



Policy No. _____

A. Proposer's details

Title _____ 1. Full Name _____ 2. Alias _____

Title _____ Full Name _____ Alias _____

M F M S D _____ 6. Occupation _____
3. Sex 4. Marital Status 5. E-mail Address

M F M S D _____
Sex Marital Status E-mail Address Occupation

7. Mailing Address (House/Apt. No., Street, Parish, Country) _____

8. Physical Address (House/Apt. No., Street, Parish, Country) _____

9. National ID# _____ 10. Date of birth DD / MM / YYYY _____ 11. Place of Birth _____ 12. Nationality _____

National ID# _____ Date of birth DD / MM / YYYY _____ Place of Birth _____ Nationality _____

13. Country of Citizenship _____ YES NO _____
Country of Citizenship 14. Are you affiliated with any high ranking Government, military or State officials? If yes please state affiliations.

YES NO _____
Are you affiliated with any high ranking Government, military or State officials? If yes please state affiliations.

15. Company Registration # _____ 16. Telephone (work) _____ 17. Telephone (Home) _____ 18. Cellular _____
Telephone (work) Telephone (Home) Cellular

B. Tell us about your property

1. Please state the nature of the property to be insured by ticking the appropriate box:
(a) Private dwelling house: (b) Apartment: (c) Room not self-contained: (d) Condominium (e) Any other use?: YES NO

2. Are you the owner of the property? YES NO _____
If you answered yes to (e), please state: _____

3. Address of Property to be Insured (House/Apt. No., Street, Parish) _____

4. Latitude _____ 5. Longitude _____ 6. Altitude _____ 7. Age of Building (Years) _____

8. Construction of External walls of Building _____ 9. Construction of the Roof _____ 10. Construction of the Foundation _____

11. Was the roof replaced since original construction of the buildings? YES NO If yes, What year was it changed? _____

12. Please state the name & address of Mortgagees if any: _____

13. Is the dwelling occupied solely by you, your immediate family & servants? YES NO If no state number of other tenants, lodgers, boarders or paying guests: _____

14. Do you carry out a business in your home? YES NO If yes, state nature of business _____

15. Have you ever been refused insurance or had special terms or conditions imposed by an insurer? YES <input type="radio"/> NO <input type="radio"/>	16. Sustained any losses in respect of any of the risks proposed during the last 3 years? YES <input type="radio"/> NO <input type="radio"/>	17. Is building in good state of repair? YES <input type="radio"/> NO <input type="radio"/>
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18. Does the Building have hurricane straps? Roof and foundation YES <input type="radio"/> NO <input type="radio"/> Roof Only YES <input type="radio"/> NO <input type="radio"/> Foundation Only YES <input type="radio"/> NO <input type="radio"/>	19. Is building within 12 ft. of any other building? YES <input type="radio"/> NO <input type="radio"/>	20. Height in storeys? 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 or more <input type="radio"/>
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21. Is building likely to be left unoccupied for more than 40 consecutive days? YES <input type="radio"/> NO <input type="radio"/>	22. Is building within 200 ft. of the Seacoast or any similar high water level? YES <input type="radio"/> NO <input type="radio"/>
24. Is the building in an area that has a history of flooding, subsidence, landslip or ground heave? YES <input type="radio"/> NO <input type="radio"/>	23. If yes, is your building 15ft above sea level? YES <input type="radio"/> NO <input type="radio"/>
	25. Is the building on Reclaimed Land? YES <input type="radio"/> NO <input type="radio"/>
	26. Is the property Let as a resort (R) or tourist accommodation (TA)? YES <input type="radio"/> NO <input type="radio"/>

27. If you answered YES to questions: 15, 16 or 21 OR you answered NO to question 17, enter details above _____

C. Help us value your property

Please Note

- (a) The SUM TO BE INSURED must represent FULL REPLACEMENT COST of the property to be insured, the Proposer being required to sign a declaration to that effect overleaf. The insurance will be subject to Average, which means that if at the time of loss or damage the sum insured is less than the full replacement cost of the property insured the amount payable is proportionately reduced.
- (b) Loss or damage to seawalls is specifically excluded, but will be considered if requested.

D. Building value to insure:

1. Value of Main Building:	\$	_____
2. Value of Outbuilding(s):	\$	_____
3. Value of Paved and Concreted Areas:	\$	_____
4. Value of Guard Walls, Gates & Fences:	\$	_____
5. Other	\$	_____
6. TOTAL BUILDINGS SUM INSURED:	\$	_____

E. Contents value to insure:

1. Value of furniture and household appliances:	\$	_____
2. Value of jewelry, platinum, gold and silver articles:	\$	_____
3. Value of personal effects and clothing:	\$	_____
4. Value of Tenants decorations & improvements:	\$	_____
5. Value of Electronic Equipment:	\$	_____
6. Value of Carpets & rugs:	\$	_____
7. TOTAL CONTENTS INSURED:	\$	_____

TOTAL Building & Content to Insure (Add D6 + E7) \$ _____

Limits for Contents

Unless specifically listed as a separate item of Contents:

- All platinum, gold and silver articles, jewelry and furs are limited to \$500 on any one article and 1/3 of the Total Contents Sum Insured or \$5,000 in aggregate, whichever is less.
- Electronic Equipment is limited to \$1,000 per article and \$3,000 in aggregate.
- Carpets and Rugs are limited to \$2,000 in aggregate.
- Furniture, household appliances, paintings, works of art, pianos, organs and the like are limited to 5% of the Total Sum Insured on Contents per article.

