



GENERAL

Sagicor General Insurance Inc.

122 St. Vincent Street, Port of Spain, Trinidad and Tobago, W.I.
Tel: 1 (868) 623-4744 • Fax: 1 (868) 628-1639
Website: www.sagicor.com • Email: getcovered@sagicorgeneral.com

KEY PROTECTOR - SMALL BUSINESS INSURANCE POLICY PROPOSAL FORM

(PLEASE COMPLETE ALL DETAILS IN BLOCK LETTERS ONLY)

1. **Name of Proposer:**
Company Registration #: VAT#:

2. (a) **Registered Address:**
(b) **Business/Occupation:**

3. **Postal Address:** (if different from Registered)

4. **Tel No.:** 5. **Fax No.:** 6. **Email Address:**

7. **Name of Contact Person:**
Job Title ID#

8. **Period of Insurance (DD/MM/YY):** From: To:







9. **Location of property to be insured:**

10. (a) **When was the building constructed:**
(b) **Construction of Roof Frame:**
 Wood Steel Concrete Other:

11. **Construction of EXTERNAL Building Walls:** %
 Wood
 Clay Bricks
 Bricks With No Concrete and Steel
 Masonry Blocks wth Steel and Concrete
 Unreinforced Brick with Columns
of Poured Cement
 Reinforced Concrete Frame with
Unreinforced Masonry Brick Walls
 Shear Concrete Walls
 Other

11. **Construction of INTERNAL Building Walls:** %
 Wood
 Clay Bricks
 Bricks With No Concrete and Steel
 Masonry Blocks with Steel and Concrete
 Unreinforced Brick with Columns
of Poured Cement
 Reinforced Concrete Frame with
Unreinforced Masonry Brick Walls
 Shear Concrete Walls
 Other

12. **Roof Covering Material:**
 Metal Sheetting Wooden Shingles Asphalt Shingles Asphalt Torch-down Other

13. **Shape of Roof:**
 Hip  Salt Box  Gable
 Flat  Gambrel  Mono-pitch
Other:

14. Construction of Floor:

Wood Concrete Metal
 Other:

Floor covered with:

Wood Ceramic Tiles Paint Carpet
 Other:

15. Number of Floors:

16. Square Footage:

17. Are all Floors Constructed of Concrete? Yes No

Other:

18. Type of Foundation: Strip/Solid Columns

Other:

19. Indicate below whether or not the building has any of the following features:

Hurricane Straps <input type="checkbox"/> Yes <input type="checkbox"/> No	Hurricane Shutters <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Hurricane Protection <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Extinguisher <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Hose <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke Detectors <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar Alarm <input type="checkbox"/> Yes <input type="checkbox"/> No	Burglar Bars on: Doors <input type="checkbox"/> Yes <input type="checkbox"/> No
	Monitored <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows <input type="checkbox"/> Yes <input type="checkbox"/> No

20. Security guards on premises Yes No

If Yes, please give details:

FIRE AND OTHER PERILS

21. What value is to be insured for:

Buildings: (\$)	Leasehold improvement: (\$)
General Contents: (\$)	Stock in Trade: (\$)
Plant, Machinery and Equipment: (\$)	Other: (\$)

22. How long has the Business been in Operation?

23. Is the Business presently Insured? Yes No

If Yes, please state Name of Insurance Company:

24. Are you the sole tenant? Yes No

If No, please state the other businesses:

25. Are neighbouring buildings closer than 12 feet? Yes No

If Yes, please state:

(a) The type of Business carried on within:

(b) The construction of the neighbouring Building/s:

26. Is there a Mortgage or Financial Interest to be endorsed on the Policy? Yes No

If Yes, please give details:

Address:

PUBLIC LIABILITY

27. Choose a limit for Public Liability:

<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000
<input type="checkbox"/> \$1,500,000	<input type="checkbox"/> \$2,000,000

28. Annual Turnover/Income: (\$)

29. Are the premises in a good state of repair? Yes No

30. Are you responsible for the repairs to the premises? Yes No

31. Does the Business use:

Hoists

Heating Equipment

Lifts

Burning Equipment

Cranes

Welding Equipment

Passenger Lifts

Torch Cutting Equipment

Escalators

Compressed Air Welding

Other operated lifting Apparatus:

32. Are any of the following kept on the premises?

Acids

Chemicals

Gases

Asbestos

Explosives

Other Dangerous Substances:

Radioactive substances or other sources of Ionizing radiations? Yes No

If Yes, please give details:

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33. Do you engage in work at other premises? Yes No

If Yes, please state nature of work:

34. Is the Business presently insured for Public Liability? Yes No

If Yes, please state name of present Insurer:

LOSS OF MONEY

35. Is cash kept overnight at the premises? Yes No

36. How is the money secured?

37. Are deposits done during the day? Yes No

38. How many persons are engaged in the transportation of cash at any one time?

Please specify:

39. What is the method used for transporting cash?

Please specify:

ADDITIONAL EXPENDITURE

Collectively, the minimum sum insured is TT\$150,000.00. A higher limit up to 5% of either the building(s) sum insured or general contents plus stock sum insured, whichever is greater, is permissible at an additional premium

40. Please choose a limit:

Additional Expenses (\$):

Loss of Rent (\$):

Auditors Fee (\$):

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WORKMEN'S COMPENSATION

Standard limit: \$2,500,000. (Common Law Limit)

41. Please give details on the categories, numbers and wages of employees:

Job Type:	No. of Employees:	Estimated annual wages:
Managerial, Administrative and and Clerical Staff not engaging in Manual Work:	Salaries and other Earnings: \$
Employees engaged in woodworking, welding, fabricating including machinists and labourers:	\$
State other categories of workers:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

GOODS IN TRANSIT

42. Do Vehicles carry Fire Extinguishers? Yes No
43. Are the vehicles fully enclosed? Yes No
44. Does an employee always remain with the loaded vehicle? Yes No
45. Is the vehicle loaded and unloaded by your own employees? Yes No

PREVIOUS INSURANCE / LOSS HISTORY

46. Has any of your insurances in respect of coverage being proposed under this Package ever been declined or cancelled?

Yes No If Yes, please state name of Insurance Company and reasons for declination or cancellation:

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47. Has the Proposer sustained loss or damage or had a claim brought against them within the last five years in respect of any coverage being proposed under this Package? Yes No If yes please state date of loss and details:

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DISCLOSURE

All material facts which may affect the acceptance or assessment of the coverage requested by this proposal must be disclosed. If you are in doubt about what is important, tell us or your insurance intermediary. Failure to disclose these facts may invalidate the Policy.

DECLARATION AND SIGNATURE

I/we declare that to the best of my/our knowledge and belief the information on this form is true in every respect. I/we also declare that if anything on this form was written by another person, he or she acted as my/our agent for this purpose. I/we agree that this proposal and declaration will be the basis of the contract between me/us and the Company.

I/we agree that the Company may disclose details of or relating to this agreement, particulars of any claim or payment made pursuant to this agreement to any third party and the Company may make such enquiries regarding my/our creditworthiness or insurance history as the Company sees fit.

Date:

Signature of Proposer:

Company Stamp:

The Company reserves the right to refuse any proposal.

FOR OFFICE USE ONLY:

Effective Date:

Expiry Date:

Producer:

Client Code: