

Sagicor General Insurance Inc.

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BURGLARY INSURANCE PROPOSAL FORM

COVERAGE

COVER PROVIDED

- (i) Loss of or damage to the property insured by Theft involving entry to or exit from the premises by forcible and violent means.
- (ii) Damage to the Premises falling to be borne by you due to such Theft or attempt thereat.
- (iii) Loss of or damage to the Property insured whilst contained within the Premises consequent upon and in connection with assault or violence or the threat thereof to you.

EXCEPTIONS – The Policy does not cover:

- (1) Radioactivity risks and sonic bangs
- (2) War risks
- (3) Loss or damage caused by fire and explosion
- (4) Damage to stained or plate glass or any painting lettering or ornament thereon
- (5) Loss or damage by any theft as aforesaid or any attempt thereat by any of your family business staff domestic servants or any person lawfully on the Premises.
- (6) Loss or damage to money coins medals security stamps of any kind documentation of any kind manuscripts business books computer systems records patterns models moulds plans or designs unless the same be specifically insured hereunder.

DEFINITION

“Premises” means that part of the building occupied by you exclusive of any building not communicating therewith and of any yard or open space.

Average

The sum insured by each item shown on this Proposal Form will be separately subject to Average in accordance with the following clause:

“If at the time of any loss the sum insured be less than the total value of the property covered, you shall be considered your own insurer for the difference and shall bear a rateable share of the loss accordingly.”

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

- 1. (a) **Name of Proposer:**
.....
- (b) **Postal Address:**
.....
- (c) **E-mail Address:**
- (d) **Telephone number:**
- (e) **Type of Business:**
- (f) **Address(es) of all premises at which property is to be insured:**
.....
.....
.....

- 2. **Period of Insurance:** **From:** **to:**

- 3. **Have you ever suffered a loss from theft?**
- If yes, please state date and amount:**

- 4. **Do you currently have or have you previously had Burglary insurance?**
- If yes, please state name of insurance company:**

- 5. **Has any insurer ever:**

(a) declined to insure you? Yes No

(b) refused to renew or cancelled your policy of insurance? Yes No

(c) imposed any special terms or conditions on you? Yes No

- 6. **Does anyone else have any financial interest in the property to be insured?**

If yes, please state whom:

- 7. **Did you make a profit in your last financial year?** Yes No

- 8. **Do you keep records of all sales and purchases?** Yes No

- 9. **Are your financial accounts audited by professional accountants?** Yes No

- 10. **Is the property to be insured used for business use?** Yes No

11. Please state the construction of all buildings and premises occupied by you? (external walls, doors, roofs):

12. How long have you occupied each of the premises?

13. Please give a full description of the security devices or otherwise used to protect and/or secure the premises and goods:

Please list the property to be insured within the building(s) or premises described in section 1.(f)

Item No.	Description	Total Declared Value (\$)
1	Stock in Trade (including raw materials and finished goods) your property or held by you in trust or on commission for which you are responsible.	
2	Customers goods for which you are responsible	
3	Plant and Machinery and Trade Furniture, Fixtures, Fittings & Utensils and Office Equipment, your property or for which you are responsible	
4	Tenants Improvements and Betterments	

Please indicate the Sum Insured on a First Loss Basis in respect of the Property described above \$

Please advise if any of the following items are included in the items described above:

- Stereo, video and electronic equipment Yes No
- Wines, spirits or other alcoholic beverages Yes No
- Jewellery or precious metals Yes No
- Computer Equipment Yes No

DECLARATION

I/We hereby declare that to the best of my/our knowledge and belief the statements and particulars given by me/us in this proposal are true and complete and no material fact, that is those facts which the Company would regard as likely to influence the acceptance and assessment of this proposal, has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this Proposal shall form the basis of the Contract between me/us and Sagicor General Insurance Inc.

Date:

Signature of Proposer: