

THE HOMEMAKERS INCLUSIVE POLICY PROPOSAL FORM

COVER PROVIDED

Full Cover - Loss or damage caused by Fire, Lightning, Explosion, Earthquake, Flood, Hurricane, Riot & Strike, Collapse, Escape of water, Theft, Collision by aircraft, vehicles or animals, Falling radio or TV antennae, Smoke and Falling trees or utility poles

Cover excluding catastrophic perils - Loss or damage caused by all of the above **excluding Earthquake and Hurricane**

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

It should be noted that this is just a brief summary of cover and your policy will include many other benefits all subject to the conditions stated therein.

The items you insure should be maintained in a good state of repair and you should choose a **sum insured for your building and contents that would be adequate to replace them as new**. In the event of a claim, failure to do this can result in a partial loss being settled proportionately to the replacement value.

In order to avoid unnecessary delays in settling claims, it is in your best interest to keep bills, receipts, invoices and adequate records so that you can easily substantiate your claim.

Claims are subject to 'applicable' excesses. We should be advised immediately should a loss occur.

It is your duty to inform us of all facts which would affect our judgment in accepting this proposal.

The liability of the company does not commence until the proposal has been accepted.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

Names of Proposer (s) (in full) _____
First Name _____ Surname _____

Date of Birth _____

ID/DP/Social Security card/Passport No: _____ Expiry Date _____

Profession/Occupation _____
MM/DD/YY

Postal Address _____

Marital Status _____ Email _____

Telephone Nos. Home _____ Office _____ Cell _____

Period of Insurance from _____ to _____
MM/DD/YY MM/DD/YY

Building and /or Contents situated at _____

Has a Know Your Customer form been completed? Y/ N. If not please complete the attached Know Your Customer Form

7. Are any of the surrounding buildings occupied for commercial purposes? YES NO
 If 'YES', please give details _____
8. Will your residence be left unoccupied for more than 60 consecutive days during any one period of insurance? YES NO
 If 'YES', please give details _____
9. What type of security is there against loss by burglary or theft? _____

10. What type of protection is there against loss by
 a. Fire? _____
 b. Catastrophe Perils including Hurricane, Windstorm, Flood etc _____

11. Do you hold any other policies with Guardian General Insurance Limited? YES NO
 If 'YES', please give details _____
12. Do you hold any other policies for any of the risks now proposed? YES NO
 If 'YES', please state the name of the insurer _____
13. Have you/ your domestic partner/ any member of your family residing with you sustained in the last 5 years a loss which would have been a claim under any of the covers for which you now propose? YES NO
 If 'YES', please give details _____
14. Has any Insurer ever
 (a) declined your proposal? YES NO
 (b) increased your premium? YES NO
 (c) imposed special conditions on your policy? YES NO
 (d) refused to continue or renew your policy? YES NO
 (e) cancelled your policy? YES NO
 If 'YES' to any of these please give details _____

15. Type of cover required is Full Cover Cover excluding catastrophic perils

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING

POLICY SECTION 3A

1. What is the height of the building in storeys? _____
2. What is the approximate total area of all its floors? _____
3. Is the building in a good state of repair and will it be so maintained? YES NO
4. Are the buildings sited on:
 (a) Reclaimed land YES NO
 (b) Recently levelled land YES NO
 (c) A hillside or steep incline YES NO
5. Is the building mortgaged? YES NO
 If 'YES', please state name and address of Mortgagee _____

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS

POLICY SECTION 3B

1. Is the Private Residence:
 Occupied only by you/ your family? YES NO
 If 'NO' please give details _____

2. If you are renting the residence, is it: Fully Furnished or Semi-Furnished or Unfurnished

Please declare any item (other than Furniture, Appliances, Pianos, Organs) which is in excess of 5% of the Contents sum insured. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured

Please specify all Electronic Equipment

Description (including Make & Model)	Serial No.	Sum Insured

TOTAL SUM INSURED \$ _____

POLICY SECTION 3C – Covers your Liability to the Public

POLICY SECTION 3D – Covers your liability to 2 Domestic Employees

POLICY SECTION 3E – SPECIFIED PERSONAL ITEMS INCLUDING JEWELLERY (ALL RISKS)

List below all items you wish to insure on an **All Risks** basis and **provide valuations/bills**. **Continue on a separate sheet if necessary.**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area Local, WI, Worldwide

TOTAL SUM INSURED \$ _____

1. If jewellery is insured are they kept in a safe when not worn? YES NO

If 'NO', please give details _____

2. Will any of the specified personal items be used by anyone **other than** yourself or a member of your family living with you? YES NO

If 'YES', please state which items and by whom? _____

3. At what premises are the items usually kept overnight? _____

POLICY SECTION 3F – PERSONAL COMPUTERS

List all items below. **Continue on a separate sheet if necessary**

Description (including Make & Model)	Serial No.	Sum Insured	Cover Area Local, WI, Worldwide

I/We declare that the above statements are true; that I/We have withheld no material information: that the foregoing sums to be insured are to the best of my/our knowledge and belief not less than the full value of the property to be insured on the basis proposed and will be so maintained. I/We agree that this Proposal and Declaration shall be the basis of the contract to be made between me/us and GUARDIAN GENERAL INSURANCE LIMITED.

I/We also declare that the SUMS TO BE INSURED REPRESENT NOT LESS THAN THE FULL REPLACEMENT VALUE OF THE PROPERTY mentioned above.

Date (MM/DD/YY): _____ Signature of Proposer (s) _____