



The Insurance Company of the West Indies (Cayman) Limited

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PROPOSAL FOR FIRE & SPECIAL PERILS INSURANCE

Policy No: _____ Client No: _____ Source: _____

Insured: _____ Telephone No: _____

Mailing Address: _____

Nationality: _____

Business/Occupation: _____

Period of Insurance: _____

From _____ 20 _____ To _____ 20 _____

Risk Address: _____

Mortgagee: _____

PERILS TO BE INSURED - Delete the Perils not required

- Hurricane, Windstorm & Earthquake Flood Riots and Strike Malicious Damage
- Impact Damage Aircraft and other Aerial Devices Explosion Burst Pipes

Please give complete answers to all questions. Ticks and dashes cannot be accepted.

1. How is/are the building(s) lighted?							
2. How far is/are the building(s) from the nearest neighbour?							
3. State the occupation of the building(s) on all sides.							
4. Is any manufacturing process carried on, or are any MINERAL OILS, or other hazardous goods stored in the building? If so, give details. (See list of hazardous goods below).							
5. Have you ever suffered a loss from any of the perils proposed? If so, give details.							
6. Is any of the property above already insured? If so, name the Insurers.							
7. Give the names of all other Insurers with whom you have previously been insured and state if you have ever had a proposal for fire insurance declined, or the renewal of a policy refused.							
8. FOR STOCK INSURANCE ONLY							
a) Value of stock at last stocking	<table border="1"> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					
b) Present value of stock							
	c) Date you started business						
	d) Date of last stocktaking						
	e) Average value of stock						

(Continued Overleaf)

THE FOLLOWING GOODS ARE DEEMED TO BE HAZARDOUS

- | | | |
|--|---|--|
| Acetylene liquid | Explosives | Paints and Enamels |
| Acid | Films | Paraffin or Kerosene |
| Calcium Carbide | Firecrackers | Phosphorus |
| Camphor | Fireworks | Potash |
| Candles and Tallow | Gases of all kinds | Rags, waste of any kind |
| Celluloid, Xylonite and other similar substances | Lampblack | Resins |
| Chlorates and Chlorides | Lime | Saltpetre |
| Coal | Matches | Spirits of any kind unbottled |
| Coconut and other vegetable oils & fibres | Napthalene | Sulphur and all derivatives |
| Cotton | Nitrate of Soda | Tar and/or Tarred Ropes and/or Tarred Canvas |
| Crocus Bags | Nitric Acid | Turpentine Varnishes |
| | Oils and Petroleum and/or its liquid products | |

PARTICULARS OF PROPERTY TO BE INSURED

NOTE: The premium for this class of insurance is based on the type of construction of the walls and roof of each building to which the insurance applies and also the purpose for which each building is occupied. Please give an accurate description of the type of walls (e.g. concrete block, or concrete nog, or wood) and the type of roof (e.g. shingle, zinc, asbestos, paroid etc.)

ITEM NO.		DESCRIPTION	CONSTRUCTION	
		(STATE WHETHER SHOP DWELLING ETC.)	ROOF	WALLS
1.				
2.				
3.				
4.				
5.				

SUMS INSURED

ITEM NO.	BUILDINGS	STOCK	FURNITURE FIXTURES & FITTINGS	MACHINERY	OTHERS	TOTAL
1.						
2.						
3.						
4.						
5.						

I/We the undersigned desire to effect insurance as above with THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED, in the Company's usual form for this class of insurance and I/we hereby warrant that all the above statements and particulars which I/we have read over and checked, are true and I/we hereby agree that this declaration shall be held to be promissory and shall form the basis of the Contract between me/us and the Company.

I/We hereby acknowledge that THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED shares with other insurance companies, the Police and other such entities from time to time, information about its policyholders and their insurance transactions and I/we hereby consent to THE INSURANCE COMPANY OF THE WEST INDIES (CAYMAN) LIMITED sharing such information about my/our insurance transactions.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

Policy No:	REINSURANCE %	ENDORSEMENTS (Special)
Agent/Broker:	Retn.	
Insured:	SI	
Comm. Rate: % Amount \$	S2	
Receipt No:	S3	
Premium: E/Q \$	Q/S	
Other \$	F/O	
TOTAL \$		