

**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 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 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**

IS COVERAGE REQUIRED?	<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**

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 <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> . 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> .	
<i>N.B. All the component parts comprising a pair or set will be regarded collectively as One Article.</i>	
<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"**

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>	

