



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: <input type="checkbox"/> Salary <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other If other, state:			

DETAILS OF THE PREMISES

- Location of your home:** _____
- Construction of the main building(s):**
Walls: _____ Approx. year built: _____
Floor: _____ Number of storeys: _____
Roof: _____ Square footage: _____
- Will your home or any portion of the premises of which it forms a part**
a. be used for any trade or business? Y N
b. be used for tourist accommodation? Y N
- 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? Y N
- Is your home:**
a. a house, townhouse or apartment? _____
b. part of a strata plan? Y N
c. within 300 feet of the sea, a river, reservoir or other body of water? Y N
d. located in an area that is prone to flooding? Y N
e. located in an area which is prone to land slip or subsidence? Y N
- If you have answered "yes" to any of the questions in 3, 4, or 5 above, please give details:**

- Give details of measures in place to prevent burglary. Examples - security alarm system, grills on windows and doors:**

- Is your home in good repair and adequately maintained?** Y N If "no", please give details below:

OTHER INSURANCES

- Is there any other insurance on the building or contents?** Y N
If "yes", name the Insurer: _____
- Has any Company or Insurer ever:**
a. declined to insure you? Y N
b. applied special terms? Y N
c. cancelled or refused to renew your insurance? Y N
If "yes", to any of (a), (b), or (c), please give details below:

