

M&C General Insurance Co. Ltd. trading as Goddard General

Head Office: 9-11 Bridge Street, P. O. Box 99, Castries
St. Lucia, W.I.

Homemakers Inclusive Insurance Proposal

Coverage provided for:-

1. Buildings
2. Contents
3. All Risks
4. Workmen's Compensation
5. Optional extensions where requested

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

THE LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM PAID.

Name of Proposer (in full) _____
Mr/Mrs/Miss

Postal Address _____

Telephone Nos. Home _____ Office _____

Property situate _____

Profession /Occupation _____

If Proposer is married state occupation of Spouse _____

Period of Insurance from _____ to _____

1. Do you hold any other policies with M & C General Insurance Company Ltd.? YES NO

If 'yes', give details _____

2. What is the age of the building ? _____

3. What is the construction of the building?

(a) external walls _____

(b) roof _____

(c) floors _____

4. Is the property proposed in good state of repair and will it be so maintained? YES NO

5. Is the area subject to flooding or specially exposed to loss by any of the perils to be insured against? YES NO

6. Is the distance from the nearest building less than 20'? YES NO

If 'yes', please state occupation and construction _____

7. Is the building:-
- (a) Private Dwelling, Townhouse, Condominium? _____
- (b) Self-contained Flat with separate entrance exclusively under your control? _____
- (c) Rooms not self-contained? _____
8. Will the property be left unattended for more than 120 days in aggregate during any one period of insurance? YES NO
9. Is the building used for residential only? YES NO
- If 'no', state other use _____
10. Have you ever sustained a loss from any of the perils for which you now propose? YES NO
- If 'yes', give details _____
- _____
11. Has any insurer in respect of the risks for which you now propose:-
- (a) decline to insure you? YES NO
- (b) cancelled or refused to renew your insurance? YES NO
- (c) imposed any special terms or premium? YES NO
- If 'yes' to any of these questions, 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 _____

I desire to effect an insurance with M & C General Insurance Company Limited trading as Goddard General and do hereby declare that the above statements are true; that I have withheld no material information: that the foregoing sums to be insured are to the best of my 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 agree that this Proposal and Declaration shall be the basis of the contract to be made between me and the Company.

Date _____

Signature of Proposer _____

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR BUILDING

1. Do you wish to insure for reinstatement? YES NO
2. Do you require flood cover from any cause? YES NO
3. Is the building mortgaged?
 If 'yes', please state name of Mortgagee _____

4. What is the height in storeys? _____
5. What is the approximate superficial area? _____

SECTION 1 - BUILDING	SUM TO BE INSURED
On building (including walls, gates and fences) _____	\$ _____
Retaining Walls _____	\$ _____
Swimming Pool _____	\$ _____
Central Air-Conditioning Equipment _____	\$ _____
	=====

COMPLETE THIS SECTION IF YOU ARE INSURING YOUR CONTENTS

1. If you are renting the building, is it? FULLY FURNISHED ____ SEMI FURNISHED ____ UNFURNISHED ____
2. What protection is there against loss by burglary? _____

<u>SECTION 2 - CONTENTS</u>	SUM TO BE INSURED
On Contents	\$ _____
Computer Stereo Equipment, Television and the like (Please supply details)	\$ _____
Jewellery (Please provide valuations &/or receipts)	\$ =====
	=====

SECTION 3 - "ALL RISKS" (PLEASE ATTACH A LIST &/OR VALUATIONS)

1. Is your jewellery kept in a safe when not worn? YES NO
2. What territorial limits are required? ST. VINCENT & THE GRENADINES. WEST INDIES WORLDWIDE
3. Are you in a position to meet all of your financial commitments at present?
 If 'yes', do you expect to continue being able to meet all of
 Your financial commitments within the next twelve months?
 YES NO
 YES NO
4. Will any of the items be used by anyone other than yourself or a member of your
 family living with you?
 If 'yes', please state which items and by whom? _____

5. At what premises is the property usually kept overnight? _____

	SUM TO BE INSURED
Specified Items	\$ _____
General Contents (Premises risk only)	\$ =====
	\$ =====

SECTION 4 - WORKMENS COMPENSATION/EMPLOYERS LIABILITY

FOR OFFICIAL USE ONLY

RATE (S)	Section 1	\$	@	%o	= \$
	Section 2	\$	@	%o	= \$
	Section 3	\$	@	%o	= \$
Extisions					= \$ =====
				PREMIUM	=====

AGENT/BROKER

SPECIAL TERMS

Please use the chart to estimate the total value of your possessions.

1 KITCHEN	2. OTHER ROOMS			
3. LOUNGE AND DINING ROOM	4. BED ROOMS	5. BED ROOMS	6. BED ROOMS	GARAGE/SHED

1. KITCHEN

STOVE/FRIDGE \$
CARPET/LINO \$
FREEZER AND CONTENTS \$
DOMESTIC APPLIANCES \$
UTENSILS CROCKERY AND CUTLERY \$
FOOD AND DRINKS \$

2. OTHER ROOMS

FURNITURE \$
CAMERA AND PROJECTOR \$
BINOCULARS ETC. \$
CLOCK & ORNAMENTS \$
TOYS \$
MUSICAL INSTRUMENTS \$

3. LOUNGE
AND DINING ROOM

CURTAINS AND FITTINGS \$
CARPETS \$
FURNITURE \$
PICTURES BOOKS AND ORNAMENTS \$
T.V. STEREO VIDEO \$
\$

4.
BEDROOM

CLOTHES/SHOES \$
JEWELLERY \$
FURNITURE \$
CARPETS \$
CURTAINS \$
LINEN \$

5.
BEDROOM

CLOTHES/SHOES \$
JEWELLERY \$
FURNITURE \$
CARPETS \$
CURTAINS \$
LINEN \$

6.
BEDROOM

CLOTHES/SHOES \$
JEWELLERY \$
FURNITURE \$
CARPETS \$
CURTAINS \$
LINEN \$

7.
GARAGE/SHED

GARDEN EQPT. \$
HOUSEHOLD TOOLS \$
LAWN MOWER \$
BICYCLE \$
\$
\$

If any item does not fall into the above categories, please enter it in one of the following boxes.

\$

\$

=

TOTAL \$
