



The Insurance Company Of The West Indies Limited

29a Edward Street, Port of Spain, Trinidad
Tel: (868) 625-1116-9

A-PLUS HOME COVER PROPOSAL FORM (INCLUDING PLUS COVERS)

Please answer questions 1 to 11 and complete the appropriate sections.

THE PROPOSER

Name:	Date of Birth:
Mailing Address:	Phone:
Business or Profession:	Phone:
Business Address:	Phone:

DETAILS OF THE PREMISES

1. Location of your home: _____

2. Construction of the main building(s):
 Walls: _____
 Floor: _____
 Roof: _____

3. Will your home or any portion of the premises of which it forms a part

a) be used for any trade or business? Y N

b) be used for tourist accommodation? Y N

4. Will your home or any part of it

a) be rented, let or sublet? Y N

b) be left unoccupied for more than 60 days in any one year? Y N

5. Is your home

a) part of a strata plan? Y N

b) adjacent or close to the sea, a river, reservoir or other body of water? Y N

6. If you have answered "yes" to any of the questions in 3, 4, or 5 above, please give details.

7. Are all windows and external doors grilled? If no, give details of measures to prevent burglary. Y N

OTHER INSURANCES

8. Is there any other insurance on the building or contents? Y N
 If "yes", name the Insurer: _____

9. Has any Company or Insurer ever

a) declined to insure you? Y N

b) applied special terms? Y N

c) cancelled or refused to renew your insurance? Y N

If "yes", to any of the above, please give details: _____

LOSS HISTORY

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

Date	Circumstances	Amount
_____	_____	_____
_____	_____	_____

PERILS TO BE COVERED

11. Indicate perils to be covered:

Full Fire and Allied Perils

Fire and Non-Catastrophe Perils only

Fire, Non-Catastrophe Perils and Earthquake

Fire, Non-Catastrophe Perils and Hurricane

SECTION 1 - BUILDINGS

IS COVERAGE REQUIRED?		Y <input type="checkbox"/> N <input type="checkbox"/>
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?		Y <input type="checkbox"/> N <input type="checkbox"/>
<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 Jewellery and Electronic Equipment (e.g. T.V. sets, video recorders, internal components of satellite TV receiving equipment, computers, component sets and other audio and/or video equipment) which are individually worth more than the Any One Article Limit of 2.5% of your Total Sum Insured on Contents.</p> <p>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.</p> <p>N.B. All the component parts comprising a pair or set will be regarded collectively as One Article.</p>		
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?	Y <input type="checkbox"/> N <input type="checkbox"/>
Do you want coverage to apply in your Home Country only?	Y <input type="checkbox"/> N <input type="checkbox"/>
or Worldwide?	Y <input type="checkbox"/> N <input type="checkbox"/>

Item 1 - Specified Articles

If you require coverage for any of the following articles, they must be individually described regardless of their value: Electronic equipment, cellular telephones, contact lenses, pedal cycles, china, porcelain, glassware, pottery, sculptures, furs, 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.

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 \$500.**
- b) As coverage applies both inside and outside your Home, the Sum Insured should represent the Full Value of all such articles (not the value you expect to be outside your Home at any one time).
- c) Minimum Sum Insured under this Item \$ 5,000

State Sum to be Insured	\$
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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) As coverage applies both inside and outside your Home, the Sum Insured should represent the Full Value of all such articles (not the value you expect to be outside your Home at any one time).
- c) Minimum Sum Insured under this Item \$ 5,000

State Sum to be Insured	\$
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SECTION 4 - EXTERNAL SATELLITE TELEVISION RECEIVING EQUIPMENT

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
Full Description of Equipment to be Insured	Sum to be Insured
Total Sum Insured	\$

SECTION 5 - LIABILITY

a) If you have insured the Building under Section 1, this Section automatically covers your liability as Owner up to the Standard Limits.

b) If you occupy the Home, this Section automatically covers your liability as Occupier or Tenant, liability incurred in a personal capacity and liability for injury to domestic employees up to the Standard Limits.

Standard Limits are:

1) Owners', Occupiers', Personal and Tenants' Liability

\$250,000	Any One Accident
\$250,000	Any One Period

2) Liability to Domestic Employees

\$250,000	Any One Period
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SECTION 6 - FATAL ACCIDENT

If you have insured the Home Contents under Section 2, this Section automatically operates. Standard Compensation for Fatal Injury in specified circumstances to members of your Household aged 18-70 is \$3,000 (50% if outside these age limits).

