

THE INSURANCE COMPANY OF THE WEST INDIES (SINT MAARTEN) B.V.

Welfare Road #40B, Cole Bay, St. Maarten. Tel.: (721) 544-5074. Email: stmaarten@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:			
DETAILS OF THE PREM	MISES		
1. Location of your hor	me:		
2. Construction of the	main building(s):		
Walls:		Approx. year built	::
Floor:		Number of storey	s:
Roof:		Square footage:	
3. Will your home or a	ny portion of the premises of which it forms a part		
a. be used for any tr	rade or business?		_ Y
b. be used for touris	st accommodation?		Y N
4. Will your home or a	ny part of it		
a. be rented, let or sublet?			
b. be left unoccupied	d for more than 60 days in any one year?		_ Y
5. Is your home:			
a. a house, townhou	use or apartment?		
b. part of a strata pl	an?		YN
c. within 300 feet of	the sea, a river, reservoir or other body of water?		
d. located in an area	a that is prone to flooding?		
e. located in an area	which is prone to land slip or subsidence?		
6. If you have answere	d "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. Examples - security alarm system, gri	ills on windows and doors:	
8. Is your home in goo	d repair and adequately maintained? Y N	If "no", please give details below	:
OTHER INSURANCES			
-	surance on the building or contents?		
If "yes", name the In			
10. Has any Company o			
a. declined to insur			YN
b. applied special to			∐ Y ∐ N
	ised to renew your insurance?		∐ Y
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. **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.

Full Description of Articles to be covered: State make, model and serial number (where appropria	Sum to be Insured
State make, moder and serial number (where appropria	\$
	, \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL CUINA INCLU	\$
TOTAL SUM INSU	RED ON SPECIFIED ARTICLES \$
Item 2 - Unspecified Valuables	
a. Coverage under this Item applies to Valuables (other than articles which MUS more than the Any One Article Limit of \$500 .	ST be specified under Item 1 or insured under Item 3) individually worth not
b. Minimum Sum Insured under this Item:	\$ 5,000
	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 \$500.
b. Minimum Sum Insured under this Item:	\$ 5,000
	State Sum to be Insured: \$
PERIOD OF INSURANCE: From:	То:
MORTGAGE INTEREST	
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Is a mortgage interest to be noted?	YN
	YN
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