Risks".		
c. Specify all articles of Jewellery and Electronic Equipment which ar Insured on Contents.	e individually worth more than the Any (One Article Limit of 2.5% of your Total Sum
d. Specify all other articles (except furniture and household appliance	es) which are individually worth more that	an the Any One Article Limit of 10% of your
Total Sum Insured on Contents.	,	,
N.B. All the component parts comprising a pair or set will be regarded	d collectively as One Article.	
Description of Electronic Equipment and other articles exce Make, Model and Serial Number (where a		Value
Make, Woder and Serial Hamber (where a		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
All Other Home Contents:		\$
	CONTENTS TOTAL SUM INSURED	\$

SECTION 3 - PERSONAL "ALL RISKS" IS COVERAGE REQUIRED? Do you want coverage to apply in ____ your Home Country only? or Worldwide? If you require coverage for any of the following articles, they must be individually described regardless of their value: Electronic equipment, cellular telephones, pedal cycles, china, porcelain, glassware, pottery, sculptures, laptops and other computer equipment. N.B. All the component parts comprising a pair or set will be regarded collectively as One Article, e.g. your entire Camera Kit if carried in one bag will be treated as One Article; your complete set of Golfing Equipment will be treated as One Article. A VALUATION IS REQUIRED FOR JEWELLERY Full Description of Articles to be covered: Sum to be Insured State make, model and serial number (where appropriate) \$ \$ **TOTAL SUM INSURED ON SPECIFIED ARTICLES** Item 2 - Unspecified Valuables Coverage under this Item applies to Valuables (other than articles which MUST be specified under Item 1 or insured under Item 3) individually worth not more than the Any One Article Limit of \$500. Minimum Sum Insured under this Item: \$ 5,000 State Sum to be Insured: **Item 3 - Unspecified Clothing and Personal Effects** Coverage under this Item applies to Clothing and Personal Effects individually worth not more than the Any One Article Limit of \$500. Minimum Sum Insured under this Item: 5.000 State Sum to be Insured: \$ PERIOD OF INSURANCE: From: To: **MORTGAGE INTEREST** Is a mortgage interest to be noted? Name of Mortgagee: Address: **DECLARATION** Failure to disclose material facts could result in your policy being invalidated. Material facts are those which will influence the insurer's assessment of acceptance of this risk. If you are in any doubt as to whether a fact is material, you should disclose it. I/We declare that the statements in the proposal form above and any other information provided by me/us or anyone acting on my/our behalf in relation to this proposal are true and complete and I/we have not withheld any material fact. I/We agree that this proposal and Declaration shall be the basis of the contract between me/us and the Company (and of any subsequent renewal if such is granted). I/We agree to be bound by the Company's standard policy for this type of risk subject to its terms, conditions, limitations and exceptions. I/We agree that no insurance will be in force until the Company has accepted this Proposal and communicates its acceptance to me/us. I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the Company had provided me/us with written notice of the condition of average and explained its effect to me/us and I/we fully understand its effect on the proposed policy. I/We desire to effect with the Company insurance under the terms of the policy used for this class of insurance and declare that the sums to be insured represent not less than the full replacement value of the property. PROPOSER'S SIGNATURE: DATE: The following covers are also offered under the A-Plus Home Cover Policy: Section 4 Liability (automatically included) Section 5 Fatal Accident (automatically included when you insure your Contents) Mortgage Payment Protection Section 6

If you would like to receive more information on or purchase any of the above covers, please contact an ICWI Customer Care Representative.

Recovery of Legal Services Costs

Domestic Pets Items in Storage

Section 7 Section 8

Section 9