
7 Are there any other insurance on the property proposed for this insurance?

If so, please state names of insurers and sums insured

7. Have you previously insured against fire or additional perils

If so, please state names of insurers

8. Have you ever suffered loss by fire?

If so, please give details including names of insurers

9. Have you ever been refused insurance cover
in respect of this or any other proposal?

If so, give details

10. This policy covers damage to property caused by fire, lightning & explosion.

Are you interested in insuring against

a) additional perils Yes No (b) If yes, please indicate thus the perils to be insured

Hurricane & Earthquake

Riots & Strikes

Malicious Damage

Aircraft Damage

Impact

Burst Pipes

Flood

11. State commencement date of cover

Declaration

I/We warrant that the above statements are true and complete and I/we agree that this proposal shall be the basis of the contract between me.us and the Company

I/we agree to accept a policy in the Company's usual; form for this class of insurance

Signature

Date

(Signing this form does not bind you to complete this insurance)

Note

The Inclusion of a sketch plan of the premises or additional particulars in the following blank spaces will assist the Company in their consideration of the proposal and will be much appreciated.

Caribbean Alliance Insurance Company Limited

Registered Office: Cnr Long & Temple Streets, P.O. Box 1609, St. John's, Antigua