

If "yes", name the Insurer:

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	Ema	il Address:			
Business or Profession:			Phone:		
Business/Employer's Name and Address:					
Source of Funds for Pay	ment of Premium: Salary Spouse Pare	nts Other If other,	state:		
POLITICALLY EXPOSE Have you or any relative	D PERSONS e or close associate been entrusted with prominent publi	ic functions?		\Box Y \Box N	
(e.g. Member of Parlian If yes, Please state the f	nent, Senate or Judiciary, Mayor, Senior Government Off ollowing:	icial or member of the Securi	ty Forces)		
Name of person:		Relationship with him/her:			
Position held:		Other business activities:			
DETAILS OF THE PREI	MISES				
Location of your hor					
2. Construction of the					
Walls:	main building(s):		Approx. year buil	+.	
Floor:			Number of store	-	
Roof:			Square footage:		
	ny portion of the premises of which it forms a part				
a. be used for any ti				\Box Y \Box N	
b. be used for touris					
4. Will your home or a					
a. be rented, let or s				\Box Y \Box N	
,				Y	
b. be left unoccupied for more than 60 days in any one year? 5. Is your home:					
a. a house, townhou	ise or anartment?				
b. part of a strata pl	·			□Y □N	
	of the sea, a river, reservoir or other body of water?				
	that is prone to flooding?				
e. located in an area which is prone to land slip or subsidence? [N] [N] [N] [N] [N] [N] [N] [N					
7. Give details of measures in place to prevent burglary. Examples - security alarm system, grills on windows and doors:					
8. Is your home in goo	d repair and adequately maintained? Y N	If "no", p	lease give details below	r:	
OTHED INCHDANCE					
OTHER INSURANCES	surance on the building or contents?			ПУПИ	
15. Is there ally build if	isarance on the bullang or contents:			Y N	

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