F. Tell us what additional coverage you may need

1. Contents in the Open	YES	<input type="radio"/>	NO	<input type="radio"/>	13. Loss or Damage to Firearms	\$	_____		
2. Firearm Liability Cover	YES	<input type="radio"/>	NO	<input type="radio"/>	14. All Risk Cover (Attach List with valuables)	\$	_____		
3. Money and Credit Cards	YES	<input type="radio"/>	NO	<input type="radio"/>	15. Claims Stamp Duty - Building	\$	_____		
4. Radio/Television Aerials	YES	<input type="radio"/>	NO	<input type="radio"/>	16. Claims Stamp Duty - Contents	\$	_____		
5. Subsidence, Ground Heave or Landslip	YES	<input type="radio"/>	NO	<input type="radio"/>	17. Landscaping Costs	\$	_____		
6. Theft including larceny	YES	<input type="radio"/>	NO	<input type="radio"/>	18. Removal of Debris	\$	_____		
7. Underground Pipes and Cables	YES	<input type="radio"/>	NO	<input type="radio"/>	19. Loss of Metered Water	\$	_____		
8. Trace and Access	YES	<input type="radio"/>	NO	<input type="radio"/>	20. Professional Fees	\$	_____		
9. Tenants	YES	<input type="radio"/>	NO	<input type="radio"/>	21. Sea Defences - Sea Walls, Docks, Pier, Jetties	\$	_____		
10. Public Liability	\$250,000 (incl)	<input type="radio"/>	\$500,000	<input type="radio"/>	\$1,000,000	<input type="radio"/>	22. Swimming Pools and Sport Facilities	\$	_____
11. Liability for Domestic Employees	\$250,000	<input type="radio"/>	\$500,000	<input type="radio"/>	\$750,000	<input type="radio"/>	23. Photovoltaic System	\$	_____
12. Personal Liability	\$250,000	<input type="radio"/>	\$500,000	<input type="radio"/>	\$750,000	<input type="radio"/>	24. TOTAL EXTENSIONS INSURED:	\$	_____
					TOTAL to Insure (Add D6 + E7 + F24)	\$	_____		

G. Deductible Buy-Back Cover (Available Only in Barbados)

1. What level of cover would you like?
 (a) Reduce Catastrophe Deductible from 2% to 0.25% (b) Reduce Catastrophe Deductible from 2% to 0.50%

2. What is the distance in miles between your property and the Coast?
 Less than 0.25 miles 0.25 – 0.5 miles 0.5 - 1 miles 1 – 2 miles 2 – 5 miles More than 5 miles

H. Important Notes

NOTE: The Insurance on Contents does not cover any part of the structure or ceilings of the Buildings, wallpapers and the like, external television and radio antennae, aerials, aerial fittings, masts and towers nor any property to be insured under Buildings, nor does it cover property more specifically insured under Buildings, property more specifically insured under another policy or, unless specially mentioned, Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Traveller's Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Manuscripts, Medals, Coins, Pedal Cycles, Motor Vehicles and Accessories or Livestock.

IMPORTANT NOTE: The questions on this proposal generally supply sufficient information for us to assess the risk. However, there may be some special feature concerning you, your family or your property, its location or use that is not covered by the questions but which might nevertheless affect our judgement. If you can think of anything which might influence the likelihood of severity of a loss, please give full details below. If you are in any doubt whether a fact may affect our judgement you should tell us as failure to do so could invalidate the insurance.

I. Date of insurance coverage

Dates for insurance coverage: D D / M M / Y Y Y Y D D / M M / Y Y Y Y
 Start Date End Date

J. DECLARATION

I declare that, to the best of my knowledge and belief, the above statements made by me or on my behalf are true and complete. I agree that this proposal and declaration shall be the basis of the contract between myself and the Company.

Proposer's Signature: _____

Date: (D,D / M,M / Y,Y,Y,Y)

K. Please tell us if you need any other type of insurance:

Ensure that you are fully insured. Ask for details of the following covers: (Tick those applicable)

Personal Accident [] Business Insurance [] Motor [] Yacht or Pleasure Boat []

Agent's Signature: _____

Agent's No: _____

L. For Official Use Only

Rate Contents: _____

Agent: _____

DBB Rate: _____

Rate Dwelling: _____

Currency: _____

DBB Limit: _____

Discount: _____

Zone/District: _____

DBB Insured's Retention: _____

Country: _____

Mortgagee: _____

DBB Policy No.: _____