

HOMEOWNER'S INSURANCE PROPOSAL FORM

Individually Owned Company Owned

Please complete this form using BLOCK LETTERS

Personal Information

1. Homeowner details

a. Owner/Householder

First name:

Middle name:

Surname:

Date of birth:

Nationality:

Place of birth:

Contact:

(h)

(w)

(m)

(other)

Email:

Please provide valid form of Identification

Driver's Permit number

Passport number

National ID number

Mailing address

Home address

b. Additional name to be included on policy

First name:

Middle name:

Surname:

Date of birth:

Nationality:

Place of birth:

Contact:

(h)

(w)

(m)

(other)

Email:

Please provide valid form of Identification

Driver's Permit number

Passport number

National ID number

2. Profession/Occupation:

a.

b.

3. Politically Exposed Persons (PEP)

- a. Are you a PEP? Yes No b. Are you a PEP? Yes No
Are you related to a PEP? Yes No Are you related to a PEP? Yes No
If related to a PEP, please state relationship: If related to a PEP, please state relationship:

A Politically Exposed Person (PEP) is an individual with prominent public functions, e.g., Head of State or Government, senior politician, senior executive of a state-owned corporation, senior government judicial or military official.
A relative refers to an immediate family member, e.g., spouse, parents, siblings and children.

Company Information

4. Company/business name:
5. Business Description:
6. Email:
7. Business Address:
8. Mailing Address:
9. Telephone:

Building/ Occupancy Details

10. Address of residence at which insurance is required:
11. Please tick the description that best describes the nature of your residence:
 Private Dwelling House Self-Contained flat with separate entrance exclusively under your control
 Apartment/ Condominium Unit
 Other:
12. Is there any profession, business or trade carried on at the residence or in any portion of the premises of which the residence forms a part? Yes No
If Yes, please give the particulars:
13. Is the residence occupied solely by you and your family and domestic workers? Yes No
If No, state the number of other tenants, lodgers, boarders, or paying guests:
14. How long in a calendar year will the residence be unoccupied, on a
a. Consecutive basis:

b. Non-consecutive or total unoccupied days:

Note: Attention is drawn to a proviso in the Policy that cover against Bursting or Overflowing of Water Tanks, Apparatus or Pipe and Burglary &/or Theft will be suspended for any period or periods in excess of Thirty (30) days during which the residence is left without an inhabitant unless specially agreed to by the Company.

15. What materials are used in the construction of the building?
 Walls: Roof: Floors:

16. What is the building's height in storeys?

17. Description of Outbuildings (any building that is on the same compound but not attached to the main structure) if any:
 Walls: Occupancy: Floors:
 Roof: Distance from main building: (ft) N/A

18. Condition of the building

a. Please specify when the building was:
 Constructed Last Renovated

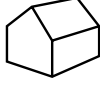



b. Is the building in a good state of repair? (attach photos or recent valuation) Yes No
 If **No**, please provide details.

c. Will the building be maintained in a state of good repair? Yes No

d. Has the building been rewired since its Construction/Renovation? Yes No
 If **Yes**, when?

e. Has the building been approved by the Gov't Electrical Inspectorate within the past 5 Years? Yes No
 If **No**, please state the last date the building was approved by an Authorized Electrical Inspector:

19. Roof details

a. Roof Design/Structure:  High pitched  Hipped  Gable  Flat

b. Roof anchor: Metal or bolt anchors Nailed to wall
 No anchorage Not applicable (e.g. roof is concrete slabs)

Previous Damages

20. Has there been any damage or losses to the Buildings and/or Contents (regardless of whether a claim was lodged) over the last 5 years? Yes No
 If Yes, please give details of:

Item(s) Damaged	Cause	Amount (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

21. Has any Insurer ever:

a. Declined to insure you?

Yes No

b. Cancelled or refused to renew your insurance?

Yes No

c. Increased your premium at renewal?

Yes No

If **Yes** to any of the above please give particulars:

22. Please provide any other information that could influence our assessment of the property to be insured:

Property Insurance Information

The **SUM TO BE INSURED** must represent the **FULL VALUE** of the residence, the Proposer being required to sign a declaration to that effect below.

The **SUM TO BE INSURED** can be either the building at **MARKET VALUE** or **REPLACEMENT VALUE**. The Market Value of the building represents the amount it could be sold for, excluding the value of the land. The Replacement Cost of the building is the cost to reconstruct it as new, using materials of same kind and quality with no deduction for wear & tear/depreciation.

The Insurance will cover the building of the Private Dwelling House or Private Flat and all the Domestic Offices, Stables, Garages and Out-buildings used solely in connection therewith and on the same premises including Landlord's Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto.

ITEM(S)	SUM TO BE INSURED
Item 1. The buildings including Wall, Gates, Fences and Outbuilding	\$ <input type="text"/>
Item 2. Swimming Pool and Accessories (Pumps, Filters & Associated Plumbing)	\$ <input type="text"/>
Item 3. <input type="text"/>	\$ <input type="text"/>
Item 4. <input type="text"/>	\$ <input type="text"/>
Total Sum Insured:	\$ <input type="text"/>

Please indicate if the total value stated represents:

Market Value OR Replacement Value

NOTE 1: Any Property that should be insured as Contents must not be considered here.

23. Is there a lien/Mortgage/Debenture on the Property to be insured?

Yes No

If **Yes** please provide the Mortgagee's name and address:

24. Policy Start Date:

Policy End Date:

(C) Jewellery

Please tick which territory in which the jewellery items are to be covered:

Residence Only

Trinidad and Tobago

West Indies

Worldwide

Total sum to be insured on contents

\$

All jewellery items must be supported by a Jeweller's Certificate or Bills

Average

The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the items insured, the amount payable is proportionately reduced.

(Initial)

DECLARATION

I/We declare that all the above answers are true and that I/We have not withheld any material information regarding this proposal and that this declaration and proposal shall form the basis of the contract between me/us and **THE BEACON INSURANCE COMPANY LIMITED**. I/We further agree that if the particulars and information stated above are no longer correct the Company shall be notified immediately. I/We also agree to accept and abide by the terms and conditions of the Policy to be issued.

I/We also declare that **THE TOTAL SUM INSURED REPRESENTS NOT LESS THAN THE FULL VALUE OF THE PROPERTY**, as above mentioned.

SIGNATURE & COMPANY STAMP (where applicable) OF
PROPOSER

Signature of Additional Name:
(where applicable)

DATED: ____/____/20__

DATED: ____/____/20__