"PLUS COVERS"

SECTION 7 - MORTGAGE PAYMENT PROTECTION

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
If you have insured the Building under Section 1, or your Contents under Section 2, you may protect your Mortgage Payments under this Section.	
Monthly Mortgage Payment \$	Mortgage Balance \$
Name of Mortgagee:	
Address:	
Location of Premises:	

"PLUS COVERS" (Continued)

SECTION 8 - RECOVERY OF LEGAL SERVICES COSTS

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
a) Are you or any member of your household contemplating taking legal action within the next month?	Y <input type="checkbox"/> N <input type="checkbox"/>
b) Are you or any member of your household involved in any circumstances which may give rise to a legal action?	Y <input type="checkbox"/> N <input type="checkbox"/>
c) Have you or any member of your household been involved in any legal action during the last three (3) years?	Y <input type="checkbox"/> N <input type="checkbox"/>
If you have answered 'yes' to a), b) or c) above, please provide details.	
<u>Date</u>	<u>Action</u>
<u>Closed/Outstanding</u>	
_____	_____
_____	_____
_____	_____
Notes	
1. We reserve the right to investigate any of the Actions stated above before giving coverage under this Section.	
2. Minimum Sum Insured \$5000	Maximum Sum Insured \$10,000
Amount of Coverage Required	\$ _____

SECTION 9 - DOMESTIC PETS

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>		
Please provide the following details of each pet to be covered.			
	(1)	(2)	(3)
Type of animal			
Breed			
Name			
Sex			
Age			
Has it been neutered?			
Is it in good health?			
How often is it taken to the vet?			
Details of treatment on last three (3) visits to the vet:			
Is it used for any trade or business?			
Purchase price paid			
Sum to be Insured			

N.B. a) Age limits are six (6) months to six (6) years for death from disease or illness.

b) A photograph of each pet (for identification purposes) should accompany this proposal form.

c) Maximum Sum Insured per pet - \$2,000.

d) Maximum number of pets that can be insured - four (4).

"PLUS COVERS" (Continued)

SECTION 10 - ITEMS IN STORAGE

IS COVERAGE REQUIRED?	Y <input type="checkbox"/> N <input type="checkbox"/>
<p>a) Name of storage site _____</p> <p>b) Address of storage site _____</p> <p>c) Construction of Building: Walls _____</p> <p style="padding-left: 150px;">Roof _____</p> <p style="padding-left: 150px;">Floor _____</p> <p>d) Occupancy of Building _____</p> <p>e) Is the building normally kept locked? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>f) Who has custody of the key? _____</p> <p>g) Describe security arrangements at the storage site _____</p> <p>h) How often do you visit? _____</p> <p>i) Is there any other insurance in force on the items stored? Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>j) Sum Insured required _____</p>	

PERIOD OF INSURANCE: From _____ To _____

MORTGAGE INTEREST

Is a mortgage interest to be noted? Y <input type="checkbox"/> N <input type="checkbox"/>
Name of Mortgagee: _____
Address: _____

DECLARATION

I hereby declare that the above answers and statements are true and that I have withheld no material information regarding this Proposal.

I agree that this Declaration and the answers given above as well as any further Proposal or Declaration or Statement made in writing by me or anyone acting on my behalf shall form the basis of the contract between me and the Company.

I also declare that the TOTAL SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL VALUE OF THE PROPERTY as abovementioned and I agree that no insurance shall commence until the Proposal has been accepted by the Company.

Proposer's Signature _____ Date _____

OFFICIAL USE ONLY

BRANCH:	SOURCE:	CLIENT:
CID:	PROPOSAL:	POLICY:

A-PLUS HOME COVER PREMIUM CALCULATION

COVER REQUIRED:

Full Perils Fire & Non-Catastrophe Perils Fire & Earthquake Fire & Hurricane

FOR OFFICE USE ONLY

RATING FACTORS: Construction Class Location

SECTIONS	TOTAL SUM INSURED	RATE	PREMIUM
1: Building			
2: Home Contents			
3: Personal All Risks - Item 1			
Electronic Equipment			
Jewellery			
Cameras			
Cellular Phones			
Firearms			
Pedal Cycles			
Contact Lenses			
Personal Effects & Clothing			
Personal All Risks - Item 2			
Personal All Risks - Item 3			
4: External Satellite Equipment			
5: Home & Personal Liability	\$2,500,000 AOA		
Optional Cover	\$5,000,000 AOY		
6: Fatal Accident - Optional Cover	\$30,000		
PLUS COVERS			
7: Mortgage Payment Protection			
8: Recovery of Legal Services Costs			
9: Pet Cover			
10: Items in Storage			
Total Sum Insured (Sections 1-4, 7 & 12)		Premium	
		TOTAL	