



# Home Insurance Proposal

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**Name:**

**Correspondence Address:**

**Occupation:**

**Contact Details:**

**Insurance Required From:**

**Currency:**

## Property Details

1. **Situation of property to be insured:**

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2. **Description of the premises (even if contents only are to be insured):**

- |   |                                 |
|---|---------------------------------|
| a) <b>Construction of walls:</b>                | b) <b>Construction of roof:</b> |
| c) <b>Type of roof:</b>                         | d) <b>Roof pitch:</b>           |
| e) <b>Approximate Square footage:</b>           | f) <b>Construction Date:</b>    |
| g) <b>Adjacent to sea or water?</b><br>YES/NO - | <b>Height:</b> <b>Distance:</b> |
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3. **Property to be insured:**

Sections	Description	Sum Insured
Buildings		
Contents State Any High Risk Items in excess of EC\$4,000.00 per Item		
All Risk Worldwide Items		
<b>Total Location Sums Insured =</b>		

4. **Liabilities:**

**Public Liability  
Limit of Indemnity:**

**If an increase is required, please state required limit of indemnity:**

**Employers Liability  
Limit of Indemnity:**

**Required: YES/NO                      Number of Employees:**

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5. **If you require a discount for an increase to the standard Deductibles, please state what Deductibles are required:**

a) **For Hurricane, Earthquake & Subsidence, state percentage Deductible required:**

b) **For other perils, state any increased Deductible amount required:**

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6. **Does a bank or finance company have a financial interest in the property ?**

**If yes, please provide details.**

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7. **What Hurricane protection measures have been taken ?**

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8. **Claims or losses in the past 5 years:**

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9. a) **Have you ever been convicted of a criminal offence involving violence, theft or fraud, or do you have any prosecution for such offences outstanding ?** YES/NO

b) **Have you ever been declared bankrupt, or have you ever been a Director or Partner in a business which has become insolvent ?** YES/NO

**If Yes, please provide details.**

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10. **Within the past 5 years, have you had**

a) **any insurance policy cancelled by an Insurer ?** YES/NO

b) **any insurance proposal declined or special terms applied ?** YES/NO

**If Yes, please provide details.**

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**Declaration:**

I declare that to the best of my knowledge and belief the answers above are true and all material information as explained above has been disclosed. I agree that if any answer has been written by any other person, such person shall for that purpose be regarded as my agent and not the agent of the insurers. I agree that this proposal is for insurance in the normal terms and conditions of the insurers policy and shall be incorporated in and form the basis of the insurance contract.

I further declare that the property to be insured has not previously suffered damage from subsidence, heave or landslip and is not situated in an area which to my knowledge has a history of subsidence, heave or landslip.

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**Signature of Proposer:**

**Date:**

## **Caribbean Alliance Insurance Company Limited**

Registered Office: Caribbean Alliance House,  
Cnr. Newgate and Cross Streets, P. O. Box 1609, St. John's, Antigua  
Company Registration No. 2284