



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 (INCLUDING 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: <input type="checkbox"/> Salary <input type="checkbox"/> Spouse <input type="checkbox"/> Parents <input type="checkbox"/> Other (please state) _____	

DETAILS OF THE PREMISES

1. Location of your home:

2. Construction of the main building(s):

Walls:

Floor:

Roof:

Approx. year built:

Number of storeys:

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?

Y

N

Y

N

4. Will your home or any part of it

a) be rented, let or sublet?

b) be left unoccupied for more than 60 days in any one year?

Y

N

Y

N

5. Is your home

a) a house, townhouse or apartment?

b) part of a strata plan?

c) adjacent or close to the sea, a river, reservoir or other body of water?

Y

N

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?

b) applied special terms?

c) cancelled or refused to renew your insurance?

Y

N

Y

N

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	<input type="checkbox"/>
Fire and Non-catastrophe Perils only	<input type="checkbox"/>
Fire, Non-catastrophe Perils and Earthquake	<input type="checkbox"/>
Fire, Non-catastrophe Perils and Hurricane	<input type="checkbox"/>

SECTION 1 - BUILDINGS

SECTION 1 - BUILDINGS		Y <input type="checkbox"/> N <input type="checkbox"/>
IS COVERAGE REQUIRED?		
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"/>
<p>Item 1 - Specified Articles</p> <p>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.</p> <p>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.</p> <p>A VALUATION IS REQUIRED FOR JEWELLERY</p>		
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		\$
<p>Item 2 - Unspecified Valuables</p> <p>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.</p> <p>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).</p> <p>c) Minimum Sum Insured under this Item \$ 20,000</p>		
State Sum to be Insured		\$
<p>Item 3 - Unspecified Clothing and Personal Effects</p> <p>a) Coverage under this Item applies to Clothing and Personal Effects individually worth not more than the Any One Article Limit of \$10,000.</p> <p>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).</p> <p>c) Minimum Sum Insured under this Item \$ 20,000</p>		
State Sum to be Insured		\$

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

☐

N

☐

"PLUS COVERS"

SECTION 6 - MORTGAGE PAYMENT PROTECTION

IS COVERAGE REQUIRED?		Y <input type="checkbox"/> N <input type="checkbox"/>
If you have insured the Building under Section 1, or your Contents under Section 2, you may protect your Mortgage Payments under this Section.		
Monthly Mortgage Payment \$	Mortgage Balance \$	
Name of Mortgagee:		
Address:		
Location of Premises:		

"PLUS COVERS" (Continued)

SECTION 7 - RECOVERY OF LEGAL SERVICES COSTS

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>	
a) Are you or any member of your household contemplating taking legal action within the next month? Y <input type="checkbox"/> N <input type="checkbox"/>		
b) Are you or any member of your household involved in any circumstances which may give rise to a legal action? Y <input type="checkbox"/> N <input type="checkbox"/>		
c) Have you or any member of your household been involved in any legal action during the last three (3) years? Y <input type="checkbox"/> N <input type="checkbox"/>		
If you have answered 'yes' to a), b) or c) above, please provide details.		
<u>Date</u>	<u>Action</u>	<u>Closed/Outstanding</u>
<hr/>	<hr/>	<hr/>
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Notes		
1. We reserve the right to investigate any of the Actions stated above before giving coverage under this Section.		
2. Minimum Sum Insured \$50,000 Maximum Sum Insured \$250,000		
Amount of Coverage Required		\$

SECTION 8 - LEGAL ASSISTANCE

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
This Section entitles you to free advice on certain legal matters.	

SECTION 9 - DOMESTIC PETS

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Please provide the following details of each pet to be covered.			
	(1)	(2)	(3)
Type of animal			
Breed			
Name			
Sex			
Age			
Has it been neutered?			
Is it in good health?			
How often is it taken to the vet?			
Details of treatment on last three (3) visits to the vet:			
Is it used for any trade or business?			
Purchase price paid			
Sum to be Insured			

N.B.	a) Age limits are six (6) months to six (6) years for death from disease or illness.
	b) A photograph of each pet (for identification purposes) should accompany this proposal form.
	c) Maximum Sum Insured per pet - \$25,000.
	d) Maximum number of pets that can be insured - four (4).

SECTION 10 - LOCK REPLACEMENT

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
Subject to the Limit stated in the Policy, this Section covers 75% of the cost of replacing locks on external doors and grills if the keys to your House are lost or stolen.	

SECTION 11 - ITEMS IN STORAGE

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
a) Name of storage site	
b) Address of storage site	
c) Construction of Building: Walls	
Roof	
Floor	
d) Occupancy of Building	
e) Is the building normally kept locked?	Y <input type="checkbox"/> N <input type="checkbox"/>
f) Who has custody of the key?	
g) Describe security arrangements at the storage site	
h) How often do you visit?	
i) Is there any other insurance in force on the items stored?	Y <input type="checkbox"/> N <input type="checkbox"/>
j) Sum Insured required	

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 Effects & Clothing			
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		
PLUS COVERS			
6: Mortgage Payment Protection			
7: Recovery of Legal Services Costs			
8: Legal Assistance	N/A		
9: Pet Cover			
10: Lock Replacement	\$10,000/\$15,000		
11: Items in Storage			
Total Sum Insured (Sections 1-3, 6 & 11)		Premium GCT Stamp Duty	
		TOTAL	