

HOME PROPOSAL FORM

Please answer each question fully - do not leave blanks

PROPOSER			CUSTOMER NUMBER		
Full Name:	ccupation:				
Street Address:				P.O. Box	
Tel. No. (Home)Tel. No. (Work)			Fax No		
Place of Employment:			Prev	viously Insured: YES NO	
 Have you had any insurance refused or subjected to special terms? Have you had any losses during the past 3 years? Been convicted of, or have been charged with but not yet tried for, arson or any offence involving dishonesty of any kind such as fraud, robbery, thefor handling stolen goods? 			YES NO YES NO	If you have answered "YES" to any of these questions, please provide full details below	
Mortgagee, if any,					
CURRENCY OF POLICY REQUIRED	В\$		US\$		
PROPERTY					
COVER REQUIRED FROM		то			
Exact Location					
Construction: Walls Roof	Distance f	Distance from the sea?Ho		above sea level?	
Year BuiltNo. of Storeys	No. of Bedrooms	Square Fo	otage		
Is it normally rented? If so, how often					
The property is a (a) Primary Residence	(b) Holiday Home	(c) Duple	ex/Triplex	(d) Condominium Complex	
Are the Buildings (i) fitted with burglar ba (iii) equipped with fire ex (v) in good state of repair		YES NO YES NO YES NO	* *	alarm system? YES NO storm shutters? YES NO siness purposes? YES NO	
Have there been any claims in the last 3 year	rs?	YES NO			
Are the Buildings ever unoccupied? If so, for	or how many weeks a year	?			
Was the property built in full accordance wi	th The Bahamas Building	Code? YES N	0		
Page 1 of 2				Please turn over	

	Type of Perils (circle one) FUL	L (including Hurric	DECEDICATED
		E (including Hulli	icane) RESTRICTED
SECTION		SUMS INSU	URED \$ PREMIUM \$
	BUILDINGS (including fitted carpets, air conditioning ur outbuildings, walls, gates, swimming pools, etc. Seawalls, ca walls, docks, satellite equipment and television antennae are included and should be separately insured below)	anal	\$
	CONTENTS (including furnishings and all personal effects)	\$	\$
3.	"ALL RISKS" (List each item and value separately)	\$	\$
4.	SEA WALL/CANAL WALL	\$	\$
5.	DOCK – What is construction of dock?	\$	\$
	(a) SATELLITE EQUIPMENT (b) TELEVISION ANTENNA	\$ \$	\$ \$
7.	OTHER COVERAGE (as more fully described hereunder)	\$	\$
(c) Loss of	Liability Limit increased to \$1,000,000 (normal limit \$250,000) f Rent/Additional Living Expense (Catastrophe Perils Extension) EMENT COST - Can you replace items 1 to 7 for the amounts (circle one) YES NO	\$	\$ \$
stateu: ((circle one) YES NO Total	1 \$	\$
on this form	o the best of my knowledge and belief the information on this form was written by another person, he or she acted as my agent for uring the currency of this Insurance. I agree that this proposal an	r this purpose. I agre	ee to keep the property in a good stat
Signed:			Dated:
FOR OFFIC	CE USE ONLY Rate	es:	