

**THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED**

Omar Hodge Building, 2nd Floor, Road Town, Tortola, British Virgin Islands. Tel.: (284) 494-4240. Email: bvi@icwi.com

A-PLUS HOME COVER PROPOSAL FORM**THE PROPOSER**

Name:		Date of birth:	dd-mm-yyyy
Home Address:		Phone:	
Mailing Address:		Phone:	
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:			

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:	_____		
10. Has any Company or Insurer ever:			
a. declined to insure you?			<input type="checkbox"/> Y <input type="checkbox"/> N
b. applied special terms?			<input type="checkbox"/> Y <input type="checkbox"/> N
c. cancelled or refused to renew your insurance?			<input type="checkbox"/> Y <input type="checkbox"/> N
If "yes", to any of (a), (b), or (c), please give details below:			
_____ _____			

