



THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5, Tel: 926-9040-7, 926-9182-91, Fax: 929-6641

A-PLUS HOME COVER PROPOSAL FORM (EXCLUDING PLUS COVERS)

Please answer questions 1 to 11 and complete the appropriate sections.

THE PROPOSER

NAME: DATE OF BIRTH: (DD/MM/YYYY)
TAXPAYER REGISTRATION NUMBER (TRN): E-MAIL ADDRESS:
HOME ADDRESS: PHONE:
MAILING ADDRESS: PHONE:
BUSINESS OR PROFESSION:
BUSINESS/EMPLOYER'S NAME AND ADDRESS: PHONE:
Source of Funds for Payment of Premium: Salary Spouse Parents Other (please 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? Y N
b) be used for tourist accommodation? Y N
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? Y N
5. Is your home
a) a house, townhouse or apartment?
b) part of a strata plan? Y N
c) adjacent or close to the sea, a river, reservoir or other body of water? Y N
6. If you have answered "yes" to any of the questions in 3, 4, or 5 above, please give details.
7. Are all windows and external doors grilled? If no, give details of measures to prevent burglary. Y N
8. Is your home in good repair and adequately maintained? Y N
If "no", please give details:

OTHER INSURANCES

9. Is there any other insurance on the building or contents? Y N
If "yes", name the Insurer:
10. 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 the above, please give details:

LOSS HISTORY

11. List all losses during the past three (3) years, whether or not insured.

Date	Circumstances	Amount
_____	_____	_____
_____	_____	_____

PERILS TO BE COVERED

12. Indicate perils to be covered:

Full Fire and Allied Perils

Fire and Non-Catastrophe Perils only

Fire, Non-Catastrophe Perils and Earthquake

Fire, Non-Catastrophe Perils and Hurricane

SECTION 1 - BUILDINGS

IS COVERAGE REQUIRED?		Y <input type="checkbox"/> N <input type="checkbox"/>
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?		Y <input type="checkbox"/> N <input type="checkbox"/>
<p>a) Include property of all members of your family permanently residing with you.</p> <p>b) Exclude articles to be insured under Section 3: Personal "All Risks".</p> <p>c) Specify all articles of Jewellery and Electronic Equipment (e.g. T.V. sets, video recorders, internal components of satellite TV receiving equipment, computers, component sets and other audio and/or video equipment) which are individually worth more than the Any One Article Limit of 2.5% of your Total Sum Insured on Contents.</p> <p>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.</p> <p>N.B. All the component parts comprising a pair or set will be regarded collectively as One Article.</p>		
Description of Electronic Equipment and other articles exceeding Any One Article Limit.		
Make, Model and Serial Number (where appropriate)		Value
		\$
All Other Home Contents		\$
CONTENTS TOTAL SUM INSURED		\$

SECTION 3 - PERSONAL "ALL RISKS"

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you want coverage to apply in your Home Country only?	Y <input type="checkbox"/> N <input type="checkbox"/>
or Worldwide?	Y <input type="checkbox"/> N <input type="checkbox"/>

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, contact lenses, pedal cycles, china, porcelain, glassware, pottery, sculptures, furs, 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
	\$
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 \$10,000.**
- b) As coverage applies both inside and outside your Home, the Sum Insured should represent the Full Value of all such articles (not the value you expect to be outside your Home at any one time).
- c) Minimum Sum Insured under this Item \$ 20,000

State Sum to be Insured	\$
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Item 3 - Unspecified Clothing and Personal Effects

- a) Coverage under this Item applies to Clothing and Personal Effects individually worth not more than the **Any One Article Limit of \$10,000.**
- b) As coverage applies both inside and outside your Home, the Sum Insured should represent the Full Value of all such articles (not the value you expect to be outside your Home at any one time).
- c) Minimum Sum Insured under this Item \$ 20,000

State Sum to be Insured	\$
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SECTION 4 - LIABILITY

a)	If you have insured the Building under Section 1, this Section automatically covers your liability as Owner up to the Standard Limits.	
b)	If you occupy the Home, this Section automatically covers your liability as Occupier or Tenant, liability incurred in a personal capacity and liability for injury to domestic employees up to the Standard Limits.	
	Standard Limits are:	
1)	Owners', Occupiers', Personal and Tenants' Liability	
	\$5,000,000	Any One Accident
	\$5,000,000	Any One Period
2)	Liability to Domestic Employees	
	\$10,000,000	Any One Period

SECTION 5 - FATAL ACCIDENT

If you have insured the Home Contents under Section 2, this Section automatically operates. Standard Compensation for Fatal Injury in specified circumstances to members of your Household aged 18-70 is \$30,000 (50% if outside these age limits).	
Do you wish to increase Compensation to \$50,000?	Y <input type="checkbox"/> N <input type="checkbox"/>

PERIOD OF INSURANCE: From	To
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MORTGAGE INTEREST

Is a mortgage interest to be noted?	Y <input type="checkbox"/> N <input type="checkbox"/>
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 *pro rata* 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 _____

OFFICIAL USE ONLY

BRANCH:	SOURCE:	CLIENT:
CID:	PROPOSAL:	POLICY:

A-PLUS HOME COVER PREMIUM CALCULATION

COVER REQUIRED:

Full Perils Fire & Non-Catastrophe Perils Fire & Earthquake Fire & Hurricane

FOR OFFICE USE ONLY

RATING FACTORS: Construction Class Location

	TOTAL SUM INSURED	RATE	PREMIUM
SECTIONS			
1: Building			
2: Home Contents			
3: Personal All Risks - Item 1:			
Electronic Equipment			
Jewellery			
Cameras			
Cellular Phones			
Firearms			
Pedal Cycles			
Personal All Risks - Item 2			
Personal All Risks - Item 3			
4: Home & Personal Liability	\$5,000,000 AOA		
5: Fatal Accident - Optional Cover	\$50,000		
Total Sum Insured (Sections 1-3)		Premium GCT Stamp Duty	
		TOTAL	