



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

THE PROPOSER

| | | | | | |
|---|--|----------------|--|----------------|------------|
| Name: | | | | Date of birth: | dd-mm-yyyy |
| Home Address: | | | | Phone: | |
| Mailing Address: | | | | Phone: | |
| Nationality | | Email Address: | | | |
| Business or Profession: | | | | Phone: | |
| Business/Employer's Name and Address: | | | | | |
| Source of Funds for Payment of Premium: <input type="checkbox"/> Salary <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other <input type="checkbox"/> If other, state: | | | | | |

POLITICALLY EXPOSED PERSONS

Have you or any relative or close associate been entrusted with prominent public functions? Y N
 (e.g. Member of Parliament, Senate or Judiciary, Mayor, Senior Government Official or member of the Security Forces)
 If yes, Please state the following:

| | | | |
|-----------------|--|----------------------------|--|
| Name of person: | | Relationship with him/her: | |
| Position held: | | Other business activities: | |

DETAILS OF THE PREMISES

| | |
|---|---|
| 1. Location of your home: _____ | |
| 2. Construction of the main building(s): | |
| Walls: _____ | Approx. year built: _____ |
| Floor: _____ | Number of storeys: _____ |
| Roof: _____ | Square footage: _____ |
| 3. Will your home or any portion of the premises of which it forms a part | |
| a. be used for any trade or business? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. be used for tourist accommodation? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. Will your home or any part of it | |
| a. be rented, let or sublet? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| b. be left unoccupied for more than 60 days in any one year? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. Is your home: | |
| a. a house, townhouse or apartment? _____ | |
| b. part of a strata plan? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| c. within 300 feet of the sea, a river, reservoir or other body of water? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| d. located in an area that is prone to flooding? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| e. located in an area which is prone to land slip or subsidence? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. If you have answered "yes" to any of the questions in 3, 4, or 5 above, please give details: | |
| _____ | |
| _____ | |
| 7. Give details of measures in place to prevent burglary. Examples - security alarm system, grills on windows and doors: | |
| _____ | |
| 8. Is your home in good repair and adequately maintained? <input type="checkbox"/> Y <input type="checkbox"/> N If "no", please give details below: | |
| _____ | |
| _____ | |

OTHER INSURANCES

| | |
|---|---|
| 9. Is there any other insurance on the building or contents? | <input type="checkbox"/> Y <input type="checkbox"/> N |
| If "yes", name the Insurer: _____ | |

