

THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED

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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: Salary Spouse Parents Other 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? | | | | |
| b. be used for tourist accommodation? | | | | |
| 4. Will your home or any part of it | | | | |
| a. be rented, let or sublet? | | | Y N | |
| b. be left unoccupied for more than 60 days in any one year? | | | | |
| 5. Is your home: | | | | |
| a. a house, townhouse or apartment? | | | | |
| b. part of a strata plan? | | | | |
| c. within in 300 feet of the sea, a river, reservoir or other body of water? | | | | |
| d. located in an area that is prone to flooding? | | | | |
| e. located in an area which is prone to land slip or subsidence? | | | | |
| 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 | d repair and adequately maintained? YNN If "no", please | give details be | low: | |
| | | | | |
| | | | | |
| OTHER INSURANCES | | | | |
| | surance on the building or contents? | | Y N | |
| If "yes", name the In | | | | |
| 10. Has any Company or Insurer ever: | | | | |
| a. declined to insure you? | | | | |
| b. applied special terms? | | | | |
| c. cancelled or refused to renew your insurance? | | | | |
| 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 insured. **CIRCUMSTANCES AMOUNT** \$ \$ PERILS TO BE COVERED (choose one) 12. Indicate perils to be covered: Fire, Non-Catastrophe Perils & Catastrophe Perils (Full Perils) Fire & Non-Catastrophe Perils only Fire, Non-Catastrophe Perils & Earthquake Fire, Non-Catastrophe Perils & Hurricane **SECTION 1 - BUILDINGS** IS COVERAGE REQUIRED? Replacement Value including Architect's and Description of Property to be insured: Surveyor's Fees and Statutory Costs Main Buildings including landlord's fixtures and fittings Ś Garages and outbuildings Ś 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? a. Include property of all members of your family permanently residing with you. b. Exclude articles to be insured under Section 3: Personal "All Risks". Specify all articles of Jewellery and Electronic Equipment which are individually worth more than the Any One Article Limit of 2.5% of your Total Sum Insured on Contents. d. Specify all other articles (except furniture and household appliances) which are individually worth more than 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 collectively as One Article. Description of Electronic Equipment and other articles exceeding Any One Article Limit Value Make, Model and Serial Number (where appropriate) All Other Home Contents: CONTENTS TOTAL SUM INSURED **SECTION 3 - PERSONAL "ALL RISKS"** IS COVERAGE REQUIRED? Υ N 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: State make, model and serial number (where appropriate) | Sum to be Insured |
| State make, model and send manipel (where appropriate) | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| TOTAL SUM INSURED ON SI | PECIFIED ARTICLES \$ |
| | |
| Item 2 - Unspecified Valuables | |
| a. Coverage under this Item applies to Valuables (other than articles which MUST be spec more than the Any One Article Limit of \$500. | ified under Item 1 or insured under Item 3) individually worth not |
| 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 no | ot 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: | То: |
| MORTGAGE INTEREST | |
| Is a mortgage interest to be noted? | ∏Y ∏N |
| Name of Mortgagee: | |
| Address: | |
| DECLARATION. | |
| DECLARATION Failure to disclose material facts could result in your policy being invalidated. Material facts are those v | which will influence the incurar's assessment of assentance of this rick. If |
| you are in any doubt as to whether a fact is material, you should disclose it. | which will influence the insurer's assessment of acceptance of this risk. If |
| I/We declare that the statements in the proposal form above and any other information provided by | |
| true and complete and I/we have not withheld any material fact. I/We agree that this proposal and De 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 accept | |
| I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the C average and explained its effect to me/us and I/we fully understand its effect on the proposed policy. | /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 | |
| 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 Section 6 – Mortgage Payment Protection | Contents) |
| Section 7 — Recovery of Legal Services Costs Section 8 — Domestic Pets | |
| Section 9 – Lock Replacement Section 10 – Items in Storage | |
| If you would like to receive more information on or purchase any of the above covers, plea | se contact an ICWI Customer Care Representative. |