

## THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

2 St. Lucia Avenue, Kingston 5. Tel: (876) 926-9040-7. Email: direct@icwi.com

## A-PLUS HOME COVER PROPOSAL FORM

## THE PROPOSER

Name:							Date of birth:		
Taxpayer Registration N	lumber (TRN):			Email Address:					
Home Address:							Phone:		
Mailing Address:							Phone:		
Business or Profession:							Phone:		
Business/Employer's Name and Address:									
Source of Funds for Pay	ment of Premiu	m: Salary S	pouse	Parents 0	ther	If other, state	:		
DETAILS OF THE PREI	MISES								
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 a	ny portion of th	e premises of which it	t forms a part						
a. be used for any trade or business?								YN	
b. be used for touris	st accommodati	on?							YN
4. Will your home or a	ny part of it								
a. be rented, let or sublet?									
b. be left unoccupie	d for more than	60 days in any one year	r?						YN
5. Is your home:									
a. a house, townhou	use or apartmen	t?							
b. part of a strata pl	an?								
c. within in 300 feet of the sea, a river, reservoir or other body of water?								YN	
d. located in an area that is prone to flooding?								∐Y	
e. located in an area which is prone to land slip or subsidence?								YN	
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	sures in place to	prevent burglary. Exa	amples - secu	rity alarm system	, grills o	n windows an	d doors:		
8. Is your home in goo	d repair and ad	equately maintained?	Y	N	ı	If "no", please	give details be	low:	
OTHER INSURANCES									
9. Is there any other in	surance on the	huilding or contents?							Y
If "yes", name the Ir		building of contents.							
10. Has any Company o									
a. declined to insur									$\square$ Y $\square$ N
b. applied special t	erms?								☐Y ☐N
c. cancelled or refu		our insurance?							YN
If "yes", to any of (a), (b	), or (c), please ${\mathfrak g}$	give details below:							<del></del>

## 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, moder and serial number (where appropriate)	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
	\$						
TOTAL SUM INSURED ON SPECIFIE	ED ARTICLES \$						
ltem 2 - Unspecified Valuables  a. Coverage under this Item applies to Valuables (other than articles which MUST be specified u	nder Item 1 or incured under Item 2) individually worth not						
more than <b>the Any One Article Limit of \$10,000.</b>	nder item 1 of insured under item 3) individually worth not						
b. Minimum Sum Insured under this Item:	\$ 20,000						
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 not more	e than the Any One Article Limit of \$10,000.						
b. Minimum Sum Insured under this Item:	\$ 20,000						
State Sum to	be Insured: \$						
PERIOD OF INSURANCE: From:	То:						
MORTGAGE INTEREST							
Is a mortgage interest to be noted?	ПУПИ						
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 stand limitations and exceptions. I/We agree that no insurance will be in force until the Company has accepted this							
I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the Company							
I/We irrevocably acknowledge that before I/we entered into the proposed contract of insurance the Companaverage and explained its effect to me/us and I/we fully understand its effect on the proposed policy. I/We depolicy used for this class of insurance and declare that the sums to be insured represent not less than the full	esire to effect with the Company insurance under the terms of the						
average and explained its effect to me/us and I/we fully understand its effect on the proposed policy. I/We de	esire to effect with the Company insurance under the terms of the						
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