



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 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 in 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: _____ | |

SECTION 3 - PERSONAL "ALL RISKS"

IS COVERAGE REQUIRED?

Do you want coverage to apply in your Home Country only? or Worldwide? Y N

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: State make, model and serial number (where appropriate) | Sum to be Insured |
|--|-------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL SUM INSURED ON SPECIFIED ARTICLES | \$ |

Item 2 - Unspecified Valuables

- a. 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.**
 - b. Minimum Sum Insured under this Item: **\$ 5,000**
- State Sum to be Insured: \$**

Item 3 - Unspecified Clothing and Personal Effects

- a. Coverage under this Item applies to Clothing and Personal Effects individually worth not more than **the Any One Article Limit of \$500.**
 - b. 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? Y N

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)
- Section 6 – Mortgage Payment Protection
- Section 7 – Recovery of Legal Services Costs
- Section 8 – Domestic Pets
- Section 9 – Items in Storage

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