



GENERAL

Sagicor General Insurance Inc.

'Key Protector' Home Insurance Proposal Form

Please complete all details on this page. Please write in BLOCK LETTERS AND tick ✓ correct answer boxes.

If you have ticked a shaded box on this form please give full details on the back.

We will provide you with a copy of the completed form on request.

GENERAL DETAILS

1. Date you require insurance from

Day _____ Month _____ Year _____

2. Full name of proposer(s)

State: Mr, Mrs, Miss, Ms or other title

3. National Registration No.

4. Profession or Occupation

5. Full postal address

6. Telephone number

Home

Work

7. Fax Number

E-mail Address

8. Address of property where insurance is required if different from 5

9. Is the home:

- a A private dwelling house? Yes No
- b A self-contained apartment? Yes No
- c Townhouse or Condominium? Yes No
- d Owner Occupied? Yes No
- e Rented unfurnished? Yes No
- f Presently unoccupied? Yes No
- g Likely to be unoccupied for more than 40 consecutive days in any one year? Yes No

10. Is the home

- a or any part of the building or grounds used for any trade or business purpose? Yes No
- b a weekend or holiday home? Yes No
- c occupied by anyone except your family? Yes No
- d let as a resort cottage or other tourist accommodation? Yes No
- e in an area that has a history of flooding, subsidence, ground heave or landslip? Yes No
- f showing signs of damage by subsidence, ground heave or landslip? Yes No

10. (cont.) is the home

- g within 100 feet of the high water level along the sea coast? Yes No
- h within 12 feet of any other building? Yes No
- i in good repair and will it be so maintained? Yes No
- j Protected by:
 - (i) A fire alarm? Yes No
Is the alarm monitored? Yes No
 - (ii) A burglar alarm? Yes No
Is the alarm monitored? Yes No
 - (iii) Burglar Bars Yes No
- k Equipped with Fire Fighting Appliances? Yes No

11 How is your home constructed?

- a (i) No of floors _____
- (ii) Type of foundation _____
- (iii) External walls _____
- (iv) Roof _____
- (v) Shape of roof. Flat Gable Hip Parapet
- (vi) Are there any hurricane protection features, please indicate? Straps Shutters Ties
- (vii) Skylights Yes No
- b Construction of outbuildings if any
 - (i) Type of foundation _____
 - (ii) External walls _____ Roof _____
 - (iii) Shape of roof _____

12 Have you been insured before for any of the risks proposed?

- a If yes, who was your Insurer? _____ Yes No
- b Is there an existing Policy in force? Yes No

13 Have you or any member of your household ever:

- a had any insurance refused, been subjected to special terms or been asked to take extra precautions? Yes No
- b been convicted of, or been charged with but not yet tried for, arson or any offence involving dishonesty of any kind such as fraud, robbery, theft, or handling stolen goods? Yes No
- c sustained loss or damage by any of the risks or liabilities you now wish to insure? Yes No

SECTION 1 - CONTENTS

Do you require cover under this Section? Yes No

Do you require cover for Accidental Damage to the Contents in your home Yes No

Do you require cover for Food in your Freezer over \$250? Please indicate in the space provided below.

*How much to insure in respect of Contents?
The amount should represent the full replacement cost of all contents except clothing and linen for which an allowance should be made for depreciation, wear and tear.*

THE CONTENTS INVENTORY PROVIDED WILL ASSIST YOU IN ARRIVING AT THE AMOUNT TO BE INSURED

THE CONTENTS	SUM INSURED
1. Contents	\$ _____
2. Freezer Contents	\$ _____
3. 1% Stamp Duty	\$ _____
Total Sum Insured	\$ _____

The lowest we accept is \$20,000.00

Is the legal interest of a Financial institution to be recorded for this section? Yes No

If yes, please give name, address and type of interest below.

If the proposed Sum Insured includes valuables (as defined) or audio and video equipment, please give details and values on the inventory form.

Do not include under this section any items that are to be insured under Section 3 "Valuables and Personal Possessions".

Please attach a valuation certificate or sales receipt for all items of jewellery.

SECTION 2 - BUILDINGS

Do you require cover under this section? Yes No

What is the total area of your home in sq.ft? _____

What is the age of the building? _____

*How much to insure in respect of Buildings?
In arriving at a sum insured you should make sure that the amount represents the full reinstatement/ replacement cost of the Building, making allowance for cost of Local Authority Requirements and Removal of Debris and Professional Fees.*

THE BUILDINGS	SUM INSURED
1. Main Building	\$ _____
2. Outbuilding(s)	\$ _____
3. Removal of Debris	\$ _____
4. Professional Fees	\$ _____
5. _____	\$ _____
6. 1% Stamp Duty	\$ _____
Total Sum Insured	\$ _____

The lowest Sum Insured we accept is \$50,000.

Is the legal interest of a financial institution to be recorded for this section? Yes No

If yes, please give name, address and type of interest below.

Do you require cover for a Satellite Dish? Yes _____ No _____

If yes, please state type of dish.

