

PROPOSAL FOR HOME INSURANCE		THE PROPOSER	
<p><b>All questions MUST BE answered fully.</b> Please use BLOCK (CAPITAL) LETTERS. Ticks are acceptable only where tick-boxes are provided, please tick the appropriate box. <b>WARNING:</b> If this Proposal Form is not completed in the Proposer's Own Hand-writing, the Proposer should carefully check the Answers before signing the Proposal.</p>		Broker or Agent: _____	
		FULL NAME _____	
		POSTAL ADDRESS _____	
		TELEPHONE NUMBERS (HOME) _____ (WORK) _____ (MOBILE) _____	
		E-MAIL ADDRESS _____ (FAX) _____	
		BUSINESS OR OCCUPATION _____	
PERIOD OF INSURANCE FROM _____ TO _____			
DETAILS OF THE HOME TO BE INSURED			
1.	Address _____		
2.	Is the Home	(a) Private Dwelling House?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(b) a Self-contained flat or apartment with separate entrance exclusively under your control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		(c) Rooms not self-contained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Of what materials is the Dwelling constructed?	Walls _____	Roof _____
4.	Are there any garages or out-buildings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'Yes', of what are they constructed?	Walls _____	Roof _____
5.	Are there any solar photovoltaic systems attached to the building structure or on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Are the buildings in good state of repair and will they be so maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Is the Dwelling occupied solely by you, your family and domestic employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'No', give details of other occupants _____		
8.	Is any part of the Dwelling or outbuildings used for any income-earning activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'Yes', give details _____		
9.	Are all externally communicating doors, windows and other openings grilled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'No', describe the security arrangements in place _____		
10.	Will the home be left without an inhabitant for more than 40 days in all during any one year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Will the home be regularly left unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you have answered 'Yes' to either part of Question 9 please give further information _____		
11.	Does any Institution or Individual have a financial interest in the Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If 'Yes', state their name and address	Name _____	Address _____
DETAILS OF THE PROPERTY TO BE INSURED			
BUILDINGS and OTHER STRUCTURES to be insured by SECTION 1 of the Policy See IMPORTANT NOTES			Sums to be Insured
1)	The Buildings of the private dwelling together with its garages and outbuildings, including landlord's fixtures and fittings together with patios, driveways and other paved areas, walls, gates and fences, underground water pipes and cables providing services to and from the home, fixed water storage tanks, solar water heaters and sewage disposal systems <b>N.B. Swimming pools &amp; Waterside structures should not be included in the above Item.</b>		\$ _____
2)	Swimming Pools: permanent pool structures together with pump-houses and permanently installed pool equipment and accessories including all related pipes and cables		\$ _____
3)	Waterside Structures: docks, jetties, piers, sea walls and any other structure abutting the sea, a river or any other body of water Please describe your Waterside Structures _____		\$ _____
4)	Other _____		\$ _____
5)	1% Stamp Duty in the event of a claim		\$ _____
6)	<b>The Total Sum to be Insured under this Section of the Policy is</b>		\$ _____
CONTENTS to be insured by SECTION 2 of the Policy See IMPORTANT NOTES			Sums to be Insured
1)	Contents: Household Goods, Personal Effects and Fixtures and Fittings which belong to, or are the legal responsibility of, you or any member of your household		\$ _____

