

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

Omar Hodge Building, 2nd Floor, Road Town, Tortola, British Virgin Islands. Tel.: (284) 494-4240. Émail: 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:		1 1		
Business or Profession:		Phone:		
Business/Employer's Name and Address:		1		
Source of Funds for Pay	ment of Premium: Salary Spouse Parents Other If other, stat	e:		
DETAILS OF THE PREI	<b>AISES</b>			
1. Location of your ho	ne:			
2. Construction of the	main building(s):			
Walls:		_ Approx. year buil	t:	
Floor:		_ Number of storey	/S:	
Roof:		_Square footage:		
3. Will your home or a	ny portion of the premises of which it forms a part			
a. be used for any tr	ade or business?		YN	
b. be used for touris	t accommodation?		□ Y □ N	
4. Will your home or a	ny part of it			
a. be rented, let or s	ublet?		YN	
b. be left unoccupie	for more than 60 days in any one year?		□ Y □ N	
5. Is your home:				
a. a house, townhou	se or apartment?			
b. part of a strata pl	b. part of a strata plan?			
c. within 300 feet of	c. within 300 feet of the sea, a river, reservoir or other body of water?			
d. located in an area	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 meas	ures in place to prevent burglary. Examples - security alarm system, grills on windows a	nd doors:		
8. Is your home in goo	d repair and adequately maintained?	e give details below	:	
		-		
OTHER INSURANCES				
-	surance on the building or contents?		Y N	
If "yes", name the Ir				
10. Has any Company o				
a. declined to insure you? Y   b. applied special terms? Y				
	c. cancelled or refused to renew your insurance? $\ \ Y \ N$ f "yes", to any of (a), (b), or (c), please give details below:			
$1^{11}$ yes, to any or (d), (D				

#### LOSS HISTORY

11. List all losses during the past three (3) years, whether or not insured.				
	DATE	CIRCUMSTA	NCES	AMOUNT
				\$
				\$
PERILS 1	O BE COVERED (choos	e one)		
12. Indic	ate perils to be covered:			
I r	Fire, Non-Catastrophe	Perils & Catastrophe Perils (Full Perils)	Fire & Non-Catastrophe	Perils only

Fire, Non-Catastrophe Perils & Hurricane

#### **SECTION 1 - BUILDINGS**

Fire, Non-Catastrophe Perils & Earthquake

IS COVERAGE REQUIRED?	Y
Description of Property to be insured:	Replacement Value including Architect's an 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?		Y N
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".		
c.	Specify all articles of <b>Jewellery and Electronic Equipment</b> which are individually worth more than <b>the Any</b> Insured on Contents.	One Article Limit of 2.5% of your T	otal Sum
d	Specify all <b>other articles</b> (except furniture and household appliances) which are individually worth more t <b>Total Sum Insured on Contents.</b>	nan <b>the Any One Article Limit of 10</b>	% of your
N	B. All the component parts comprising a pair or set will be regarded collectively as One Article.		
	escription of Electronic Equipment and other articles exceeding Any One Article Limit lake, Model and Serial Number (where appropriate)	Value	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
A	ll Other Home Contents:	\$	
	CONTENTS TOTAL SUM INSURED	\$	

#### SECTION 3 - PERSONAL "ALL RISKS"

in

#### IS COVERAGE REQUIRED?

	Do you	want	coverage	to	app	ly
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or Worldwide?

#### Item 1 - Specified Articles

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.

your Home Country only?

**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.

Y

N

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 th	his Item:	5	\$ 5,000		
		State Sum to be Insured:	\$		
Item 3 - Unspecified Clothing and	Personal Effects				
a. Coverage under this Item appli	es to Clothing and Personal Effects	individually worth not more than the Any	One Article Limit o	of \$500.	
b. Minimum Sum Insured under th	his Item:	s	\$ 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:

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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	-	Lock Replacement	
	Section 10	-	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.