1. Materials Mesh or ceramic

2. Size _____ No. of Legs

3. How is Dish mounted? On ground On roof

On Building

4. Is it fixed in concrete? Yes _____ No _____

5. What amount do you wish to insure? \$ _____

Give name and address of Manufacturer/Installer

Generating Plant

Do you require cover under this Item? Yes _____ No _____

If Yes, please state the make and capacity of the generator.

Is the generator fixed/portable? _____

Where is the generator usually stored? _____

What amount do you wish to insure \$ _____

SECTION 3 - VALUABLES & PERSONAL POSSESSIONS

Do you require cover under this Section? Yes _____ No _____

(i) Unspecified Valuables & Personal Possessions

Do you require cover under this item? Yes _____ No _____

If yes please state the Total Sum Insured \$ _____

(ii) Specified Valuables and Personal Possessions

Do you require cover under this Item? Yes _____ No _____

If yes, please state the Total Sum Insured and attach a Valuation Certificate or Sales Receipt for the individual items. \$ _____

(iii) Sports Equipment

Do you require cover under this Item? Yes _____ No _____

Please state type of Sports Equipment to be included and give details of Equipment to be covered overleaf.

If yes, please state the Total Sum Insured \$ _____

Maximum limit any one item \$ _____

N.B. Equipment whilst in play, water and motor sports equipment are excluded.

(iv) Credit Cards

Do you require cover under this Item? Yes _____ No _____

SECTION 4 - PERSONAL COMPUTER

Do you require cover under this Section? Yes No

Breakdown cover is not available if equipment is over 3 years old or the power supplyline of the computer is not attached to an electrical surge protector when such power supplyline is connected to an electrical power supply.

Is the Personal Computer owned by you? Yes No

Give description of personal computer and accessories and peripherals (Make, Model, Serial No.)

What is the replacement value of Personal Computer?
\$ _____

DEFINITION OF TERMS

SECTION 1 - CONTENTS

“Contents” mean household furniture and furnishings, clothing and personal belongings; money; valuables; audio and video equipment; films, tapes, cassettes, cartridges or discs, up to their value as unused material or where purchased pre-recorded at maker’s latest list price; interior decorations if you are liable for them as a tenant; freezer contents up to \$250; domestic staff or gardeners’ personal belongings (excluding Money) up to \$500 and \$1,500 in total; guests’ personal belongings (excluding Money) up to \$1,000 per item or \$2,500 in total.

The maximum payable on all Audio and Video Equipment unless specifically declared is \$2,000 any one item and in all 25% of the Sum Insured or \$10,000 whichever is less.

“Money” means personal money held for private purposes comprising cash, bank or currency notes, bankers’ drafts, cheques, postal and money orders, securities, current stamps, trading stamps and travel tickets, gift tokens and luncheon vouchers. The maximum payable is \$500 in any one period unless more specifically insured.

“Valuables” mean items composed of precious metals or precious stones, jewellery, watches, furs, curios and works of art.

The maximum payable on all valuables, unless specifically declared and substantiated by valuation certificates, is \$1,000 any one item and \$5,000 in total.

SECTION 2 - BUILDINGS

“Buildings” mean the structure of your private residence including fixtures, fittings and decorative finishes; outbuildings used for domestic purposes; solar heating systems; water tanks; sewerage and drains; patios, terraces; garden and boundary walls (other than sea walls and sea defences) fences and gates; swimming pools, tennis hard courts, paths and driveways up to \$5,000 unless specifically stated and agreed.

SECTION 3 - VALUABLES & PERSONAL POSSESSIONS

“Valuables” mean items composed of precious metals or precious stones, jewellery, watches, furs, curios and works of arts.

“Personal Possessions” mean private property including valuables but excluding, furniture, fixtures and fittings, crockery, cutlery, glassware, domestic appliances and food in your freezer.

DISCLOSURE

All important 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 broker. Failure to disclose these facts may invalidate the Policy.

DECLARATION AND SIGNATURE

I declare that to the best of my knowledge and belief the information on this form is true in every respect, that the total Sums Insured represent not less than the full value of the property.

I also declare that if anything on this form was written by another person, he or she acted as my agent for this purpose.

I agree that this proposal and declaration will be the basis of the contract between me and the Company.

The Company reserves the right to refuse any proposal.

Date

Signature of Proposer

FOR OFFICIAL USE ONLY

Policy Number _____

Client Code _____

Inception Date dd/mm/yy

Expiry Date dd/mm/yy

Section	Sum Insured	Rate	Premium
1			
2			
3			
4			
5			
Total			
Stamp Duty			

If you have ticked a shaded box ✓, please give details here.

Empty rectangular box for details.

Special terms imposed by us and accepted by you.

Four horizontal lines for special terms.

Agent or Broker Stamp

Signature of Proposer

SAGICOR GENERAL INSURANCE INC.
REGISTERED OFFICE: BECKWITH PLACE, BRIDGETOWN, BARBADOS.

**HOME
INSURANCE**

*A Simple,
straightforward
proposal form in
plain English*

**THE
"KEY PROTECTOR"
POLICY**



Sagicor

GENERAL