<p><b>N.B. The Sum to be insured by Item 1) should not include the value of:</b></p> <p>a) <b>Valuables</b> (by which we mean Jewellery and other articles of gold, silver or other precious metal, clocks, watches, cameras, cam-corders, and other photographic equipment, furs, pictures and other works of art, curios, licensed fire arms and other valuable objects)</p> <p>i) <b>individually worth more than \$1,000.</b></p> <p>ii) <b>collectively worth more than \$5,000.</b></p> <p><i>Such Articles must be individually specified and included in Item 2) below.</i></p>		
<p>b) Articles of <b>Electronic Equipment</b> (by which we mean Audio equipment, video equipment, televisions, computers and accessories, indoor components of satellite receiving systems, citizens band radios, short-wave and two-way radio systems, facsimile machines, telephone answering machines, cable television equipment, cellular telephones, electronic games systems and the like)</p> <p>i) <b>individually worth more than \$2,500.</b></p> <p>ii) <b>collectively worth more than 25% of the Sum Insured on Contents or \$10,000 (whichever is less).</b></p> <p><i>Such Articles must be individually specified and included in Item 3) below.</i></p> <p>c) <b>Any other Article (furniture, household appliances, pianos and organs excepted) the value of which exceeds 5% of the Contents Sum Insured.</b></p> <p><i>Such Articles must be individually specified and included in Item 2) below.</i></p> <p>d) <b>Any Article that you are insuring under any other Section of the Policy.</b></p>		
2) Total Value of Articles to be individually specified <i>(Please attach a list of these articles giving detailed descriptions, including model and serial numbers where appropriate and individual values)</i>		\$
3) Does the total value of your Electronic Equipment (see definition above) exceed 25% of the Total Sum to be Insured by this Section or \$10,000 (whichever is less)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', what is the total value of such Equipment? <i>(Please attach a detailed list of the Equipment)</i>		\$
4) 1% Stamp Duty in the event of a claim		\$
<b>5) The Total Sum to be Insured under this Section of the Policy is</b>		\$
<b>LIABILITIES to be insured by SECTION 3 of the Policy See IMPORTANT NOTES</b>		
i) Do you want to insure for the standard Limits of Liability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ii) If 'No', please state Limits of Liability you would like to insure for in respect of applicable Coverages.		
a) If your Buildings are insured by Section 1: COVERAGE 1: Liability as Property Owner      Limit any one event		\$
b) If your Contents are insured by Section 2 of the policy COVERAGE 2: Liability as Occupier      Limit any one event		\$
COVERAGE 3: Personal Liability      Limit any one event		\$
<b>PERSONAL POSSESSIONS to be insured against ALL RISKS by SECTION 4 of the Policy See IMPORTANT NOTES</b>		
<b>Item No</b>	<b>Full Description of Article(s) to be Insured</b>	<b>Sums to be Insured</b>
<b>(Include make, model and serial number where appropriate)</b>		
1	Unspecified Clothing and Personal Effects and Valuables. The maximum value of any one Article is 1,000	\$
2	Unspecified Sporting Equipment. The maximum value of any one Article is \$500	\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$
12		\$

13		\$	
14		\$	
15		\$	
16		\$	
17		\$	
18		\$	
<b>If there is insufficient space to list all Articles, please continue on a separate sheet and attach it to this Proposal Form.</b>			
Articles as per List attached		\$	
<b>ii) The Total Sum to be Insured under this Section of the Policy is</b>		\$	
<i>Please attach copies of receipts or recent valuations for all specified Articles.</i>			
iii) State Territorial Limits required:	Barbados only <input type="checkbox"/>	Or Caribbean <input type="checkbox"/>	Or Worldwide <input type="checkbox"/>
<b>SATELLITE TELEVISION RECEIVING EQUIPMENT to be insured by SECTION 5 of the Policy See IMPORTANT NOTES</b>			
i) How is the dish mounted?	a) on the ground <input type="checkbox"/>	on the roof <input type="checkbox"/>	
	b) on one leg <input type="checkbox"/>	on two legs <input type="checkbox"/>	on three or more legs <input type="checkbox"/>
ii) Is a lightning rod attached to the dish?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
iii) Has the Manufacturer/Installer given a Warranty in respect of Windspeeds the Dish will withstand?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', state Windspeed			
iv) State Make, Model, Size and Composition of Dish			
v) State Sums to be insured in respect of	a) Dish, mount and assembly	\$	
	b) LNA/LNB/Down Converter/Feedhorn/Polorotor/Dish Positioner	\$	
<b>vi) The Total Sum to be insured by this Section is</b>		\$	
<b>PERSONAL COMPUTERS to be insured by SECTION 6 of the Policy See IMPORTANT NOTES</b>			
<b>Item No</b>	<b>Full Description of Article(s) to be Insured</b>	<b>Sums to be Insured</b>	
<b>(Include make, model and serial number where appropriate)</b>			
1	Unspecified Equipment (maximum value of any one Article \$250):	\$	
2	CPU:	\$	
3	Monitor:	\$	
4	Printer:	\$	
5	Scanner:	\$	
6	External Modem:	\$	
7	UPS:	\$	
8		\$	
9		\$	
10		\$	
11		\$	
12		\$	
13		\$	
14		\$	
15		\$	
16		\$	
17		\$	
18		\$	
<b>If there is insufficient space to list all Articles, please continue on a separate sheet and attach it to this Proposal Form.</b>			
<b>ii) The Total Sum to be Insured under this Section of the Policy is</b>		\$	
iii) State Territorial Limits required:	Barbados only <input type="checkbox"/>	Or Caribbean <input type="checkbox"/>	Or Worldwide <input type="checkbox"/>

