



Sagicor General Insurance Inc.

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HOME/COMMERCIAL FIRE INSURANCE QUOTATION FORM

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

PROPOSER

Name of Proposer / Trading Name:
Contact No.: Home #: Work #: Mobile #:
If Company, Directors or Owners :
Risk Address:
Period of Insurance From: To:

DESCRIPTION OF PREMISES

Occupancy of each Floor: Number of Floors:
i) Ground Floor
ii) First Floor
iii) Second Floor
iii) Third Floor
Construction: i) Walls:
ii) Roof:
iii) Floor:
iv) Internal Partitions:
Adjacent Risks: North: South:
Distance / Occupancy / Construction: East: West:
Previous Losses / Claims:
Survey Done: Yes No Date:

ADDITIONAL INFORMATION

[a] Age of Building:
[b] Electrical System: Checked/Date: Rewired/Date:
[c] Mortgage / Address:
[d] How long in business:

PROPERTY TO BE INSURED:

Building: \$
Stock: \$
F/F/F: \$
Machinery: \$
Others: \$
TOTAL: \$

Present Insurer:

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Our Rate Quoted:
Underwriter: