



THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED

1c Bird Rock, Basseterre, St. Kitts & Nevis. Tel.: (869) 465-8753. Email: stkitts@icwi.com

A-PLUS HOME COVER PROPOSAL FORM

THE PROPOSER

Name:		Date of birth:	dd-mm-yyyy
Home Address:		Phone:	
Mailing Address:		Phone:	
Nationality		Email Address:	
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

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?	<input type="checkbox"/> Y <input type="checkbox"/> N
b. be used for tourist accommodation?	<input type="checkbox"/> Y <input type="checkbox"/> N
4. Will your home or any part of it	
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
5. Is your home:	
a. a house, townhouse or apartment? _____	
b. part of a strata plan?	<input type="checkbox"/> Y <input type="checkbox"/> N
c. within 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
6. If you have answered "yes" to any of the questions in 3, 4, or 5 above, please give details:	

7. Give details of measures in place to prevent burglary. Examples - security alarm system, grills on windows and doors:	

8. Is your home in good repair and adequately maintained? <input type="checkbox"/> Y <input type="checkbox"/> N If "no", please give details below:	

OTHER INSURANCES

9. Is there any other insurance on the building or contents? <input type="checkbox"/> Y <input type="checkbox"/> N	
If "yes", name the Insurer: _____	
10. Has any Company or Insurer ever:	
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

IS COVERAGE REQUIRED?	<input type="checkbox"/> Y <input type="checkbox"/> N
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?	<input type="checkbox"/> Y <input type="checkbox"/> 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 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 .	
<i>N.B. All the component parts comprising a pair or set will be regarded collectively as One Article.</i>	
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?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you want coverage to apply in <input type="checkbox"/> your Home Country only? <input type="checkbox"/> 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.	
<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>	

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 \$1,000.**

b. Minimum Sum Insured under this Item: **\$ 15,000**

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 than **the Any One Article Limit of \$1,000.**

b. Minimum Sum Insured under this Item: **\$ 15,000**

State Sum to be Insured: \$

PERIOD OF INSURANCE: From: _____ To: _____

MORTGAGE INTEREST

Is a mortgage interest to be noted? Y N

Name of Mortgagee: _____

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.