



# THE INSURANCE COMPANY OF THE WEST INDIES LIMITED

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## A-PLUS HOME COVER PROPOSAL FORM

### THE PROPOSER

Name:		Date of birth:	
Taxpayer Registration Number (TRN):		Email Address:	
Home Address:		Phone:	
Mailing Address:		Phone:	
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

<b>1. Location of your home:</b>	_____
<b>2. Construction of the main building(s):</b>	
Walls: _____	Approx. year built: _____
Floor: _____	Number of storeys: _____
Roof: _____	Square footage: _____
<b>3. Will your home or any portion of the premises of which it forms a part</b>	
a. be used for any trade or business?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. be used for tourist accommodation?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>4. Will your home or any part of it</b>	
a. be rented, let or sublet?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. be left unoccupied for more than 60 days in any one year?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>5. Is your home:</b>	
a. a house, townhouse or apartment? _____	
b. part of a strata plan?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. within in 300 feet of the sea, a river, reservoir or other body of water?	<input type="checkbox"/> Y <input type="checkbox"/> N
d. located in an area that is prone to flooding?	<input type="checkbox"/> Y <input type="checkbox"/> N
e. located in an area which is prone to land slip or subsidence?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>6. If you have answered "yes" to any of the questions in 3, 4, or 5 above, please give details:</b>	_____ _____
<b>7. Give details of measures in place to prevent burglary. Examples - security alarm system, grills on windows and doors:</b>	_____ _____
<b>8. Is your home in good repair and adequately maintained?</b> <input type="checkbox"/> Y <input type="checkbox"/> N	If "no", please give details below: _____ _____

### OTHER INSURANCES

<b>9. Is there any other insurance on the building or contents?</b>	<input type="checkbox"/> Y <input type="checkbox"/> N
If "yes", name the Insurer: _____	
<b>10. Has any Company or Insurer ever:</b>	
a. declined to insure you?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. applied special terms?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. cancelled or refused to renew your insurance?	<input type="checkbox"/> Y <input type="checkbox"/> N
If "yes", to any of (a), (b), or (c), please give details below: _____ _____	

**LOSS HISTORY**

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

DATE	CIRCUMSTANCES	AMOUNT
		\$
		\$

**PERILS TO BE COVERED (choose one)**

12. Indicate perils to be covered:

- |  |   |
|--|---|
| <input type="checkbox"/> Fire, Non-Catastrophe Perils & Catastrophe Perils (Full Perils) | <input type="checkbox"/> Fire & Non-Catastrophe Perils only       |
| <input type="checkbox"/> Fire, Non-Catastrophe Perils & Earthquake                       | <input type="checkbox"/> Fire, Non-Catastrophe Perils & Hurricane |

**SECTION 1 - BUILDINGS**

<b>IS COVERAGE REQUIRED?</b>		<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Description of Property to be insured:</b>	<b>Replacement Value including Architect's and Surveyor's Fees and Statutory Costs</b>	
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	\$	
<b>BUILDINGS TOTAL SUM INSURED</b>		<b>\$</b>

**SECTION 2 - HOME CONTENTS**

<b>IS COVERAGE REQUIRED?</b>		<input type="checkbox"/> Y <input type="checkbox"/> N
<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 <b>Jewellery and Electronic Equipment</b> which are individually worth more than <b>the Any One Article Limit of 2.5% of your Total Sum Insured on Contents</b>.</p> <p>d. Specify all <b>other articles</b> (except furniture and household appliances) which are individually worth more than <b>the Any One Article Limit of 10% of your Total Sum Insured on Contents</b>.</p> <p><i>N.B. All the component parts comprising a pair or set will be regarded collectively as One Article.</i></p>		
<b>Description of Electronic Equipment and other articles exceeding Any One Article Limit</b> Make, Model and Serial Number (where appropriate)	<b>Value</b>	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
All Other Home Contents:	\$	
<b>CONTENTS TOTAL SUM INSURED</b>		<b>\$</b>

**SECTION 3 - PERSONAL "ALL RISKS"**

<b>IS COVERAGE REQUIRED?</b>		<input type="checkbox"/> Y <input type="checkbox"/> N
<p>Do you want coverage to apply in <input type="checkbox"/> your Home Country only? <input type="checkbox"/> or Worldwide?</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, pedal cycles, china, porcelain, glassware, pottery, sculptures, laptops and other computer equipment.</p> <p><i>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.</i></p>		

