



SENTRY Insurance

DWELLING HOUSE INSURANCE PROPOSAL FORM

N.B.: To protect himself fully, an insured should insure for the full insurable market value of his property (excluding land or site value) at the time of insuring.

1. Full Name of Proposer: (Block Letters): Mr. / Mrs. / Miss	
2. Postal Address of Proposer:	3. Telephone No.:
4. Business or Profession of Proposer:	
5. Are you the owner of the property to be insured:	
6. Location of Building or Property:	
7. Is Building in a good state of repair: Yes <input type="radio"/> No <input type="radio"/>	8. Number of storey's in height:
9. Construction of the external walls of the building:	10. Construction of the roof:
11. Give full details of how the building is used or occupied:	
12. Please state the nature of goods stored (if any) in the same building:	
13. Premises having Servants' Quarters, Stables, Garages or any other out-building adjoining or in proximity, give the construction of such out-buildings, their distance from the main building: _____	
14. What is the distance between the building under insurance and the building or structure nearest to it:	
15. State the distance from the nearest Fire Hydrant / Station:	
16. If the building under insurance is situated at a distance of less than twenty (20) feet from any other building or structure, please state fully the construction and occupation of such other building: _____	
17. Is the building and any out-buildings on the same property in an area is free from flooding for the past five (05) years? Yes <input type="radio"/> No <input type="radio"/>	
a. If NO , please give full details: _____ _____	
18. Is the building or property mortgaged or under lien? Yes <input type="radio"/> No <input type="radio"/>	
a. If YES , state to whom and for what amount: _____ _____	
19. Is the policy to be assigned? Yes <input type="radio"/> No <input type="radio"/>	
a. If YES , state name of mortgagee: _____	

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WEST INDIAN INSURANCES LIMITED

James Street, P. O. Box 1828, Kingstown, St. Vincent and the Grenadines
TEL: (784) 456-2247 ▪ FAX: (784) 456-2248 ▪ Email: westindianinsurances@sentrywi.com

20. AMOUNT OF INSURANCE: a. Value of Main Building: b. Value of Out-Buildings: c. Value of Guard Wall, Gates and Fences: d. Value of concreted and paved areas: e. Swimming Pool: f. Value of Household Furniture, personal effects, etc.: g. Value of Solar Heating System:	a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____
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21. Are you at present insured with any other Company or Companies in respect of the same property as declared for insurance herein? Yes No

a. If so, state the name of such other company or companies, the amount of insurance, the Policy Numbers and their periods:

22. Has any Insurance Company ever declined a Proposal of Insurance from you, or cancelled or terminated your Insurance with them? Yes No

a. If **YES**, please give details: _____

23. Have you ever sustained loss by Fire? Yes No

a. If **YES**, give particulars: _____

24. Perils to be insured against: _____

25. Period for which this insurance is required:

From: _____ To: _____

DECLARATION	
<p>I/We hereby solemnly declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief, and I/We hereby agree that this declaration shall be the basis of the contract between me/ourselves and the Company.</p>	
<p>Dated this _____ day of _____, 20_____</p>	
<p>_____</p> <p>Agent / Broker</p>	<p>_____</p> <p>Proposer's Signature</p>