**FAMILY PERSONAL ACCIDENT BENEFITS to be insured by SECTION 7 of the Policy See IMPORTANT NOTES**

Details of Persons and Compensation to be insured							
Item No	Persons to be Insured			Amount of Compensation			
	Full Name	Business or Occupation	D.O.B (dd/mm/yy)	Death (\$)	Permanent Disablement (\$)	Medical Expenses (\$)	
1							
2							
3							
4							
5							
ii) Are all the Persons named above in good health and free from physical and mental defect or infirmity?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', please give details							

**GOLFING EQUIPMENT and LIABILITIES to be insured by SECTION 8 of the Policy See IMPORTANT NOTES**

Item No	Full Name of Person to be Insured	Coverage Required	
		Golfing Equipment	Public Liability
1		Do you want to insure for Standard Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No', state Sum Insured required \$	Do you wish to increase the Limit of Liability to \$500,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
2		Do you want to insure for Standard Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Do you wish to increase the Limit of Liability to \$500,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
3		Do you want to insure for Standard Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Do you wish to increase the Limit of Liability to \$500,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
4		Do you want to insure for Standard Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Do you wish to increase the Limit of Liability to \$500,000? <input type="checkbox"/> Yes <input type="checkbox"/> No
5		Do you want to insure for Standard Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	Do you wish to increase the Limit of Liability to \$500,000? <input type="checkbox"/> Yes <input type="checkbox"/> No

**FIREARMS to be insured by SECTION 9 of the Policy**

Item No	Full Description of each Firearm to be Insured including make, model and serial number	Sums to be Insured
1		\$
2		\$
ii) The Total Sum to be Insured under this Section of the Policy is		\$
iii) In respect of each of the Firearms described above, do you hold a valid Licence issued by the Commissioner of Police for the Island of Barbados?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach copy of current Firearms Licence.		

**PREVIOUS INSURANCE HISTORY AND LOSS RECORD**

1.	Do you currently have in force any policy, whether with us or with any other Company or Insurer, covering any of The Property referred to in this Proposal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has any Company or Insurer, in respect of any of the Perils to which this Proposal applies, ever:		
	(a) Declined to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(b) Required special terms to insure you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(c) Cancelled or refused to renew your policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(d) Increased your premium on renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Have the Buildings and/or Contents of the Home to which this Proposal relates ever suffered damage by Hurricane, Earthquake or Flood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.	Have you ever sustained loss from any Perils to which this insurance would apply?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	If you have answered 'Yes' to any of the above questions, give full particulars		
	_____		
	_____		

**PRE-APPROVED CAVE SHEPHERD CARD**

- By checking this box, I agree to receiving a Pre-Approved Cave Shepherd Card and I give my consent to Trident Insurance to disclose the following information to Cave Shepherd & Co. Limited : My name, address, telephone numbers, email address and National ID number.
- No, I do not want a Pre-Approved Cave Shepherd Card. I wish only to complete my Home Owner’s Insurance Proposal Form.

**DECLARATION**

I /We hereby declare that the above answers are true and that I/we have withheld no material information regarding this Proposal. I/We agree that this Proposal Form and Declaration and any other information provided to you by me/us or on my/our behalf shall form the basis of the contract between me/us and Trident Insurance. I/We also declare that the TOTAL SUMS TO BE INSURED represent not less than the FULL REPLACEMENT VALUE of the PROPERTY TO BE INSURED, as described above.

Date \_\_\_\_\_ Signature of Proposer \_\_\_\_\_  
 Proposer’s I.D. Number \_\_\_\_\_

No insurance is in force until we have accepted your Proposal and the Premium or a Deposit has been paid, except as provided by an Official Covering Note issued by us.

**For official use only**

Insured No.	File No.
Policy No.	Inception Date

**Summary**

Section	Total Sum Insured/ Limits of Liability	Rate	Premium	Total Premium For Section
Buildings				
Contents				
1. Liabilities	Increased Limits			
2. All Risks				
5. Satellite Television Equipment				
6. Personal Computers				
7. Family Personal Accident	See below	See below		
8. Golfing	Equipment All Risks			
	No. Of Persons			
	Increased Liability Limits			
9. Firearms				
			Total Premium	
			Policy Stamp Duty	
			Total Amount Due	

Insured Person	Benefit	Amount	Rate	Premium	Total Premium	Insured Person	Benefit	Amount	Rate	Premium	Total Premium
1	Death					4	Death				
	PTD						PTD				
	ME						ME				
2	Death					5	Death				
	PTD						PTD				
	ME						ME				
3	Death					6	Death				
	PTD						PTD				
	ME						ME				
<b>Total Premium for section 7</b>											